

CYBER INSURANCE FOR BUSINESS APPLICATION

Please note: Cyber Select coverage only available for clients with annual revenues under \$2,000,000. Coverage will start the date we receive the completed application form and process the payment.

Higher limits are available upon request, please contact us for further details

Your Name _____ Company Name _____

Company Address _____

City _____ Province _____ Postal Code _____

Email Address _____ Phone Number _____

Industry _____ Annual Revenues _____ # of employees _____

Company website _____

Do you have any prior claims? No If yes, please provide details below

Claims history details

Please confirm that you:

1. Have not experienced a cyber event in the past three years that has resulted in a direct financial loss of more than \$10,000 CDN? **Yes** **No**
2. Have not had any legal action brought or threatened against you in the last five years as a direct result of a cyber event? **Yes** **No**
3. Have not had any regulatory action initiated against you in the last five years as a direct result of a cyber event? **Yes** **No**
4. 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? **Yes** **No**

DECLARATION

The undersigned declares that all statements made in the application and the information contained in documents submitted with it is true. It is agreed that the application shall be the basis of the insurance contract. My signature below authorizes my broker and/or insurance company to collect, use and disclose any of this personal information, subject to the law and to my broker's or insurance company's policy regarding personal information, for the purposes of communicating with me, assessing my application for insurance and underwriting my policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I also understand that the premium is fully earned, and therefore, cancellation will not entitle me to a refund.

Signature _____ Dated _____

Payment options: **VISA** or **MASTERCARD** only

Total to be applied to credit card*: **\$400**

*Plus applicable taxes where taxes apply. (Newfoundland -15%, Ontario - 8%, Manitoba - 7%, and Saskatchewan - 6%)

Credit card number _____

Expiry date: (mm/yy) _____

Name on card (please print): _____

Signature _____

Please email this application to commercialprograms@westlandmygroup.ca or fax to 1-866-966-0969
If you have any questions, please call us at 1-844-999-7687 ext. 2175. Your policy documents will follow shortly. Thanks for your business!

I would like to receive additional insurance information that may benefit me and/or my business.

COVERAGE CANNOT BE BOUND UNTIL PAYMENT IS RECEIVED. ANNUAL PREMIUM IS MINIMUM AND RETAINED.