

## TEKPACPLUS ADDENDUM PRIVACY LIABILITY & FIRST PARTY COMPUTER SECURITY

FOR PURPOSES OF THE INSURANCE COMPANIES ACT (CANADA), THIS DOCUMENT WAS ISSUED IN THE COURSE OF LLOYD'S UNDERWRITERS AND LIBERTY MUTUAL INSURANCE COMPANY'S INSURANCE BUSINESSES IN CANADA.

ALL QUESTIONS MUST BE ANSWERED COMPLETELY. DO NOT LEAVE ANY SPACE BLANK. INDICATE N/A IF A QUESTION IS INAPPLICABLE. IF THE SPACE PROVIDED IS INSUFFICIENT TO ANSWER A QUESTION FULLY, PLEASE ATTACH DETAILS ON A SEPARATE SHEET.

|   |   |
|---|---|
| <p><b>Privacy Liability Coverage including:</b><br/><b>Notification Costs, Regulatory Defense, Credit Monitoring</b><br/>(Available only if Network Security Coverage is purchased)</p>                                 | <p><input type="checkbox"/> \$50,000    <input type="checkbox"/> \$100,000    <input type="checkbox"/> \$250,000</p>  |
| <p><b>First Party Coverage including:</b><br/><b>First Party Data Protection</b><br/><b>First Party Network Business Interruption</b><br/><b>Cyber Extortion</b><br/>(Above coverages are not available separately)</p> | <p><input type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p><input type="checkbox"/> \$50,000    <input type="checkbox"/> \$100,000    <input type="checkbox"/> \$250,000</p> <p><input type="checkbox"/> \$50,000    <input type="checkbox"/> \$100,000    <input type="checkbox"/> \$250,000</p> <p><input type="checkbox"/> \$50,000</p> |

**1. GENERAL INFORMATION**

A) Name of Applicant: \_\_\_\_\_

**2. COMPUTER NETWORK SECURITY**

A) Does the Applicant publish, provide training and distribute written computer and information systems policies and procedures to its employees?  YES     NO

B) Does the Applicant use commercially available firewall protection systems to prevent unauthorized access to internal networks and computer systems?  YES     NO  
If YES, please list software being used: \_\_\_\_\_

C) Does the Applicant use intrusion detection software to detect unauthorized access to internal networks and computer systems?  YES     NO  
If YES, please list software being used: \_\_\_\_\_

D) Does the Applicant utilize and regularly update Anti-Virus Software?  YES     NO  
If YES, please list software being used: \_\_\_\_\_

E) Do you have a procedure in place to perform software updates within your network?  YES     NO  
If YES, what is the time line between a new software release and the implementation within your network?  
\_\_\_\_\_

F) Does the Applicant monitor security vulnerabilities and appropriately patch systems and applications?  YES     NO

G) Is all valuable/sensitive data backed-up on a daily basis?  YES     NO  
If YES, please advise where back up data is stored: \_\_\_\_\_

H) Does the Applicant have and enforce policies concerning when internal and external communication should be encrypted?  YES     NO

**TEKPACPLUS ADDENDUM**

- I) Does the Applicant terminate all associated computer access and user accounts as part of the regular exit process when an employee leaves the company?  YES  NO
- J) Is personally identifiable information stored on laptop computers and portable media (flash drives, back-up tapes) protected by encryption?  YES  NO
- K) Does the Applicant have a business continuity plan, recovery plan and/or incident response plan?  YES  NO
- L) Has the Applicant suffered any known intrusions (i.e., unauthorised access) of its Computer Systems in the most recent past twelve (12) months?  YES  NO  
If YES, please confirm how many intrusions occurred? \_\_\_\_\_  
Describe the response taken by the Applicant to the intrusions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If any damage was caused by any such intrusions, including lost time, lost business income, or costs to repair any damage to systems or to reconstruct data or software, describe the damage that occurred, and state value of any lost time, income and the costs of any repair or reconstruction:  
\_\_\_\_\_  
\_\_\_\_\_

- M) Have you undergone any business mergers or acquisitions that resulted in the integration or merger of your computer network within the past 3 years?  YES  NO  
If YES, please provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- N) Do you provide remote access to your computer network?  YES  NO  
If YES, is remote access restricted to a (VPN) Virtual Private Network?  YES  NO  
If NO, describe the extent to which remote access is allowed to your computer network.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- O) Does the applicant accept credit cards for goods sold or services rendered?  YES  NO  
If YES, is the applicant compliant with applicable data security standards e.g. Payment Card Industry (PCI) Data Security Standard (DSS)?  YES  NO

**3. PRIVACY & REGULATORY ISSUES**

- A) Does the Applicant collect, process, or maintain private or personal information as part of its business activities?  YES  NO  
If YES:
  - 1) Do you comply with the federal *Personal Information Protection and Electronic Documents Act*, S.C. 2000, c.5, (PIPEDA) and other similar provincial Acts and regulations, and in the United States, non-public personal information as defined in the Gramm-Leach Bliley Act of 1999, or as amended?  YES  NO
  - 2) If the information is medical related, do you comply with the protected health information as defined in provincial legislation in Canada, or, in the United States, the *Health Insurance Portability and Accountability Act* of 1996, as amended?  YES  NO
  - 3) Does the Applicant have written procedures in place to comply with laws governing the handling and/or disclosure of such information?  YES  NO
  - 4) Does the Applicant have an appointed privacy officer?  YES  NO
  - 5) Does the Applicant have a legally reviewed privacy policy?  YES  NO
  - 6) Does the Applicant share private or personal information gathered from customers (by the Applicant or others) with third parties?  YES  NO

- B) 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"/> | Other (Specify):               | <input type="checkbox"/> _____ |

C) Provide the number of records maintained by the Applicant containing the above information (approx.):  
 0  2,500  2,500  5,000  5,000  10,000  10,000  20,000  > 20,000\*\*  
 \*\* If number is greater than 20,000 enter estimated number of PII records maintained here): \_\_\_\_\_

D) Has the Applicant ever been investigated in respect of the safeguards for personally identifiable information?  
 YES  NO  
 If YES, please explain? \_\_\_\_\_

E) Has the Applicant ever received complaints about how someone's personally identifiable information is handled?  
 YES  NO

**4. NOTICE CONCERNING PERSONAL INFORMATION**

By purchasing insurance from Creechurch International Underwriters Ltd. (Creechurch), a customer provides Creechurch with his or her consent to the collection, use and disclosure of personal information, including that previously collected, for the following purposes:

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

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

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

**5. 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)

DATED: \_\_\_\_\_

NAME (Please Print): \_\_\_\_\_

TITLE/POSITION: \_\_\_\_\_