



Epac 3

Renewal Application

Media Liability, Technology and Professional Liability, Cyber

Instructions for Completing this Application

This is a fillable PDF Document.

Please answer all questions fully. If necessary, as noted in the questions below, please provide additional responses in a supplemental document on your letterhead attached to this Application.

Upon completion the Application must be signed and dated by an authorized representative of the Applicant.

NOTICES

Please note that the insurance coverage to which this Application applies provides that the policy limit available is reduced by amounts incurred for legal defence costs and expenses and may be completely exhausted by such amounts. CNA will not be liable for any defence costs or expenses, nor any settlement or judgment amount after the exhaustion of the policy limit. Please also note that amounts incurred for defence costs and expenses will be applied to the applicable retention. This Notice is subject to the provisions of the Quebec Civil Code where applicable to an issued policy.

Providing information about a claim, potential claim, first party loss, or potential first party loss in response to any question in any part of this Application does not create coverage for such claim, potential claim, first party loss, or potential first party loss. The Applicant's failure to report to its current insurance company any claim made against it or any first party loss it first discovered during the current policy period, or to report any act, omission, or circumstance of which the Applicant is aware that may give rise to a claim or first party loss, before expiration of the current policy, may create a lack of coverage.

Please note that the submission of a completed, signed Application does not result in an obligation to purchase insurance or an obligation by the insurance company to bind insurance.

I. APPLICANT INFORMATION

The Applicant to be named in Item 1. of Declarations (the "named insured"): _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Website(s): _____ Telephone Number: _____

Gross Annual Revenue: Prior Year \$ _____ Current Year: \$ _____ Projected: \$ _____

In the preceding 12 months, did the Applicant or any Subsidiary experience a merger, consolidation, acquisition, or divestiture? Yes No

If you answered "Yes" above, please provide full details.

Indicate whether the Applicant anticipates a merger, consolidation, acquisition, or divestiture in the next 12 months? Yes No

If you answered "Yes" above, please provide full details.

In the preceding 12 months, did the Applicant create or acquire any new business, subsidiary, or division? Yes No

If you answered "Yes" above, please provide full details.

Indicate whether the Applicant is planning on creating or acquiring any new business, subsidiary, or division in the next 12 months? Yes No

If you answered "Yes" above, please provide full details.

II. REQUESTED LINES OF COVERAGE

Please complete only if the Applicant is applying for limits of insurance that exceed the expiring coverage currently written by CNA:

Coverage	Limit	Retention
Cyber	\$ _____	\$ _____
Media Liability	\$ _____	\$ _____
Technology and Professional Liability	\$ _____	\$ _____

None of the individuals to be insured under any Coverage Part (the "Insured Persons") have a basis to believe that any wrongful act, event, matter, fact, circumstance, situation, or transaction might reasonably be expected to result in or be the basis of a future claim or first party loss? Yes No

Without prejudice to any other rights or remedies of CNA, any claims or first party loss arising from any wrongful acts, events, matters, facts, circumstances, situations, or events required to be disclosed is excluded from any portion of any renewal limit of liability that exceeds the expiring limit of liability in the proposed insurance.

III. CYBER COVERAGE PART

1. Does the Applicant have the following in place:

Control	Yes	No
a. Formal written information security and privacy policies, standards, and/or procedures for the administration of information security throughout the Applicant's organization?	<input type="radio"/>	<input type="radio"/>
b. A program that provides anti-fraud security awareness training on an ongoing basis that includes but is not limited to detection of social engineering, phishing, or other scams?	<input type="radio"/>	<input type="radio"/>
c. Up to date and active Anti-Virus software on all computer, network, and mobile devices	<input type="radio"/>	<input type="radio"/>
d. Wi-Fi-Protected Access 2 authentication and encryption on its wireless network (or stronger)?	<input type="radio"/>	<input type="radio"/>
e. A Virtual Private Network (VPN) with mandatory multi-factor authentication in place for all remote access to email and other systems/programs?	<input type="radio"/>	<input type="radio"/>

