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Application for Privacy Protection Insurance

Insurance for
Things That Move.™

IMPORTANT NOTE: The questions contained in this form are designed to give the Insurance Company information regarding your business. The form cannot always cover every aspect of your business. It is your duty to disclose all material information to the Insurance Company that may affect the premium or conditions. Please seek the professional assistance of your Insurance Broker when completing this form.

Section 1 – General Information

Name of Applicant (include names of all subsidiaries or affiliated companies to be insured or attach separate sheet if necessary)

Risk Address (if different than above)

New Policy

Renewal Policy

Date Established

Contact Name _____ Fax _____

Type of Business

Phone _____ Website _____

Individual

Corporation

E-Mail _____

Partnership

Public / Private

Gross Annual Revenues	Canada	US	Other	Total
Prior Year				
Current Year (est)				

Section 2 – Records & Information Management

1. Records & Information

What types of information (with regard to customers and employees) does the Applicant collect, process and store? Please tick the relevant boxes)

Customer Information <input type="checkbox"/>	Financial Account Information <input type="checkbox"/>
Business Information <input type="checkbox"/>	Credit Card Information <input type="checkbox"/>
Healthcare Information <input type="checkbox"/>	Driver's License Numbers <input type="checkbox"/>
Others (please specify) <input type="checkbox"/>	Social Insurance Numbers <input type="checkbox"/>

2. Employees / Customers

No. of Employees

No. of Individual Customer Records

No. of Business Customer Records

Section 3 – Security Questions

1. Do you have a privacy policy (disclosing how you will use a clients' information?)

YES NO

2. Do you have network security policies regarding the handling and storage of personally identifiable information on your systems?

YES NO

3. Do you use and regularly update your Antivirus software?

YES NO

4. Do you use and regularly update system and application patches?

YES NO

5. Do you use intrusion detection software to detect unauthorized access to internal networks and computer systems?

YES NO

6. Do you encrypt all personally identifiable information?

YES NO

7. Do you prevent personally identifiable information being downloaded on to laptop computers and other portable media (USB pens, back up tapes)?

YES NO

8. Have you obtained an indemnity from other vendors with respect to a breach of data security?

YES NO

9. Do you have firewall protection installed on all external gateways?

YES NO **Section 4 – Loss Information and Signature**

In the last 5 years have you received, or is there currently pending, any claims or complaints which may be covered under the proposed insurance, and/or does any applicant, director or other proposed Assured have knowledge of any fact, circumstance, situation, event or transaction which may give rise to a claim under the proposed insurance? If 'Yes' please explain.

YES NO

Completion of this application is not a guarantee of coverage. Coverage may be offered upon review and approval of the underwriter. If a quotation is put forward, it will contain various Terms, Conditions and Exclusions. The Insurance company strongly recommends that you examine the quotation with your Insurance Broker before acceptance. **I hereby confirm that the information given above and in any attached sheet(s) is true and correct.**

Name of Applicant (Please Print)

Applicant's Signature

Title

Date Signed