

COMMERCIAL INSURANCE

Mid-Market Cyber Insurance



Section A. CLIENT INFORMATION

Name: _____ Date Established: (DD/MM/YYYY): _____
Address: _____
Email address: _____ Website: _____
Phone: _____ Fax: _____

Section B. REVENUE

- Please give the revenue generated from sales to the following:
Canada: _____ US: _____ UK/EU: _____
Australia / New Zealand: _____ Rest of World: _____
- What percentage of your revenue is delivered from on-line sales? _____
- If in excess of 25% please complete questions below.
 - Do you (or your cloud provider) provide high availability for your transactional website and applications? YES NO
If yes, please provide brief details.

 - Do you deploy a Web Application Firewall? YES NO
Additional comments:

- Total Number of employees including directors? _____

Section C. RECORDS

- Please give the total number of records for which you are legally liable:
Payment Card Industry (credit or debit cards): _____ Driving license, Tax or Social Security numbers: _____
Other Personal Data: _____ Healthcare: _____ Financial (not credit or debit cards): _____
- Do you adhere to the current legislation governing the handling of Personal Data in those territories in which you trade? YES NO
Additional comments:

Section D. NETWORK SECURITY

1. Do you secure all remote access to your network and data with a minimum of two-factor authentication? YES NO

▶ *Additional comments:*

2. Do you run commercial grade antivirus and firewall protection across your entire network, including servers and all end points? YES NO

▶ *Additional comments:*

3. How often are virus signatures updated?

Automatically Daily Weekly Other: _____

▶ *Additional comments:*

4. Do you run a Security Information and Event Management Application? YES NO

If yes, is this monitored by a Security Operations Centre on a 24/7 basis? YES NO

▶ *Additional comments:*

5. Please provide details of all other network security applications running on your network and endpoints.

6. Have you disabled Remote Desktop Protocol on all of your endpoints, where applicable? YES NO

▶ *Additional comments:*

7. Do you allow remote access to your corporate network? YES NO

If yes, is this protected by a minimum of two-factor authentication? YES NO

▶ *Additional comments:*

8. Do you encrypt all sensitive data (as defined in Section C above) whilst:

In transit Stored on servers Stored on portable media

▶ *Additional comments:*

9. How often do you undertake an external security audit? Annual Never Other: _____

▶ *Additional comments:*

10. Who has overall responsibility for network security? _____

11. How often do you apply critical patches?

Automatically Daily Weekly Other: _____

▶ *Additional comments:*

12. Do you enforce a policy of auditing and managing computer and user accounts? YES NO

▶ *Additional comments:*

13. Do you enforce password changes at least every three months? YES NO

▶ *Additional comments:*

14. Is access to sensitive data restricted according to the employee's user requirements? YES NO

▶ *Additional comments:*

15. Do you automatically revoke all IT access for staff on leaving your employment? YES NO

▶ *Additional comments:*

16. How often is your information security policy reviewed? Annual Other: _____

▶ *Additional comments:*

Section E. PAYMENT CARD INDUSTRY COMPLIANCE

[Note: even if you completely outsource your entire card data processing to a validated third party, you may still need to be compliant with Payment Card Industry Data Security Standards (PCI DSS) rules and complete a Self-Assessment Questionnaire].

1. Are you in Compliance with the Payment Card Industry Data Security Standards? YES NO N/A

▶ *Additional comments:*

2. What level of merchant? 1 2 3 4

3. If you are a level 1 merchant, please advise below.

a. Date of last PCI audit? (DD/MM/YYYY): _____

b. Were there any major non-compliance issues? YES NO N/A

▶ *Additional comments:*

If so, have these been rectified? YES NO N/A

▶ *Additional comments:*

4. Are you EMV¹ (chip and pin) compliant? YES NO

▶ *Additional comments:*

5. Are you running Microsoft XP PoS Ready or any other unsupported application? YES NO

▶ *Additional comments:*

Section F. BUSINESS CONTINUITY

1. Are you ISO22301 certified? YES NO

▶ *Additional comments:*

2. Do you have a written business continuity plan that is reviewed annually? YES NO

▶ *Additional comments:*

3. Does your business continuity plan assess the risk from cyber perils? YES NO

▶ *Additional comments:*

4. Network Dependency - after how long will your business be impacted by an interruption to, or loss of, your network?

6 hrs 12 hrs 24 hrs 48 hrs

▶ *Additional comments:*

5. How long will it take to fully restore your critical systems? (Recovery Time Objective)

6 hrs 12 hrs 24 hrs 48 hrs

▶ *Additional comments:*

6. Do you test the Disaster Recovery Plan/ Business Continuity Plan annually? YES NO

▶ *Additional comments:*

7. Do you (or your cloud/outsourced partner) configure your network to provide high availability or failover for your website and other critical applications and data? YES NO

