



AXIS Reinsurance Company

(Canadian Branch)

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AXIS PRO PrivaSure™

MONO-LINE DATA AND PRIVACY PROTECTION PROGRAM APPLICATION

WHAT THE APPLICANT SHOULD KNOW ABOUT THIS APPLICATION:

DEFINITIONS –

The word **Applicant** in this application refers individually and collectively to:

1. The corporation(s), partnership(s) and/or sole proprietorship(s) for which coverage is desired;
2. Each person who is an officer, director, owner, partner or employee of the firms listed in Item 1. above.

RETENTION –

The coverage the **Applicant** is applying for includes a retention applying to each wrongful act and to any combination of damages and claim expense.

CLAIM EXPENSE WITHIN THE LIMIT –

The policy form for which the **Applicant** is applying contains a provision that reduces the policy limit stated in the policy by the amount of claim expense paid by the Company.

APPLICATION FORMS PART OF POLICY –

The submission of this application does not obligate the **Applicant** to buy insurance nor is the Company obligated to sell insurance or to offer insurance upon any specific terms requested. If coverage is effected, this application containing the **Applicant's** statements and answers will attach to and form a part of the policy. If coverage is offered or bound, any false or incorrect statements or answers, which may have affected the Company's decision to offer or bind coverage, could result in the offer being retracted or coverage being voided.

INSTRUCTIONS –

The purpose of this application is not only to provide the Company with underwriting and rating information, but more importantly, to help make certain the **Applicant** and the Company have a common understanding about what the policy, if issued, will cover and what it will not. Thank you for taking the time to provide complete and accurate information.

1. Answer all questions. If any question does not apply, explain why not.
2. If space is insufficient, continue answers on the **Applicant's** letterhead.
3. The application must be signed and dated by a principal, partner, officer or director of the **Applicant**.
4. Please also provide, if available, any recent IT Security and Privacy audits or reviews or outside assessments with information regarding corrective action taken.

I. APPLICANT(S):

- Name of entity completing this application:
Street Address:
City, State, Zip Code: Telephone Number:
- Names of parent, subsidiary or affiliated entities for which coverage is desired. Provide a brief description and operations of each, including percentage of common ownership.
- Please provide the **Applicant's** website address(es):
- Provide the year the **Applicant** began its activities: _____
- Provide the number of:
the **Applicant's** principals, officers and partners: _____
the **Applicant's** employees: _____
the **Applicant's** independent contractors: _____
the **Applicant's** employees and/or independent contractors with access to view or modify personal information: _____

II. ACTIVITIES OR SERVICES & FINANCIAL RESULTS:

- Describe the operations, activities or services the **Applicant** provides:
- Please provide the following information regarding the **Applicant's** gross revenues from the operations referenced above:

A. DOMESTIC OPERATIONS

	<u>Previous 12 months</u>	<u>Current 12 months</u>	<u>Estimate for coming year</u>
Gross Revenue	\$	\$	\$
Gross Expenses	\$	\$	\$

B. FOREIGN OPERATIONS

	<u>Previous 12 months</u>	<u>Current 12 months</u>	<u>Estimate for coming year</u>
Gross Revenue	\$	\$	\$
Gross Expenses	\$	\$	\$
Cost of Products/Goods	\$	\$	\$

C. TOTAL REVENUE (FROM ALL REVENUE SOURCES)

	<u>Previous 12 months</u>	<u>Current 12 months</u>	<u>Estimate for coming year</u>
Domestic Operations	\$	\$	\$
Foreign Operations	\$	\$	\$

III. NETWORK SECURITY AND PRIVACY MEASURES:

- Does the **Applicant** employ security measures to prevent unauthorized access to the following:
 - The **Applicant's** websites: Yes No
If Yes, please explain:
 - The **Applicant's** premises and facilities: Yes No
If Yes, please explain:
 - The **Applicant's** computer systems/servers in the custody of others: Yes No Not Applicable
If Yes, please explain:
 - The **Applicant's** computer systems/services located on your premises: Yes No
If Yes, please explain:
 - The **Applicant's** employee, vendor and customer data: Yes No
If Yes, please explain:
- Describe the **Applicant's** Anti-virus Software program.
- Are security audits performed? Yes No

- If Yes, please explain:
4. Does the **Applicant** have a formal documented security and/or privacy policy that has been read and is understood by all employees? Yes No
- If No, please explain:
5. Does the **Applicant** have an employee assigned for maintaining network security? Yes No
6. Please indicate what types of electronic data records of third parties the **Applicant** stores on the **Applicant's** computer system? (Please check all that apply.)
- Medical data
 Customer information
 Credit card or bank account information
 Trade secrets
 Intellectual property assets
7. Does the **Applicant** transmit credit card, customer, employee, medical, monetary or financial information through wireless routers to banks for approval or to your central computer systems? Yes No
- If No, does the **Applicant** utilize Wired Equivalent Privacy (WEP) security protocol? Yes No
- If No to the above, please describe any additional measures that have been made to upgrade the **Applicant's** WEP security protocol:
- If the **Applicant** does not utilize WEP security protocol, does the **Applicant** utilize Wi-Fi Protected Access (WPA) or Wi-Fi Protected Access 2 (WPA2) security protocol? Yes No
8. Does the **Applicant** store personal, vendor or customer information on portable computers or mobile devices? Yes No
- If Yes, does the **Applicant** have policies and procedures regarding their use and safekeeping? Yes No
- If Yes, does the **Applicant** have policies and procedures regarding the tracking of these assets? Yes No
9. Does the **Applicant** transact business utilizing debit, credit, pre-paid, e-purse, ATM and/or POS cards? Yes No
- If Yes, is the **Applicant** compliant with the Payment Card Industry Security Standards? Yes No
- If Yes, is the **Applicant** compliant with the Fair and Accurate Credit Transactions Act (FACTA)? Yes No
10. Does the **Applicant** collect personally identifiable material regarding visitors to the **Applicant's** websites? Yes No
- If Yes, does the **Applicant** sell or otherwise distribute this material to third parties? Yes No
- If Yes, does the **Applicant** disclose the privacy policy on your website(s)? Yes No
11. Does the **Applicant** perform regular computer system and data backups? Yes No
- A. How often are backups performed?
- B. Are backups stored off site? Yes No

