

Cyber Insurance Quote Request

Please complete all sections so we can prepare an accurate quote.

COMPANY INFORMATION

Company name			
Address line 1			
Address line 2			
Address line 3			
City		Postal code	
Country		Company web address	

CONTACT INFORMATION

Contact name		Title	
Phone number		Email address	

BUSINESS DETAILS

FTE employees (current)		Annual revenue (last FY)	\$	
Main activity				

PROGRAM CODE (OPTIONAL)

☐ Check if a program code was provided by your broker

Program code	
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ADDITIONAL NAMED INSUREDS

List any additional entities to be named on the policy

Name	Street Address	City	Province	Postal Code

UNDERWRITING DECLARATIONS

You have not experienced a cyber event in the past three years that has resulted in a direct financial loss of more than CAD10,000

You have not had any legal action brought or threatened against you in the last five years as a direct result of a cyber event

You have not had any regulatory action initiated against you in the last five years as a direct result of a cyber event

You are not involved in the direct supply of goods or services to the cannabis industry, nor are you involved directly with the use or supply of cryptocurrency

If yes to any of the above, please provide details below:

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By submitting this form you confirm the information above accurately reflects the details of the company applying for insurance, including any subsidiaries.