

THIS APPLICATION IS FOR INSURANCE THAT IS WRITTEN ON A CLAIMS-MADE BASIS. EXCEPT TO THE EXTENT THE INSURANCE LAWS OF THE PROVINCE OF QUEBEC APPLY, DEFENCE EXPENSES ARE PAYABLE WITHIN THE LIMITS OF INSURANCE AND PAYMENT OF DEFENCE EXPENSES REDUCES AND MAY EXHAUST THE LIMITS OF INSURANCE. THROUGHOUT THIS APPLICATION THE TERM “YOU” OR “YOUR” MEAN THE APPLICANT AND SUBSIDIARIES IDENTIFIED IN SECTION I BELOW, AND THE TERM “UNDERWRITER” MEANS THE UNDERWRITING COMPANY IDENTIFIED AT THE TOP OF THE APPLICATION.

READ THE ENTIRE APPLICATION CAREFULLY BEFORE SIGNING.

This application was developed in order to gain the information necessary to properly analyze your exposure to loss. The information contained will assist us in evaluating and pricing your insurance coverage.

There may be sections that do not apply to your operations. Where that is the case, you should mark those sections as “not applicable” (N/A).

If additional space is needed to answer the below questions, attach a separate document to this Application to provide complete answers. If the answer to a question is none, state “None” or “0” in the space provided.

Supplements

| Along with this application, please attach copies of the following information: | Attached |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 1. Detailed loss information (date of loss, date reported, paid loss, open loss, loss description) from all prior insurance carriers for the last five (5) years for all the coverages being requested. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Any new sales, service/maintenance, and license agreements or contracts for your three (3) largest clients, unless previously provided to us. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Most recent financial statements, if not publicly available. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Protocols, informed consents, clinical investigator selection criteria, Research Ethics Board (REB) or Institutional Review Board (IRB) approvals for any active sponsored clinical trials during the proposed policy term. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Attach warning letters, untitled letters, 483 observations, or non compliant observations within the last year from Health Canada, FDA or other foreign equivalent. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Any new direct-to-consumer advertisements, brochures, or other marketing materials, unless previously provided to us. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Section 1. General Information

| | | | | |
|-----------------------------------------------------------------------------------------|--------|-----|---------|----------------------------------------------------------|
| 1. Name of Applicant: | | | | |
| 2. Mailing Address: | | | | |
| 3. Website: | | | | |
| 4. Describe the business activities and each subsidiary: | | | | |
| 5. Have you been involved in an acquisition or divestiture within the previous 3 years? | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Please provide the following information: | | | | |
| | CANADA | USA | Foreign | Total |
| a) Revenues: | | | | |
| I. Current 12 months | | | | |
| II. Projected 12 months | | | | |
| b) Number of units sold | | | | |
| c) Number of employees | | | | |

Section 2. Coverages and Limits Requested

The requested coverage is not automatically provided. The Policy, if issued, will determine the actual coverage.

| Coverages | Limit of Insurance Requested | Retroactive Date | Retention Desired |
|------------------------------------------------|------------------------------|------------------|-------------------|
| Products Liability | | | |
| Healthcare Professional Liability | | | |
| Clinical Trial Medical Expense | | | |
| Product Withdrawal / Crisis Management Expense | | | |
| Mitigation & Medical Monitoring Expense | | | |
| Errors and Omissions Liability | | | |
| Information Risk Liability | | | |
| Communications Liability | | | |
| Privacy Regulatory Liability | | | |
| First Party Cyber Coverage | | | |
| Information Risk Crime | | | |

Section 3a. Products Liability / Errors or Omissions Liability – Operation Questions

