CannGen INSURANCE CANADA

# Cyber Application

| SECTION A - GENERAL INFORMATION |
|---|
| **Company Name** (include any subsidiaries to be listed on the policy): |
| **Primary Business Activity:** |
| **Operating Countries:** |
| **Website:** |
| **Revenue** (from last complete financial year)**:** |

| SECTION B - NETWORK SECURITY AND DATA MANAGEMENT | | |
|---|---|---|
| **1.** | **Is your organization compliant with all applicable cyber, privacy, and data protection legislation and regulations?** | ◯ Yes ◯ No |
| **2.** | **Do you have anti-virus or industry recognised endpoint protection solution on all endpoints across your network?** | ◯ Yes ◯ No |
| **3.** | **In what time frame do you install critical software security patches?** | |
| **4.** | **Do you utilize any un-supported end-of-life operating systems (e.g. Windows 7, Windows XP)?** | ◯ Yes ◯ No |
| **5.** | **Do you maintain physically disconnected ('offline') back-ups for all critical data (e.g. tape drives)? If Yes:** | ◯ Yes ◯ No |
| | *a) How frequently are offline back-ups taken?* | |
| | *b) Are these backups immutable and/or air-gapped?* | |
| **6.** | **Do you require the use of two-factor authentication for all remote network access?** | ◯ Yes ◯ No |
| **7.** | **Do you require the use of two-factor authentication for all webmail access (e.g. Office365)?** | ◯ Yes ◯ No |
| **8.** | **Do you utilize behavioural analysis and/or machine learning endpoint detection and response (EDR) or MDR software to detect malware for which no anti-virus signatures exist?** | ◯ Yes ◯ No |
| | *If Yes, please state the software product used (e.g. Sentinel One, Crowdstrike Falcon):* | |
| **9.** | **With respect to personal or sensitive data (e.g. customer PII or PHI) stored on your networks:** | |
| | *a) Is the data encrypted at rest?* | |
| | *b) Do you encrypt all mobile devices and laptops which are used to store personal data?* | ◯ Yes ◯ No |
| **10.** | **Do all employees receive training on phishing and other social engineering techniques?** | ◯ Yes ◯ No |
| **11.** | **Do you accept credit card payments for any of your goods or services rendered?** | ◯ Yes ◯ No |
| | *a) If yes, do all your point-of-sale systems have end-to-end encryption (E2EE) or point-to-point (P2PE) deployed (or this is in place through your outsourced card payment provider).* | ◯ Yes ◯ No |
| **12.** | **Do you have a review process to screen content and matter disseminated via your website and social media channels?** | ◯ Yes ◯ No |

| SECTION C - LIMITS | | | | | |
|---|---|---|---|---|---|
| ◯ $25,000 | ◯ $50,000 | ◯ $100,000 | ◯ $250,000 | ◯ $500,000 | ◯ $1,000,000 |

| SECTION D – OPTIONAL CYBERCRIME SUBLIMIT | |
|---|---|
| 1. Prior to funds transfers, is authorization required from the third party via an authentication method which is different to the original method used to request the funds? If yes, please state the method used (e.g. phone call to a known contact, secure portal confirmation, pre-established security questions etc.) | ◯ Yes ◯ No |
| 2. Do at least two members of staff review and authorize any transfer of funds, or sign cheques above $25,000? | ◯ Yes ◯ No |

| Cybercrime Limit | | |
|---|---|---|
| ◯ $25,000 | ◯ $50,000 | ◯ $100,000 |

| SECTION E - CLAIMS / CIRCUMSTANCES | |
|---|---|
| **1. Have you had any claims or circumstances within the past 5 years that would have triggered the proposed policy?** | |
| *a) If yes, please describe the incident(s) and total costs:* | |
| *b) Considering any incident please provide details of any repeat attacks and remediation work that has been undertaken as a result.* | |

*I declare that after proper inquiry the statements and particulars given above are true and that I have not mis-stated or suppressed any material fact.*

*I agree that this proposal form, together with any other material information supplied by me shall form the basis of any contract of insurance affected thereon.*

*I undertake to inform underwriters of any material alteration to these facts occurring before the completion of the contract.*

*Signed:* *Date:*

*Name:* *Title:*