



Cyber Application

Statement of Facts

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CYBER APPLICATION – STATEMENT OF FACTS

CYBER ENHANCEMENT (Higher Limits)

Signing this Statement of Facts does not bind the Applicant or Underwriters to complete the insurance, but it is agreed that the statements and particulars contained herein will be relied upon by Underwriters and will form the basis of any Policy issued by Underwriters and will be deemed to be incorporated within such Policy.

All questions must be answered. Please type or print clearly.

Any Policy issued will provide coverage on a "Claims Made" basis. The policy will only respond to claims and/or circumstances, which are first made against the Insured and notified to the Insurer during the policy period.

Name of Applicant(s) – including all subsidiaries: _____

Mailing Address: _____ Postal Code: _____

Website (if applicable): _____

Business Operations: _____

Revenue last year: _____

INFORMATION AND DATA MANAGEMENT

Do you and your subsidiaries comply with all the requirements outlined below: No Yes

a) You have an IT security policy in place that governs the processing and storage of personal data that complies with local laws;

b) You have firewalls installed on all external gateways to protect the computer network;

c) You have anti-virus software installed on all company laptops, desktops, and servers and these are updated regularly;

d) You require passwords which meet minimum standards of complexity that are amended from vendor-supplied or default passwords;

e) You carry out backups at least weekly of all critical data and this information is stored offsite, or if the backup process is outsourced, the third party meets this requirement;

f) You carry out appropriate checks to ensure that any website or print content does not infringe on any trademarks or copyright.

CLAIMS AND CIRCUMSTANCES

During the last three years have you, or any of your subsidiaries: No Yes

a) Been subject to any claims, complaints, fines, or penalties in relation to the risks that this policy relates to;

b) Received notice or become aware of any circumstances or complaints about you relating to data protection or data security;

c) Sustained any unscheduled or unintentional network outages, loss of data, intrusion or corruption;

d) Had any claims or circumstances that would have triggered the policy that this application relates to.

MISCELLANEOUS INFORMATION (Please provide any additional information)

DECLARATION AND SIGNATURE

The misrepresentation or non-disclosure of any material fact by the Applicant will render any Policy issued null and void and relieve the Underwriters from all liability therein.

I declare that the statements and particulars made in this Statement of Facts are true and that I have not misstated or suppressed any material facts.

I agree that in the event there is any material change to the statements made herein prior to the effective date of the policy, I will notify Underwriters and outstanding quotations may be modified or withdrawn.

The Statement of Facts must be signed by an authorized representative of the Applicant.

Signed: _____

Full Name: _____

Position: _____

Date: _____