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| 1. Are you currently in compliance with all applicable good clinical practices (GCP), good laboratory practices (GLP), good manufacturing practices (GMP), quality system (QS), ISO Standards, and Advertising & Promotion guidelines? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Do any of your products require sterilization? If Yes, please provide details on sterilization procedures. If sterilization is outsourced: a. What company is doing the sterilization? b. Do you have a contract with an indemnification agreement? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Do you have any raw materials, components or final products manufactured outside Canada or US? If Yes, please provide the following: a. The raw material(s), component(s) and product(s): b. Where each such raw material, component and product is manufactured: c. Who manufactures the raw material(s), component(s) and product(s): d. How often do you audit your foreign manufacturers? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Are you aware of any off-label use of your products? If Yes: a. Indicate what revenues you can identify from this off-label use: b. What steps are you taking, if any, to address the off-label use: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Have you discontinued or recalled any product for safety reasons? If Yes, please provide details for each discontinuation or recall. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| 6. Do you have a formal enterprise risk management and safety program? Do you periodically test or audit your enterprise risk management and safety program? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|----------------------------------------------------|----------------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------|-----------------------------------------------------------------|----------------------------------------|---------------------------------------|--|--------------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 7. Do you require all new employees to complete a training program that educate them on all company policies and procedures as well as regulatory requirements applicable to their positions? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. Do you use contracted or independent sales staff? If Yes, what is the percentage of revenue attributed to independent sales staff? % a. Do you require certificates of insurance and hold harmless agreements? b. Do you provide formal training to the independent sales staff? If Yes, please explain. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. Do you or your employees have a separate healthcare professional liability insurance policy? a. Do you have a formal policy specifically prohibiting direct patient care by product sales personnel? b. In the last five (5) years, have there been any incidents of product sales personnel not complying with the formal policy or providing direct patient care? If Yes, please provide details: | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. Do you conduct product training for the users of your products? If Yes, do you have a formal and documented product training program for each product? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | |
| 11. Please list your top three competitors: a. b. c. | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12. Please provide details of your five largest clients /customers: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr style="background-color: #d3d3d3;"> <th style="width: 25%;">Customer</th> <th style="width: 35%;">Description of Services</th> <th style="width: 20%;">Contract size (\$)</th> <th style="width: 20%;">Length of Contract</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> | | Customer | Description of Services | Contract size (\$) | Length of Contract | | | | | | | | | | | | | | | | | | | | |
| Customer | Description of Services | Contract size (\$) | Length of Contract | | | | | | | | | | | | | | | | | | | | | | |
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| 13. What is your average contract revenue size in dollars? | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14. What is the average contract length in months? | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15. Do you require written contracts or agreements with all customers? a. Are all modifications or mid-term changes to a contract made in writing? If you answered No to either question above, please explain the circumstances under which a written document would not be required: | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | |
| 16. Indicate which of the following are included in your standard contracts: <table style="width: 100%; margin-top: 10px;"> <tr> <td><input type="checkbox"/> Dispute Resolution clause</td> <td><input type="checkbox"/> Limitation of liabilities</td> </tr> <tr> <td><input type="checkbox"/> Conditions of customer acceptance of product or service</td> <td><input type="checkbox"/> Disclaimer of consequential damages</td> </tr> <tr> <td><input type="checkbox"/> Disclaimer of implied warranties</td> <td><input type="checkbox"/> Hold Harmless (Mutual or your benefit)</td> </tr> <tr> <td><input type="checkbox"/> Force Majeure</td> <td><input type="checkbox"/> Severability</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Statement of Work</td> </tr> </table> | | <input type="checkbox"/> Dispute Resolution clause | <input type="checkbox"/> Limitation of liabilities | <input type="checkbox"/> Conditions of customer acceptance of product or service | <input type="checkbox"/> Disclaimer of consequential damages | <input type="checkbox"/> Disclaimer of implied warranties | <input type="checkbox"/> Hold Harmless (Mutual or your benefit) | <input type="checkbox"/> Force Majeure | <input type="checkbox"/> Severability | | <input type="checkbox"/> Statement of Work | | | | | | | | | | | | | | |
| <input type="checkbox"/> Dispute Resolution clause | <input type="checkbox"/> Limitation of liabilities | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Conditions of customer acceptance of product or service | <input type="checkbox"/> Disclaimer of consequential damages | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Disclaimer of implied warranties | <input type="checkbox"/> Hold Harmless (Mutual or your benefit) | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Force Majeure | <input type="checkbox"/> Severability | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Statement of Work | | | | | | | | | | | | | | | | | | | | | | | | |

