APPLICATION FOR CYBER COVERAGE

ecclesiastical

A. Data Compromise Cover: Design to help organizations investigate data breaches, notify individuals, and provide fraud alert, case management and other services that help prevent identity theft and fraud following a breach of personal identifying information.

(i) Data Breach Protection - Data Compromise Coverage:						Y ⊙	N ⊙
(ii) Limit Requested:	$50,000 ⊙	$100,000 ⊙	$250,000 ⊙	$500,000 ⊙	$1,000,000 ⊙		
(iii) Include 3rd Party Coverage (liability)						Y ⊙	N ⊙
(iv) Deductible	$1,000 ⊙	$2,500 ⊙	$10,000 ⊙	$25,000 ⊙			

B. Cyber Attack Cover: Designed to help organizations recover from damage to data and systems caused by a computer attack. It can also provide defense and liability coverage for thirdy-party lawsuits alleging damage due to the insured inadequately securing its computer system.

(i) Computer Attack Protection:			Y ⊙	N ⊙
(ii) Limit Requested:	$50,000 ⊙	$100,000 ⊙		
(iii) Include 3rd Party Cover (Liability):			Y ⊙	N ⊙
(iv) Deductible:	$1,000 ⊙	$2,500 ⊙	$10,000 ⊙	

C. Please answer the following questions

(i) Has your organization suffered a breach of personal information in the last 12 months?	Y ⊙	N ⊙
(ii) Do you conduct background checks on prospective emloyees?	Y ⊙	N ⊙
(iii) Is there a posted document retention/destruction policy in place?	Y ⊙	N ⊙
(iv) Do you maintain regularly updated computer security measures, e.g. firewall, secured wireless connectivity, virus protection, etc.?	Y ⊙	N ⊙
(v) Are your employee, customer, and other physical records maintained in a secure environment with limited access?	Y ⊙	N ⊙
(vi) Is access to personal information restricted by job position?	Y ⊙	N ⊙
(vii) Is there a Chief Information and/or Chief Security Officer (or equivalent)?	Y ⊙	N ⊙
(viii) Do you have a comprehensive Information Security and Privacy Policy?	Y ⊙	N ⊙
(ix) Do you provide regular security training/information to all people who have access to personally identifying information, whether in paper or electronic format?	Y ⊙	N ⊙
(x) Are all users issued unique IDs and passwords when connecting to or accessing the internal network?	Y ⊙	N ⊙

Full Name of Applicant					
Address					
City		**Province**		**Postal Code**	
Internet - Website Address					

The signatory of this application must be an officer of the applicant, the Risk Manager, or the person responsible for the firm's insurance. Signing of the application form does not bind the undersigned to complete the insurance, however, this form shall be the basis of the contract should a policy be issued.

Material change: In the event that there is any material change in the answers given to the questions contained in this application prior to the inception of the policy, the applicant must notify the Underwriters in writing and the Underwriters may revoke, or effect changes to, the quotation provided.

For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Ecclesiastical Insurance Office plc's insurance business in Canada.

Signature of authorized officer				
Print name and title of officer signing application				
Date	Day	Month	Year	