

# Application addendum



## Information technology and multimedia insurance – Cybersecurity controls

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. Name of applicant: \_\_\_\_\_
2. Please provide the approximate number of Personally Identifiable Information (PII\*) you collect, store and/or process on your own systems or with third parties. (\*PII: Any data that can be used to identify an individual. This includes, but is not limited to, names, addresses, phone numbers, social insurance numbers, financial information, and medical records.)

Nature of data	Number of PII
Sensitive data (i.e., social insurance numbers, passport details, financial information, medical records, etc.)	
Non-sensitive data (i.e., names, addresses, phone numbers, etc.)	

3. Does the applicant share private or personal information gathered from customers with third parties? YES  NO   
If yes, have these third parties agreed to indemnify the applicant? YES  NO   
Have customers agreed to the sharing of their information? YES  NO
4. Does the applicant comply with federal, provincial, territorial, or state laws or regulations, concerning the privacy of personally identifiable or other confidential information for those areas they do business in (such as PIPEDA, GDPR or other relevant legislation)? YES  NO

If no, please provide explanations:

---

---

5. Does the applicant encrypt PII stored on laptop computers or portable media? YES  NO
6. Does privileged information remain private and confidential unless otherwise required? YES  NO
7. Does the applicant use a Managed Services Provider (MSP) or third party vendor to assist with technology needs? YES  NO   
(a) If any of the applicant's technology infrastructure is outsourced to third parties, please confirm the name of the provider(s) and services they provide:

---

(b) Please confirm how these third parties protect your information:

---

- (c) Do you obtain a written contract of their procedures and security measures in use to protect your information? YES  NO

8. Does the applicant share its technology infrastructure or networks with any other organization such as a subsidiary, sister or parent company? YES  NO

If yes, please provide details:

---

9. Does the applicant have any end-of-life software in use? YES  NO

If yes, please provide details on mitigating measures to prevent exploitation:

---

10. Does the applicant check for and install patches and updates as soon as available? YES  NO
11. Please confirm if the applicant has multi-factor authentication (MFA) deployed for the following:
- (a) Remote access to the network: YES  NO
- (b) Access to emails: YES  NO
- (c) Access to administrator accounts: YES  NO
- (d) Access to backups if stored in the cloud: YES  NO  N/A
12. Please confirm the frequency of data backups: \_\_\_\_\_
13. Are the applicant's backups segregated or stored offline? YES  NO
14. Please confirm if the applicant's backups are regularly tested: YES  NO
15. Does the applicant have an incident response plan in place? YES  NO
16. Please confirm the estimated restoration time in the event of an outage: \_\_\_\_\_
17. Please confirm the estimated daily financial loss in the event of an outage: \_\_\_\_\_
18. Please confirm if the applicant has a firewall and/or endpoint monitoring solution in place: YES  NO
19. Is phishing and social engineering training provided on an ongoing basis for all staff? YES  NO
20. Prior to changing third party account details or processing a payment, are requests and account ownership verified using a communication method that is different from the original request? YES  NO
21. Does the applicant require a two-person sign-off prior to financial transactions being processed? YES  NO
22. Has the applicant suffered any cyber incidents in the past five years? YES  NO
- If yes, please confirm:
- (a) How many incidents occurred: \_\_\_\_\_
- (b) The response taken by the applicant: \_\_\_\_\_
- (c) If any damage was caused by any such incidents, please describe the damage that occurred, the value of any lost time, the lost income, extra expenses, and costs of any system repair, or data or software reconstruction:  
 \_\_\_\_\_  
 \_\_\_\_\_

### 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).

### Signature

\_\_\_\_\_  
Name of applicant (please print)

\_\_\_\_\_  
Title/Position

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

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