

# Supplementary questionnaire



## Commercial general liability e-commerce (for limited coverage for personal injury and advertising injury)

1. Does your company operate or maintain a proprietary website? YES  NO

If yes, please answer the following questions:

2. Does your website contain chat rooms or bulletin boards? YES  NO

3. Do you compare your products or services to those of competitors via your website? YES  NO

4. Do you have written procedures and controls that are in place to review, edit and approve content before it is posted on your website? YES  NO

5. Are firewalls used to prevent unauthorized access to your computer network? YES  NO

6. Do you have a written corporate policy (with respect to issues such as privacy and confidentiality) that your staff is required to follow when using email or the Internet? YES  NO

7. What is your website address? \_\_\_\_\_

## Applicant's consent to the transmission of the information contained in the application form

I hereby acknowledge that the information collected in the application form is acquired by my insurance broker to be transmitted to Victor Insurance Managers Inc. for the sole purpose of obtaining an insurance policy, and will be kept confidential.

Moreover, I authorize Victor Insurance Managers Inc., its insurers or service providers to:

- conduct verification, using outside sources, of the information contained in the application form, in attached documentation and in subsequently provided documentation;
- in the event of a claim, transmit the submitted and verified information to loss adjusters, lawyers or other similar offices for the purposes of investigating, defending, negotiating or settling any claims, as required.

I acknowledge that specific details of Victor's Privacy Notice can be found at [www.victorinsurance.ca](http://www.victorinsurance.ca).

## Declarations and signature

It is understood and agreed that the completion of this questionnaire does not bind the insurers to sell nor does it obligate the applicant to purchase the insurance.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date (dd/mm/yyyy)