- f. A process to check for security patches to the Applicant's systems at least weekly and implement them within 30 days?
 - g. A process to replace factory default settings (including user names and passwords) to ensure your information security systems are securely configured?
 - h. Up to date and active firewall technology?
 - i. Strong password practices that include minimum password length and include characters and/or capitalized letters?
 - j. Controls that ensure timely removal of systems access when an individual leaves the organization and/or when access is no longer required for business purposes?
 - k. A process to perform regular backups of data, applications and system configurations?
 - l. A process to regularly test said backups to ensure restorability?
 - m. An Incident Response plan in place to respond to a data or security breach?
 - n. A Business Continuity plan, Disaster recovery plan or something similar to respond to a network or system shutdown?
 - o. A process to test these plans?
 - p. A policy to contractually require all third parties to which the Applicant entrusts sensitive information to protect this information with safeguards a least as good as the Applicant's safeguards?
2. Does the Applicant encrypt employee, client, or other personal/sensitive data:
- | | Yes | No | NA |
|---|-----------------------|-----------------------|-----------------------|
| a. At rest on/in the Applicant's network or database? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. In transit? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. On mobile devices (i.e. laptops, mobile phones, tablets, etc.)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. On employee owned devices? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. While in the care, custody, and control of a third party vendor or service provider? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
3. Is the Applicant compliant with the PCI DSS (Payment Card Industry Data Security Standard)? Yes No N/A
4. Is the Applicant compliant with the Health Insurance Portability and Accountability Act (US)? Yes No N/A

IV. MEDIA LIABILITY COVERAGE PART

- 1. Has the number of trade or service marks owned by the Applicant increased in the past 12 months? Yes No
- 2. Within the past 12 months, have there been any changes to the procedures the Applicant uses to develop and clear trade or service marks? Yes No
- 3. Within the past 12 months, have there been any changes to the procedures the Applicant uses to develop and clear advertising and marketing materials? Yes No
- 4. Have there been any changes in the use of contracts or agreements in connection with the Applicant's media activities? Yes No
- 5. Have there been any changes in the Applicant's risk management procedures with respect to Applicant's media activities? Yes No

If you answered "Yes" to any of questions 1. through 5. above, please provide full details.

The following question should only be answered by Applicants who completed the Advertising Agency or Distributor Supplement.

6. Have the responses you provided on the Advertising Agency or Distributor Supplement changed in any material way? Yes No
If you answered "Yes" above, please complete an updated Advertising Agency or Distributor Supplement and attach it to this Application.

V. TECHNOLOGY AND PROFESSIONAL LIABILITY COVERAGE PART

1. Has any portion of the Applicant's or any Subsidiary's current operations, products, or services been discontinued or recalled within the past 12 months? Yes No
2. Has there been any change in the amount of work subcontracted out by the Applicant? Yes No
3. Within the past 12 months, has the Applicant's 3 largest clients changed? Yes No
4. Have there been any changes in the use of contracts or agreements with the Applicant's clients or subcontractors? Yes No
5. Have there been any changes in the Applicant's Quality Control Procedures? Yes No
6. Within the past 12 months, has the Applicant sued any clients for nonpayment of contracts? Yes No
7. Within the past 12 months, have any of the Applicant's clients withheld payment or requested a refund because the Applicant's products or services did not meet the client's performance expectations or did not perform in compliance with your warranty or guarantee? Yes No
8. Are any of the Applicant's contracts currently past due acceptance? Yes No

If you answered "Yes" to any of questions 1. through 8. above, please provide full details.

MATERIAL CHANGE

The Applicant acknowledges and agrees to a continuing obligation to report as soon as practicable any material changes in any responses within this Application, including all disclosures, and attachments, after the signing of the Application and prior to issuance of the policy, if issued, and further acknowledges that the insurer shall have the right to withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance.

FRAUD NOTICE

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false or incomplete 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 subject to civil fines and criminal penalties.

The Applicant, through the undersigned authorized representative, hereby acknowledges that the aforementioned statements and answers are accurate and complete. Applicant further acknowledges and agrees that this Application shall be the basis of the contract if a policy is issued, and that if a policy is issued, CNA will have relied upon, as representations, the Application and any supplemental information attached to this Application, all of which are incorporated by reference to this Application and made a part hereof. Applicant further understands that any inaccurate or incomplete statements may result in an exclusion or denial of insurance coverage. Applicant further authorizes CNA Insurance Companies to release the information on this Application and associated underwriting information.

Applicant:

By: _____
*Signature and Title** *Printed Name of Authorized Representative*

Date: _____

*** This Application must be signed by the Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, General Counsel or Risk Manager of the Applicant acting as the authorized representatives of the person(s) and entity(ies) proposed for this insurance. Please print and sign this application.**

Note: For purposes of the Insurance Companies Act (Canada), this document was made in the course of Continental Casualty Company's insurance business in Canada.

