



BEAZLEY BREACH RESPONSE (BBR) - RENEWAL APPLICATION

INFORMATION SECURITY & PRIVACY INSURANCE WITH BREACH RESPONSE SERVICES

THIS APPLICATION IS FOR A CLAIMS MADE AND REPORTED POLICY:

1. GENERAL INFORMATION

1. Name of Organization or Legal Entity (Applicant) including any subsidiaries:

(please show complete name as you wish it to appear on the policy)

2. Address (Not P.O. Box):

Authorized Officer ¹ :	Email:	Telephone:
Breach Response Contact ² :	Email:	Telephone:

3. Number of Employees: _____

4. Website: _____

2. COMPANY INFORMATION

5. Provide a brief description of the Company's main activities:

3. REVENUE INFORMATION

6. FOR ALL APPLICANTS, PLEASE PROVIDE GROSS REVENUE INFORMATION

	MOST RECENT TWELVE (12) MONTHS	NEXT YEAR (Estimate)
CDN Revenue:		
USD Revenue:		
OTHER Revenue (specify)		
TOTAL:		

4. MANAGEMENT OF PRIVACY EXPOSURE

7. Does the Applicant collect, process, or maintain private or personal information as part of its business activities? YES NO
 If YES please check all applicable boxes shown below:

- a) Identify which Personal Identifiable Information (PII) is being held:

Social Security Numbers	<input type="checkbox"/>	Bank Account Information	<input type="checkbox"/>
Credit Card Information	<input type="checkbox"/>	Individual Names and Addresses	<input type="checkbox"/>
Employee Information	<input type="checkbox"/>	Email Addresses	<input type="checkbox"/>
Personal Health Data	<input type="checkbox"/>	Third Party Corporate Information	<input type="checkbox"/>
Other (Specify):	<input type="checkbox"/>		

- b) Provide the number of records maintained by the Applicant containing the above information (approx.):

0 – 20,000 20,000 – 50,000 50,000 – 100,000 100,000 – 200,000 > 200,000**

** If number is greater than 200,000 enter estimated number of PII records maintained here): _____

¹ This is the officer of the Applicant that is authorized to make statements to the Underwriters on the Applicant's behalf and to receive notices from the Insurer or its authorized representative(s).

² This is the employee of the Applicant that is designated to work with the insurer in response to a data breach event.

8. Has any other information with respect to privacy & regulatory issues changed from prior year? YES NO
If YES, please provide details:

5. COMPUTER SYSTEMS CONTROL

9. Has there been any changes to the computer network security from prior year? YES NO
If YES, please provide details:

10. Confirmation that the Applicant conducts computer and information security training for all employees, including owners that have access to computer systems or sensitive data at least on an annual basis. YES NO
11. Confirmation that the Applicant implements critical patches and updates systems as soon as possible when updates and patches become available, and do not use any end-of-life/unsupported software. YES NO
12. Confirmation that the Applicant has a disconnected, off-site back-up for all data that is required for mission-critical or revenue-generating purposes and is backed up at least on a daily basis. YES NO
13. Confirmation that backup integrity is tested on a regular basis to ensure it is recoverable. YES NO
14. Confirmation that the Applicant uses MFA (Multi-factor Authentication) for email account access and for all remote access to the network. YES NO
15. Confirmation that the Applicant does not allow remote access into the environment without a VPN (Virtual Private Network). YES NO
16. Confirmation that the Applicant scans incoming emails for malicious attachments and/or links. YES NO
17. Confirmation that the Applicant protects all of devices with anti-virus, anti-malware, and/or endpoint protection software. YES NO

6. WEBSITE CONTENT CONTROLS

18. Has there been any changes in any process, procedures and controls with respect to website contents from prior year? YES NO
If YES, please provide details:

7. PRIOR CLAIMS AND CIRCUMSTANCES

19. Does the Applicant or other proposed insured, or any director, officer or employee of the Applicant or other proposed insured have knowledge of or information regarding any fact, circumstance, situation, event or transaction which may give rise to a claim or loss or obligation to provide breach notification under the proposed insurance? YES NO
If YES, please provide details:

Without limitation of any other remedy available to the Insurer, it is hereby agreed that if there be knowledge of any of the matters described above, any written demand or civil proceedings for compensatory damages subsequently emanating therefrom is excluded from coverage under the proposed insurance.

8. NOTICE CONCERNING PERSONAL INFORMATION

By purchasing insurance from Beazley Canada Limited, a customer provides Beazley with his or her consent to the collection, use and disclosure of personal information, including that previously collected, for the following purposes:

- the communication with underwriters;
- the underwriting of policies;
- the evaluation of claims;
- the detection and prevention of fraud;
- the analysis of business results;
- purposes required or authorized by law.

For the purposes identified above, personal information may be disclosed to Beazley’s related or affiliated companies and service providers.

Further information about Beazley’s personal information protection policy may be obtained by contacting their privacy officer at 416-601-2155.

9. WARRANTY STATEMENT

The undersigned warrants that to the best of their knowledge, the statements set forth in this Application are true. The undersigned also warrants that they have not suppressed or misstated any material fact.

If the information provided in this Application should change between the date of the Application and the effective date of the policy, the undersigned warrants that they will immediately report such changes to the Insurer.

Signing this Application does not bind the undersigned to purchase this insurance, nor does it bind the Insurer to issue this insurance. However, should the Insurer issue a policy, this Application shall serve as the basis of such policy and will be attached to and form part thereof.

SIGNED: _____
(Authorized Representative)

DATE: _____

NAME (Please Print): _____

TITLE/POSITION: _____