



Cyber, data and privacy

Notice: The policy for which these questions are made is a claims-made and reported policy subject to its terms. The questions contained herewith pertain to all persons or entities seeking insurance, and not just the signatory.

Details:

Brokerage Name:			
Producer Name:		Producer Email:	

Customer Details:

Company Name:			
Contact Name:		Contact Email:	
Address:			
Website:			
Gross Annual Revenue:	CAD	What percentage of Revenue is generated from the USA?	
Industry/Business Sector:			
Does the applicant's business operate as any of the following restricted industries?	Adult pornography, Airline and airport operations; Blockchain technology provider; Broadcasting, Film & Production; Business process outsourcing services, Call center services; Credit intermediation, commodities and securities exchanges; Cryptocurrency activities; Data warehouse; Family planning or substance abuse centre or service, adoption agency or abortion clinic; Franchisees/Franchisor; Gambling Industries; Government agency, municipality or public body; Healthcare exchange or clearing house; Hotel or bed and breakfast; H.R. services, Insurance carrier; Managed IT Services; Marijuana and cannabis related products and services; Mobile Application or Video Game Development; Mortgage & loan broker; Payment Card Processor or Gateway; Payroll Processing; Securities intermediation; Social Dating or Professional Networking Services; Utilities including water or sewage provider <input type="checkbox"/> Yes <input type="checkbox"/> No		
Number of Records: For how many people (including customers, employees, and suppliers) do you process, transact, or store Personal Identifiable Information?			
Please select from the drop-down list:			

Create your preferred Cyberboxx Option:

Select Coverage Limit:	\$250,000, \$500,000, \$1,000,000, \$2,000,000 or \$5,000,000
Add Cyber Crime & Fraud	\$25,000, \$100,000 or \$250,000
Select Retention:	\$2,500, \$5,000, \$10,000, \$25,000 or \$50,000

Security Controls:

Please read these questions and statements carefully. You must provide us with accurate and complete information. Failure to do so may affect the validity of the policy or whether the policy responds to any claim in full or at all.

The applicant has implemented commercially available firewalls and antivirus software on all computers and devices, and updates these at least every 30 days.	<input type="checkbox"/> Yes <input type="checkbox"/> No
The applicant a process in place to regularly patch the systems and applications	<input type="checkbox"/> Yes <input type="checkbox"/> No
The applicant takes full system back-ups at least once every seven days AND stores them off-site or disconnected from their network OR critical systems and data are hosted exclusively with a cloud software providers.	<input type="checkbox"/> Yes <input type="checkbox"/> No
The applicant confirms that Multi Factor Authentication (MFA) is required for all remote access to the network, including cloud-based services, email services and access by third party vendors.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Additional Security Controls:

The applicant restricts access to sensitive data using the principle of least privilege and reviews who should have administrative access on a regular basis.	<input type="checkbox"/> Yes <input type="checkbox"/> No
The applicant tests backups for their efficacy, including but not limited to their ability to be restored, at least once every six months.	<input type="checkbox"/> Yes <input type="checkbox"/> No
The applicant has a process in place to regularly patch all systems and applications at least every 30 days.	<input type="checkbox"/> Yes <input type="checkbox"/> No



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The applicant changes all default passwords on new devices and requires regular mandatory password updates for all accounts.	<input type="checkbox"/> Yes <input type="checkbox"/> No
The applicant deploys non-critical patches across servers, laptops, desktops, and managed mobile devices within 30 days, and critical patches (CVSS V3 score of 7 or above) within 14 days.	<input type="checkbox"/> Yes <input type="checkbox"/> No
The applicant has installed, and regularly updates, anti-malware software on all the computers and laptops.	<input type="checkbox"/> Yes <input type="checkbox"/> No
The applicant mandates information security training for staff that have access to the information resources on at least an annual basis.	<input type="checkbox"/> Yes <input type="checkbox"/> No
The applicant confirms there are policies and processes that adhere to all applicable privacy regulations.	<input type="checkbox"/> Yes <input type="checkbox"/> No

For Financial Crime and Fraud coverage (optional):	<input type="checkbox"/> Yes <input type="checkbox"/> No
The applicant confirms that all employees responsible for wire transfer of funds are provided training to detect and prevent fraud, social engineering, and similar scams.	<input type="checkbox"/> Yes <input type="checkbox"/> No
The applicant has specific financial crime training provided to all persons who have the authority to make payments greater than \$2,000.	<input type="checkbox"/> Yes <input type="checkbox"/> No
The applicant requires two parties to sign-off on any payment transfers great than \$2,000.	<input type="checkbox"/> Yes <input type="checkbox"/> No
The applicant has a policy in place to verify any changes to existing invoices, bank deposit information and contact information.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Before processing a wire transfer of funds for a new client where a wire transfer has not been done previously OR changing vendor account details, the applicant confirms the request by a secondary means of communication by an answered telephone call to the number held on file for the third-party/authorized person in order to verify the instructions are legitimate.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Prior Claims: During the past 5 years, has the applicant:	
Suffered any loss or had any claim, whether successful or not, made against them?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Been investigated in respect to personal data, including but not limited to payment card information, or privacy practices?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Been asked to supply any regulator or similar body with information relating to personally identifiable information or privacy practices?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Received any complain relating to the handling of someone's personally identifiable information?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Received any actual or attempted extortion demand with respect to its data or computer system?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Is the applicant aware of anything that may lead to a claim, loss, or other liability that might be covered under this policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Important:

You further confirm and agree that:
 You, and your insurance broker on your behalf, have given a fair presentation of the risk to be insured by disclosing all material facts and circumstances.

You have provided consent for BOXX Insurance Inc. to use your information i) for underwriting purposes, including a cyber security rating through an external, non-intrusive source, ii) to compile aggregate statistical data to be used to monitor trends in the insurance industry, and iii) to comply with regulatory oversight.

You comply with sanctions imposed by Canada, the United Kingdom, the European Union, and the Office of Foreign Asset Control. You understand that these sanctions prevent us from contracting with companies who are restricted under these Acts.

Any matters pertaining to the Claims and knowledge disclosure above, shall be excluded from the proposed insurance (whether disclosed or otherwise).

By entering your name and email, you agree that all information provided to BOXX Insurance to generate this insurance policy is accurate and true. Entering your name and email address is akin to signing any legal document and you will be bound to all acknowledgements provided herein and that you have the authority to bind your company to this agreement.

Any quotation offered based on the above information, expires within thirty (30) days or on the expiration date of the current coverage, whichever comes first.

Your Name & Title:	
Signature:	
Email:	Dated: