



# Cyber Insurance Application

ABEX Affiliated Brokers Exchange Inc.  
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Brokerage:	Broker code:
Broker address:	Policy Number: (for renewal purposes only)
Email:	Effective date:

## General Information

Named Insured(s): (include any subsidiaries to be included on the policy):	
Location:	
Mailing address:	
Primary Business activity:	
Operating countries:	
Website:	
Last complete financial year revenue:	Revenue from US sales (%)

## Technical Assessment

	Yes	No
1. Do you have anti-virus deployed across your network?		
2. Are firewalls deployed at all endpoints?		
3. Do you take regular back-ups (at least weekly) of all critical data and store the same offsite or in a fire-proof safe, or does your outsourced service provider meets this requirement on your behalf?		
4. Do you require the use of 2 factor authentication for all remote access?		
5. Do you encrypt all mobile devices and laptops which are used to store personal data?		
6. Are access controls employed using the principle of least privilege?		
7. Are you currently up to date with any relevant regulatory and industry framework. Eg. Payment Card Industry (PCI), Portability & Accountability Act (HIPAA), Gramm-Leach Bliley, CAN-SPAM Act, CPA or similar.		
8. Do you have a process in place whereby checks are in place to ensure that any website or print content does not infringe on any trademarks or copyrights?		
9. How do you protect personal data? (e.g. Access controls, segregation, encryption)		

## Claims/Circumstances

Have you had any claims or circumstances within the past 5 years that would have triggered the proposed policy?	Yes	No
If yes, please describe the incident:		
In light of any incident please provide details of any repeat attacks and remediation work that has been undertaken as a result.		

## Additional Comments

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Declaration: I/we declare that after proper enquiry the statements and particulars given above are true and that I/we have not mis-stated or suppressed any material fact. I/we agree that this Application Form, together with any other material information supplied by me/us shall form the basis of any contract of insurance affected thereon. I/we undertake to inform Underwriters of any material alteration to these facts occurring before the completion of the contract. I/we authorize you to collect, use and disclose personal information as permitted by law, in connection with your commercial insurance policy or a renewal, extension or variation thereof, for the purposes necessary to assess the risk, investigate and settle claims, and detect and prevent fraud, such as credit information and claims history.

Signature(s) of All Named Insureds (only required if binding):	Full Name(s):
Position(s) Held at Insured:	Date:

**Absolutely NO COVERAGE is given by this application form.  
Coverage is only given upon written confirmation of binding from ABEX.**

### This Section is For Broker Use Only

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\* If clicking on **Submit** button above doesn't bring up a new email with this application attached to it, please try using Internet Explorer or email the application to **quotes@abexinsurance.com** or fax it to 1-855-821-7060.