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| 17. What percentage of your customer contracts deviate from your standard provisions % Who can approve these variations? <input type="checkbox"/> In-house counsel only <input type="checkbox"/> Other (Include title or department): | |
| 18. Do you enter in to contracts that include a fixed time frame for completion of all or portions of the project? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 19. Do you sub-contract any professional services or manufacturing? If Yes, what percentage do you sub-contract? % | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 20. Do you utilize a standard sub-contractor contract? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 21. Do you require evidence of Product Liability and Errors & Omissions insurance from sub-contractors? If Yes, what is the minimum limit of insurance you require: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 22. Do you employ a formal process for evaluating your subcontractors? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 23. Do you obtain written customer acceptance at: a. pre-defined milestones? b. final acceptance? c. post implementation? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 24. Do you have a formal policy in place for handling customer complaints, including resulting changes or fixes? a. Are all customer complaints documented in writing? b. Do you have an escalation process in place to resolve any customer complaints? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 25. Have any of your products, services or operations been discontinued within the last five years? If Yes, please describe in detail which products/services were discontinued, including procedures for informing customers: Do your procedures include providing continued services, support or other remedy for discontinued products or services? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 26. Have you filed for bankruptcy in the last seven (7) years? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 27. Have there been any Federal Trade Commission (FTC) or The Competition Bureau violations in the last three (3) years? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 28. Do you sell any products direct-to-consumer? If Yes, what types of direct-to-consumer advertising do you use? If Yes, what products are subject to direct-to-consumer advertising? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Section 3b. Products Liability / Errors or Omissions Liability – Pharmaceutical Addendum

| | |
|------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 1. What percentage of your pharmaceutical exposure is associated with the following: | |
| a. Branded | % |
| b. Generic | % |
| c. OTC (Over the Counter) | % |
| d. Veterinary | % |
| e. Pediatric | % |
| 2. Do you have any past, present or planned exposure to the following (if Yes, please describe in detail): | |
| a. Controlled Substances | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Vaccines | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. CBD/Cannabis | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Nutraceuticals | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e. SSRIs | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | |
|--------------------------------|------------------------------|-----------------------------|
| f. Birth Control | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. Hormone Replacement Therapy | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| h. Tobacco Products | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| i. Homeopathic | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| j. GLP-1 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| k. Acetaminophen | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

3. Do you have any past, present, or planned exposure to the following (if Yes, please describe in detail):

| | | |
|---------------------|------------------------------|-----------------------------|
| a. Known teratogen | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Known mutagens | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Known carcinogen | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Cytotoxins | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

4. Do you have any products that are susceptible to abuse or habit forming?
If Yes, please describe in detail:

| | | |
|--|------------------------------|-----------------------------|
| | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|------------------------------|-----------------------------|

Section 3c. Products Liability / Errors or Omissions Liability – Medical Device Addendum

1. What percentage of your revenue is associated with the following (if any):

| | |
|-------------------------------------|---|
| a. IVC filters | % |
| b. Metal on metal (MOM) hip or knee | % |
| c. Implantable mesh | % |
| d. Breast implants | % |
| e. Birth control devices | % |

2. Do you have any revenue associated with implantable devices (in the body > 30 days)?

| | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

3. Does your medical device transmit or receive data to or from a network or to another device?
If Yes, please complete **Section 6. Information Security**.

| | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Section 3d. Products Liability / Errors or Omissions Liability – Clinical Trials Addendum

1. Do you have any active or planned clinical trials?
If Yes, please provide details for each active or planned clinical trial below:

| Protocol Number | Product Name & Indication | # subjects enrolled during policy term | Phase | Countries | Local Admitted Policy Info. |
|-----------------|---------------------------|----------------------------------------|-------|-----------|-----------------------------|
| | | | | | |
| | | | | | |
| | | | | | |

2. Clinical Trial Forms

a. At what grade level (Flesch-Kincaid scale), are your consent forms written?

b. Do you require your clinical investigators to assist or determine the participants' understanding of the consent forms?

| | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

3. Have you ever acted as, or do you anticipate acting as, both the sponsor and clinical investigator for your clinical trials?
If Yes, please provide details:

| | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

| | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| 4. Have any of your clinical investigators been cited or investigated for violations or regulatory non-compliance in connection with any clinical trials they were involved in? If Yes, please provide details: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Have any of your clinical trials been suspended or discontinued due to safety reasons? If Yes, please provide details: Do you have standard procedures regarding the suspension of a clinical trial? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Do any of your employees or contractors provide direct patient care in connection with any of your clinical trials? If Yes, do you have separate medical malpractice insurance coverage for this exposure or do you obtain certificates of insurance from any third party rendering these services on your behalf? If No, please provide details: | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Have you ever been cited for any regulatory violations in connection with any of your clinical trials? If Yes, please provide details: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Do any of your clinical trials require overnight stays? If Yes, please provide details: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Do you publish all clinical trial results? If No, please provide details: | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Section 3e. Products Liability / Errors or Omissions Liability – Healthcare Professional – Staff

This policy does not automatically provide coverage for healthcare professionals and this information is for underwriting purpose only. If you are requesting coverage, be sure to enter a limit in Section 2. Coverage and Limits Requested.

| 1. Please provide the following information for the healthcare professional staffs: | | | |
|-------------------------------------------------------------------------------------|-----------------------------------|-------------|---------------------------|
| Healthcare Professionals | What services are being provided? | # Employees | # Independent Contractors |
| Physician | | | |
| Physician's Assistant / Nurse Practitioner | | | |
| Dentist | | | |
| RN/LPN | | | |
| Pharmacist | | | |
| Genetic Counselor | | | |
| Phlebotomist | | | |
| Orthotist/Prosthetist | | | |
| Pathologist | | | |
| Other(s) (describe) | | | |

| | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 2. Do you require all of your employed/contracted health professionals to carry their own medical malpractice coverage? If Yes, what is the limit required? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Does your business have medical malpractice coverage that insures your business for the medical services provided by your health professionals? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Do you review and approve the professional qualifications of your employed and contracted health professionals who have direct patient care interactions? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Do you have a procedure in place to ensure your employed and contracted health professionals maintain their professional licenses? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Section 4: Information Risk Liability

| | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| 1. State the number of natural persons for whom you store, process, collect, or transmit their personal information | |
| 2. Which of the following personal information do you store, process, collect, or transmit: <input type="checkbox"/> Credit/Debit Card Number(s) <input type="checkbox"/> Social Insurance Numbers <input type="checkbox"/> Driver's License or ID card number <input type="checkbox"/> Bank and/or Financial Records <input type="checkbox"/> Employment Records <input type="checkbox"/> Biometric and Genetic Data <input type="checkbox"/> User ID with Password/Access code <input type="checkbox"/> IP and/or MAC addresses <input type="checkbox"/> Private Health Information <input type="checkbox"/> Other (Specify): | |
| 3. Is all personal information encrypted or tokenized at rest on all devices and servers with non-proprietary strong encryption processes? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Is all personal information encrypted or tokenized in transit on all devices and servers with non-proprietary strong encryption processes? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Do you share personal information (including data you retain that is gathered by others), with third parties? If Yes, is permission obtained? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Do you discard personal information when no longer needed by irreversibly erasing or destroying the data using a technique that leaves no residual data? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Do you have a formal process for validating the identity of individuals requesting disclosure of their personal information that you hold? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Do you have a formal process for responding to requests from individuals seeking disclosure or deletion of their personal information? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. If you store, process, or transmit credit/debit card data, are you compliant with the Payment Card Industry (PCI) Data Security Standard? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. If you store, process or transmit credit/debit card data, what level of merchant are you? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 | |
| 11. Do you discard sensitive information when no longer needed by irreversibly erasing or destroying the data using a technique that leaves no residual data? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. Do you retain any third-party trade secrets, including that of customers or clients ("Confidential Data")? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| a. Is all Confidential Data encrypted at rest on all devices and servers with non-proprietary strong encryption processes? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Is all Confidential Data encrypted in transit on all devices and servers with non-proprietary strong encryption processes? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 13. Do you retain any Controlled Unclassified Information (as defined under DFARS 252.204)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| a. Is all Controlled Unclassified Information encrypted at rest on all devices and servers with non-proprietary strong encryption processes? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Is all Controlled Unclassified Information encrypted in transit on all devices and servers with non-proprietary strong encryption processes? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 14. Do you have a centralized formal log collection and management process or solution that covers all network activity? If so, for how long are logs maintained? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 15. Describe your policy for backing up data and indicate how often data is backed up in each category: <input type="checkbox"/> Full Back up <input type="checkbox"/> Incremental <input type="checkbox"/> Differential <input type="checkbox"/> Other | |
| 16. Identify which back-up security solutions do you use? <input type="checkbox"/> Encryption <input type="checkbox"/> Restricted Access <input type="checkbox"/> Immutable Copies <input type="checkbox"/> Segregation or Air-Gap | |