IV. CLAIMS EXPERIENCE:

1. Has the **Applicant** experienced a theft or unintended release of private or personal information in the past 3 years? Yes No
- If Yes, please describe the event and subsequent corrective action taken:
2. Have any claims, suits or proceedings been made during the past five years against the **Applicant** or any of the **Applicant's** predecessors in business, subsidiaries or affiliates or against any of the past or present partners, owners, officers, sales persons or employees arising out of the activities described in this application? Yes No
- If Yes, complete a Supplemental Claim Information Form for each.
- THE POLICY FOR WHICH THE **APPLICANT** IS APPLYING, IF ISSUED, WILL NOT INSURE ANY CLAIMS, SUITS OR PROCEEDINGS MADE AGAINST THE **APPLICANT** BEFORE THE INCEPTION DATE OF THE POLICY OR ANY SUBSEQUENT CLAIMS, SUITS OR PROCEEDINGS ARISING THEREFROM.*
3. Is the **Applicant** aware of any actual or alleged fact, circumstance, situation, error or omission, which may reasonably be expected to result in a claim being made against the **Applicant** or any of the persons or entities described in **Section IV.2.** above? Yes No
- If Yes, please explain:

THE POLICY FOR WHICH THE **APPLICANT** IS APPLYING, IF ISSUED, WILL NOT INSURE ANY CLAIMS THAT CAN REASONABLY BE EXPECTED TO ARISE FROM ANY ACTUAL OR ALLEGED FACT, CIRCUMSTANCE, SITUATION, ERROR OR OMISSION KNOWN TO THE APPLICANT BEFORE THE INCEPTION DATE OF THE POLICY.

4. Has the **Applicant** or any of the **Applicant's** predecessors in business, subsidiaries or affiliates or any of their past or present partners, owners, officers, sales persons or employees been investigated and/or cited by any regulator agency for violations arising out of their activities? Yes No

If Yes, please explain:

V. PRIOR OR CURRENT COVERAGE:

1. A. Provide the following information for similar insurance, if any, carried during the last five years:

<u>COMPANY</u>	<u>LIMIT</u>	<u>DEDUCTIBLE</u>	<u>PREMIUM</u>	<u>POLICY</u>
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TERM

- B. Advise current retroactive date: _____ (Please provide current declarations page.)

VI. POLICY LIMIT/RETENTION:

1. Advise Policy Limit and Retention options for which the **Applicant** desire proposals:

POLICY LIMIT

RETENTION

VII. REPRESENTATIONS:

By signing this application, the **Applicant** agrees that:

1. The statements and answers given in the application and any attachments to it are accurate and complete;
2. The statements and answers the **Applicant** furnishes to the Company are representations the **Applicant** makes to the Company on behalf of all persons and entities proposed for coverage;
3. Those representations are a material inducement to the Company to provide a proposal for insurance;
4. Any policy the Company issues will be issued in reliance upon those representations;
5. The **Applicant** will report to the Company immediately, in writing, any material change in the **Applicant's** activities, services, condition or answers provided in this application that occur or are discovered between the date of this application and the effective date of any policy, if issued; and
6. The Company reserves the right, upon receipt of any such notice, to modify or withdraw any proposal for insurance the Company has offered.

WARNING

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY BE PUNISHABLE BY FINES AND CONFINEMENT IN PRISON.

NOTICE CONCERNING PERSONAL INFORMATION:

AXIS Reinsurance Company (Canadian Branch) has received information regarding your application for insurance. By purchasing insurance from AXIS Reinsurance Company (Canadian Branch) a customer provides us with his or her consent to the collection, use and disclosure of personal information, including that previously collected, for the following purposes:

- communication with AXIS
- 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 purpose identified, personal information may be disclosed to AXIS's related or affiliated organizations or companies, their agents/mandataries, and to certain non-related or unaffiliated organizations or companies.

Further information about AXIS's personal information protection policy may be obtained from the customer's broker or by contacting AXIS at HSBC Building, 70 York Street, Suite 1010, Toronto, Ontario M5J 1S9.

**NAME (PLEASE TYPE OR PRINT)
REPRESENTATIVE)**

NAME (SIGNATURE OF AUTHORIZED

TITLE

DATE

**TO BE COMPLETED
BY PRODUCER(S)
ONLY:**

RETAIL PRODUCER: <i>Producer Name:</i> <i>City, Province:</i> <i>Telephone No.:</i>		WHOLESALE PRODUCER: <i>Producer Name:</i> <i>City, Province:</i> <i>Telephone No.:</i>	
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