▶ *Additional comments:*

8. Do you back up data that is necessary to run your business at least every 5 days? YES NO

▶ *Additional comments:*

9. Is your backed up data stored offline such that it is not accessible from your network? YES NO

▶ *Additional comments:*

10. How often is back up data tested for integrity? Weekly Monthly Other: _____

▶ *Additional comments:*

Section G. EMAIL SECURITY

1. Do you use any of the following to authenticate your email:

SPF² DKIM³

If so, do you also use DMARC⁴? YES NO

▶ *Additional comments:*

2. Do you use Office 365? YES NO

If so, have you deployed Advanced Threat Protection / Defender? YES NO

▶ *Additional comments:*

3. Do you scan incoming email for malicious attachments or links? YES NO

▶ *Additional comments:*

4. Do you provide training to assist employees in spotting phishing and other social engineering attacks? YES NO

If yes, how frequently? Weekly Monthly Other: _____

▶ *Additional comments:*

5. Do you undertake any phishing campaigns or training to advise employees of the risk of social engineering attacks? YES NO

If yes, how frequently? Weekly Monthly Other: _____

▶ *Additional comments:*

Section H. MANUFACTURING

(Please complete this section if you manufacture or assemble any products).

1. Do you run your CNC machinery on a Direct (or Distributed) Numerical Control basis (instructions are sent to machinery from a separate server)? YES NO

If yes, please provide details of the logical connections between your manufacturing environment and other applications (logistics/stock purchasing etc.):

2. Do you allow remote access to your manufacturing network? YES NO
If yes, is this protected by a minimum of two-factor authentication? YES NO
▶ *Additional comments:*
-

3. Does your manufacturing network run within any unsupported operating systems (e.g. Windows XP, Windows 7, Windows Server 2008)? YES NO
▶ *Additional comments:*
-

4. What are the logical (network) connections between the manufacturing environment(s) and the corporate network? Please explain.
-

5. How quickly are critical patches applied within your manufacturing environment? Please explain.
-

6. Are any of your servers running manufacturing processes internet facing? YES NO
▶ *Additional comments:*
-

7. Do you employ application white-listing? YES NO
▶ *Additional comments:*
-

Section I. CLAIMS

1. Have you suffered any unplanned outage, not caused by a power failure, of more than 4 hours in the last 24 months that may have resulted in a claim under a cyber policy if one was in force? YES NO
If yes, please provide details.
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2. During the last 36 months has any sensitive or personal data for which you are legally liable been compromised or lost? YES NO
If yes, please provide details.
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Section J. DECLARATION

I declare that the statements and particulars in this application are true and that no material facts have been misstated or suppressed after enquiry. I agree that this application, together with any other information supplied shall form the basis of any contract of insurance affected thereon. I undertake to inform the Insurers of any material alteration to those facts occurring before completion of the contract of insurance. A material fact is one which would influence the acceptance or assessment of the risk.

The answers to these questions form part of an application for insurance only.

Nothing in this application shall be deemed an agreement to provide insurance and underwriters may decline to offer coverage or offer coverage on terms that differ from the coverage sought by the applicant.

The answers given in this application are correct to the best of my knowledge. I understand that these answers will form part of a policy that is subsequently offered. I also understand that any false statement may void the insurance in its entirety or result in a claim being denied.

Please confirm that you are prepared to receive electronic execution and delivery of the policy.

Please send the completed and signed form to your broker.

_____	_____
Print Name	Title/Position
_____	_____
Signature of Applicant	Date

Signing of this form does not bind the Applicant to complete the insurance.

ENDNOTES

1. Europay, MasterCard, and Visa; 2. Sender Policy Framework; 3. DomainKeys Identified Mail; 4. Domain-based Message Authentication, Reporting, and Conformance



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