17. Where are backups stored?

☐ On-site ☐ Secure Off-site locations ☐ Cloud provider ☐ Other:

Section 5: Information Security

1. Have you undergone any information security compliance evaluations using the listed information security frameworks? If so, identify which frameworks were followed (select all that apply).

☐ NIST Cyber Security Framework ☐ COBIT
☐ CIS Controls ☐ Cybersecurity Maturity Model Cert. (CMMC)
☐ ISO 27001 ☐ Other (Specify):
☐ SOC2 ☐ None:
☐ ITSG-22 or NIST 800-53

2. Indicate the date of the last assessment and name of the firm performing the assessment (if third party):

a. Date:
b. Name of security firm:

3. Have you performed or had a third party perform a review to ensure compliance with any of the following data privacy laws? If so, identify which law(s) the review(s) covered. If not, leave blank.

☐ PIPEDA or any similar provincial privacy legislation or regulations
☐ Health Insurance Portability and Accountability Act (US)
☐ General Data Protection Regulation (GDPR)
☐ California Consumer Privacy Act
☐ Other (Specify):

4. Identify the person responsible for data/network security in your organization:

a. Name:
b. Title:

5. What is your annual total information technology (IT) budget?

a. What percentage of your total IT budget is allocated to information security solutions/services?
☐ <10% ☐ 10% to 20% ☐ >20%

6. If any part of your network is hosted by a cloud provider, identify the cloud service provider(s):

☐ AWS ☐ Google/Cloud ☐ Microsoft / Azure ☐ IBM ☐ Other (Specify): ☐ None

7. Have you configured your network to comply with your obligation under the cloud provider's Share Responsibility Model / Matrix?

☐ Yes ☐ No

8. Do you outsource any part of your IT / Network Security operations to an MSP or MSSP?
If Yes, identify the MSPs and / or MSSPs and the functions outsourced to it (them).

☐ Yes ☐ No

9. Below is a list of information security controls commonly used in technology environments and a box containing the names of several common vendors of each control. If you utilize the controls listed, identify which vendor you use or, alternatively, any corresponding compensating or alternative controls (if any): If you rely upon your cloud provider for any of the controls listed, select "cloud provider. If you do not use the control listed, select "none".

Control

Compensating or alternative control

MFA – Admin Access & Remote Access
Intrusion Detection/Prevention (IDPS)
Endpoint Detection/Response
Endpoint (or Mobile) Management
Next Generation Firewall
Security Info. Event Mgmt. (SIEM)
Data Loss Prevention/Detection
DKIM/DMARC solution for email
Identity/Access Mgmt.
Privileged Access Mgmt. (PAM)
Next Generation Anti-virus

