



MEDIATECH RENEWAL INSURANCE APPLICATION

PLEASE INDICATE WHICH COVERAGES ARE REQUIRED

Technology and Professional Services: \$250,000 \$500,000 \$1,000,000 \$2,000,000 Other: \$ _____

Technology Product Coverage: YES NO

Network Security Coverage: YES NO

Multimedia & Advertising Coverage: YES NO

Privacy Liability Coverage including: YES NO

Notification Costs, Regulatory Defense, Credit Monitoring (Available only if Network Security Coverage is purchased)

First Party Coverage including: YES NO

First Party Data Protection \$50,000 \$100,000 \$250,000

First Party Network Business Interruption \$50,000 \$100,000 \$250,000

Cyber Extortion \$50,000

(Above coverages are not available separately)

CGL Limit of Liability: \$1,000,000 \$2,000,000 Other: \$ _____

1. GENERAL INFORMATION & COMPANY INFORMATION

1. Name of Organization or Legal Entity (Applicant) including any subsidiaries:

(please show complete name as you wish it to appear on the policy)

2. Complete if any changes in Mailing Address or Web Site:

3. Total Gross Revenues for the last twelve (12) months or last fiscal year (in \$CDN): \$ _____

Percentage (%) of Gross Revenues derived from: CDA _____ % USA _____ % ROW _____ %

4. Total Estimated Gross Revenues for next twelve (12) months or next fiscal year (in \$CDN): \$ _____

Percentage (%) of Gross Revenues derived from: CDA _____ % USA _____ % ROW _____ %

2. PRODUCT / SERVICE INFORMATION

5. Has company products or services changed from prior year? YES NO

If YES, please describe in detail:

3. COMPUTER NETWORK SECURITY

6. Have there been any changes to the computer network security from prior year? YES NO

If YES, please describe in detail:

4. PRIVACY & REGULATORY ISSUES

7. Has any Personal Identifiable Information (PII) being held changed from prior year? YES NO

If YES, please check all applicable boxes shown below:

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- | | | | |
|-------------------------|--------------------------|-----------------------------------|--------------------------|
| Social Security Numbers | <input type="checkbox"/> | Bank Account Information | <input type="checkbox"/> |
| Credit Card Information | <input type="checkbox"/> | Individual Names and Addresses | <input type="checkbox"/> |
| Employee Information | <input type="checkbox"/> | Email Addresses | <input type="checkbox"/> |
| Personal Health Data | <input type="checkbox"/> | Third Party Corporate Information | <input type="checkbox"/> |
| Other (Specify): | <input type="checkbox"/> | | |

8. Provide the number of records maintained by the Applicant containing the above information (approx.).
 0 – 2,500 2,500 – 5,000 5,000 – 10,000 10,000 – 20,000 > 20,000**
** If number is greater than 20,000 enter estimated number of PII records maintained): _____
9. Has any other information with respect to Privacy & Regulatory Issues changed from prior year? YES NO
If YES, please describe in detail:

5. CLAIMS INFORMATION

10. Is the Company, its partners, directors, officers or employees aware of any job disputes, fee disputes or any other fact, situation or circumstance that may result in a written demand or civil proceedings for compensatory damages during the last year? YES NO
If YES, please describe in detail:

11. Has the Company ever received, or is there currently pending, any claims or complaints with respect to allegations of or injury to, privacy, identify theft, theft of information, breach of information security, software copyright infringement or content infringement or been required to provide notification to individuals due to an actual or suspected disclosure of personal information? YES NO
If YES, please describe in detail:

Without limitation of any other remedy available to the Insurer, it is hereby agreed that if there be knowledge of any of the matters described above, any written demand or civil proceedings for compensatory damages subsequently emanating therefrom is excluded from coverage under the proposed insurance.

6. NOTICE CONCERNING PERSONAL INFORMATION

By purchasing insurance from Beazley Canada Limited, a customer provides Beazley with his or her consent to the collection, use and disclosure of personal information, including that previously collected, for the following purposes:

- the communication with underwriters;
- the underwriting of policies;
- the evaluation of claims;
- the detection and prevention of fraud;
- the analysis of business results;
- purposes required or authorized by law.

For the purposes identified above, personal information may be disclosed to Beazley's related or affiliated companies and service providers.

Further information about Beazley's personal information protection policy may be obtained by contacting their privacy officer at 416-601-2155.

7. WARRANTY STATEMENT

The undersigned warrants that to the best of their knowledge, the statements set forth in this Application are true. The undersigned also warrants that they have not suppressed or misstated any material fact.

If the information provided in this Application should change between the date of the Application and the effective date of the policy, the undersigned warrants that they will immediately report such changes to the Insurer.

Signing this Application does not bind the undersigned to purchase this insurance, nor does it bind the Insurer to issue this insurance. However, should the Insurer issue a policy, this Application shall serve as the basis of such policy and will be attached to and form part thereof.

SIGNED: _____ DATE: _____
(Authorized Representative)

NAME (Please Print): _____ TITLE/POSITION: _____