

Application



Cyber insurance – Small to medium-sized firms program

This application is designed for professionals or companies who meet **ALL** of the following criteria:

- Have gross revenues of \$50,000,000 or less.
- Are not a financial, collection or advisor firm; technology or media firm; law firm; franchise; municipality; or manufacturing, wholesale or distribution firm.
- Are not involved in the direct supply of goods or services to the cannabis industry, nor are they involved directly in the use or supply of cryptocurrency.
- Have not experienced a cyber event in the past three (3) years that has resulted in financial loss of more than \$10,000.
- Have not had any legal action brought or threatened against them or have not had a regulatory action initiated against them in the last five (5) years as a direct result of a cyber event.

If you do not meet ALL of the above criteria, please complete our standard Cyber insurance application instead.

Please note that you may be required to answer additional questions related to your organization's cybersecurity controls upon our review of your quote request, if needed.

Basic company details

Please complete the following details for the entire company or group (including all subsidiaries) that is applying for the insurance policy and who share network interconnectivity.

1. Company name (legal entity and operating name if applicable): _____

- Primary industry sector: _____
2. Primary address: _____
Province: _____ Postal code: _____ Country: _____
3. Description of business activities: _____
4. Website address: _____
5. Date established (dd/mm/yyyy): _____
6. Number of employees: _____
7. Last 12 months gross revenue: \$ _____ Revenue from U.S. sales: _____ %
Last 12 months gross profit: \$ _____

Primary contact details

Please provide contact details for the individual within your organization who is primarily responsible for IT security. These details will be used to provide information about downloading our incident response app and receiving risk management alerts and updates.

8. Contact name: _____ Position: _____
Email address: _____ Telephone number: _____

Limits and deductibles

9. Please indicate the limits and deductibles you would like to obtain quotes for:

(a) Cyber and privacy

Limit	Deductible
<input type="checkbox"/> \$250,000	<input type="checkbox"/> \$2,500
<input type="checkbox"/> \$500,000	<input type="checkbox"/> \$5,000
<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$10,000
<input type="checkbox"/> \$2,000,000	<input type="checkbox"/> \$15,000
<input type="checkbox"/> \$3,000,000	<input type="checkbox"/> \$20,000
Other (please specify):	Other (please specify):

(b) Cyber crime

Limit	Deductible
<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$2,500
<input type="checkbox"/> \$75,000	<input type="checkbox"/> \$5,000
<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$10,000
<input type="checkbox"/> \$150,000	<input type="checkbox"/> \$15,000
<input type="checkbox"/> \$250,000	<input type="checkbox"/> \$20,000
Other (please specify):	Other (please specify):

Data protection

By accepting this insurance you consent to CFC Underwriting using the information they may hold about you for the purpose of providing insurance and handling claims, if any, and to process sensitive personal data about you where this is necessary (for example, health information or criminal convictions). This may mean we have to give some details to third parties involved in providing insurance cover. These may include insurance carriers, third party claims adjusters, fraud detection and prevention services, reinsurance companies and insurance regulatory authorities. CFC Underwriting may also use anonymized elements of your data for the analysis of industry trends and to provide benchmarking data. For full details on CFC Underwriting Privacy Policy, please visit www.cfcunderwriting.com/privacy.

Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to CFC Underwriting and its use by them as set out above. The information provided will be treated in confidence and in compliance with relevant Data Protection legislation. You have the right to apply for a copy of your information (for which CFC Underwriting may charge a small fee) and to have any inaccuracies corrected.

Important – Cyber insurance policy statement of fact

By accepting this insurance you confirm that the facts contained in the application form are true. These statements, and all information you or anyone on your behalf provided before CFC Underwriting agrees to insure you, are incorporated into and form the basis of your policy. If anything in these statements is not correct, CFC Underwriting will be entitled to treat this insurance as if it had never existed. You should keep this Statement of Fact and a copy of the completed application form for your records.

This application must be signed by the applicant. Signing this form does not bind the company to complete the insurance. With reference to risks being applied for in the United States, please note that in certain states, any person who, knowingly and with intent to defraud any insurance company or other person, submits an application for insurance containing any false information or conceals the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

The undersigned is an authorized principal, partner, director, risk manager or employee of the applicant and certifies that reasonable inquiry has been made to obtain the answers herein which are true, correct and complete to the best of his/her knowledge and belief. Such reasonable inquiry includes all necessary inquiries to fellow principals, partners, directors, risk managers or employees to enable you to answer the questions accurately.

Contact name (please print)

Position

Signature

Date (dd/mm/yyyy)