| Control | Compensating or alternative control |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| Data Subject Access Req.(DSAR) Protective DNS Automated Patch Management | |
| 10. Do you have a formal security awareness and education program to support and communicate standards and policies to employees on an at least annual basis? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. Do you have a mechanism in place to visually flag and alert employees of e-mails coming from external sources? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. Do you have a formal process for inventorying all software, hardware and peripherals within the network or with network access? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 13. Are passwords required to be complex, with a combination of letters, numbers and special characters? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 14. Do you segregate operational, production, and critical networks from internet-facing networks? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 15. Are remote users required to authenticate through a secure VPN? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 16. Do you scan your network(s) for vulnerabilities on a regular basis? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 17. Do you have a formal process for performing, or having a third party perform, at least annual penetration testing? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 18. How long after release are critical patches applied? | <input type="checkbox"/> Yes <input type="checkbox"/> No days |
| 19. Do you use any unsupported or deprecated operating systems, applications or platforms? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 20. Select each of the following for which you have a formal, written plan, and how often each is tested: | |
| <input type="checkbox"/> Incident response | <input type="checkbox"/> Annually <input type="checkbox"/> As Needed <input type="checkbox"/> No formal testing plan has been adopted |
| <input type="checkbox"/> Disaster recovery | <input type="checkbox"/> Annually <input type="checkbox"/> As Needed <input type="checkbox"/> No formal testing plan has been adopted |
| <input type="checkbox"/> Business continuity | <input type="checkbox"/> Annually <input type="checkbox"/> As Needed <input type="checkbox"/> No formal testing plan has been adopted |
| 21. In the event of a network or computer system attack, breach or other loss or corruption of data, what is your recovery time objective, meaning the approximate maximum time period elapsed before you can restore your operations following such event? | |
| <input type="checkbox"/> Less than 1 hour | <input type="checkbox"/> From 1 up to 3 hours <input type="checkbox"/> From 3 to 6 hours <input type="checkbox"/> From 6 to 12 hours |
| <input type="checkbox"/> From 12 to 24 hours | <input type="checkbox"/> From 12 to 48 hours <input type="checkbox"/> Over 48 hours <input type="checkbox"/> Do not know |
| 22. In the event of a network or computer system attack, breach or other loss or corruption of data, what is your recovery point objective, meaning the approximate maximum amount of data loss – measured by the time period elapsed since your last data backup – that you have deemed is acceptable under your business continuity plan? | |
| <input type="checkbox"/> Less than 1 hour | <input type="checkbox"/> From 1 up to 3 hours <input type="checkbox"/> From 3 to 6 hours <input type="checkbox"/> From 6 to 12 hours |
| <input type="checkbox"/> From 12 to 24 hours | <input type="checkbox"/> From 12 to 48 hours <input type="checkbox"/> Over 48 hours <input type="checkbox"/> Do not know |

Section 6: Information Risk Crime – Check Box if not applying for this coverage – Not required ☐

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| 1. What is the average fund transfer amount for the past 12 months? | |
| 2. List the three largest fund transfers completed this year: | |
| 3. Indicate the approximate number of funds transfers completed per year: | |
| 4. Do you accept and receive funds transfer instructions from clients, vendors or employees over the telephone, email, text message or similar method of communication? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If Yes, prior to complying with the instruction, do you authenticate such instruction by: | |
| a. Calling the requestor at a predetermined number? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Sending a text message to a predetermined number? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Requiring receipt of a code known only to the customer to confirm identity? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Some other method or combination of the above? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Describe your authentication method: | |

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| 5. Are all employees that are responsible for wire transfer provided anti-fraud training, including but not limited to detection of social engineering, phishing and other scams? If Yes, please describe the training and how often such training is delivered: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Are all international and domestic funds transfer procedures performed consistently across all business units? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Do you have custody or control over any funds or accounts of any of your clients? If Yes, please describe | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. With regard to vendors and clients: a. Do you verify all vendor or client bank accounts by a direct call to the receiving bank prior to being established in the accounts payable system? b. Do you confirm all changes to vendor or client details (including router numbers, account numbers, telephone numbers and contact information) by a direct call using only the contact number previously provided by the vendor or client before the request was received? c. Do you confirm all changes requested by the vendor or client to a person independent of the requestor of the changes, with any changes being implemented only after the vendor or client has the opportunity to confirm them? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No |

Section 7. Communication Liability – Check Box if not applying for this coverage – Not required ☐

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| 1. Do your business activities include or your websites contain, disseminate, or allow the following? Check all that apply. <input type="checkbox"/> Advertising for or on behalf of third parties <input type="checkbox"/> Chat rooms, bulletin boards, blogs or other areas supporting user generated content <input type="checkbox"/> Domain name registration <input type="checkbox"/> Music or video downloads, including P2P file sharing <input type="checkbox"/> Pornographic or sexually explicit material <input type="checkbox"/> Interactive gaming or games of chance <input type="checkbox"/> Contest or coupons | |
| 2. Do you have a comprehensive written program in place for managing intellectual property rights? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Do you use the material of others (such as text, video, or music) in your website or in other material printed, broadcast, published or distributed by you or by someone on your behalf? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Do you hire outside website developers to provide work for you including development of content? If Yes, do your agreements with outside developers include provisions granting you ownership of the intellectual property rights of this work performed for you? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Do you incorporate any code subject to an open-source license in any of your products? a. If the license for any open-source code incorporated into your product requires that the derivative code be open source, do you comply b. Do you incorporate any licensed third-party code into your products? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Do you allow employees or others to post to your website? If Yes, do you regularly monitor for inappropriate posting and take immediate action if such are found? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No |

Section 8. Claim History/Notice of Facts and Circumstances

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| 1. Within the past three years, have you had any insurer refuse to renew or cancel any Product Liability, Errors or Omissions, or Cyber Insurance policy? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. During the past five years, have you submitted any claim or loss, or given notice of any fact, circumstance, situation, transaction, event, act, error or omission, which you had reason to believe may, or could reasonably be foreseen to, give rise to a claim or loss that might fall within the scope of insurance with any insurer or self-insurance instrument of which the requested coverages would be a direct or indirect replacement? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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| <p>If Yes, please provide details including (if applicable) date of claim or loss, claimant name, all defense and indemnity payments, all defense and indemnity reserves (if claims are open) and claim status (open/closed):</p> | |
| <p>3. WITHOUT PREJUDICE TO ANY OTHER RIGHTS, DEFENSES OR REMEDIES OF THE INSURER, IT IS AGREED THAT ANY CLAIM OR LOSS REQUIRED TO BE DISCLOSED IN RESPONSE TO QUESTION 2 OF SECTION 8 IS EXCLUDED FROM THE PROPOSED INSURANCE, AND THAT ANY CLAIM OR LOSS ARISING FROM ANY FACT, CIRCUMSTANCE, SITUATION, TRANSACTION, EVENT, ACT, ERROR OR OMISSION REQUIRED TO BE DISCLOSED IN RESPONSE TO THE ABOVE QUESTION IS EXCLUDED FROM THE PROPOSED INSURANCE.</p> | |
| <p>4. Have you suffered any known intrusions, unauthorized access, or been a target of a security or virus incident of its network or computer systems within the past 24 months?</p> <p>If yes, how many intrusions occurred?</p> <p>If yes, did such intrusions result in a loss, including lost time, lost business income or costs to repair any damage to network, computer systems, data, or software?</p> <p>If yes, describe the loss that occurred and state the value of any lost time, income, and the costs of any repair or reconstruction:</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>5. Are you aware of any fact, circumstance, situation, transaction, event, act, error or omission that you have reason to believe may or could reasonably be foreseen to give rise to a claim or loss that may fall within the scope of the proposed insurance?</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>6. WITHOUT PREJUDICE TO ANY OTHER RIGHTS, DEFENSES OR REMEDIES OF THE INSURER, IT IS AGREED THAT ANY CLAIM OR LOSS REQUIRED TO BE DISCLOSED IN RESPONSE TO QUESTION 5 OF SECTION 8 IS EXCLUDED FROM THE PROPOSED INSURANCE.</p> | |

Section 9. Fraud Warning

Any person who knowingly and with intent to defraud any insurance company or another person, files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, may be guilty of committing a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties

Section 10. Declaration for the Application

The undersigned represents and agrees:

- (a) He or she is an authorized representative of each person or entity proposed for this insurance.
- (b) To the best of her/his knowledge and belief, after reasonable inquiry, the information and statements in this application, including any attachment(s), are true and complete.
- (c) The information in this application, including any attachment(s), is material to the risk accepted by the Underwriter. If a policy is issued, it is issued in reliance upon this application, including any attachment(s).
- (d) This application and any attachment(s) will be the basis for the contract.
- (e) The application and any attachment(s) will be considered part of the policy.

The Underwriter is authorized to make any inquiry in connection with this application. This application and any inquiry made by the Underwriter does not bind the Applicant or the Underwriter to complete the insurance or issue a policy. Any material changes to the information in this application, including attachments, prior to the effective date of the policy must be reported to the Underwriter immediately

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|-----------------|--|-----------|--|
| Applicant Name: | | Position: | |
| Signature: | | Date: | |

NOTE: THIS APPLICATION MUST BE SIGNED BY A PARTNER, PRINCIPAL, DIRECTOR OR OFFICER OF THE APPLICANT ACTING AS THE AUTHORIZED AGENT OF ALL INDIVIDUALS AND ENTITIES PROPOSED FOR THIS INSURANCE.