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**Cyber, data and privacy
for Healthcare Professionals**

NOTICE: THIS APPLICATION IS AN IMPORTANT DOCUMENT AND IS BEING RELIED ON BY THE INSURER TO DETERMINE WHETHER IT WILL PROVIDE YOU WITH COVERAGE. PLEASE ENSURE THAT ALL RESPONSES ARE ACCURATE. THIS DOCUMENT WILL FORM PART OF YOUR POLICY.

The policy for which these questions are made is a claims-made and reported policy subject to its terms. The questions contained herewith pertain to all persons or entities seeking insurance, and not just the signatory.

Cyber, Data and Privacy Insurance.

Your Cyberboxx™ policy protects you before, during, and after a cyber event. Cyberboxx™ helps SMEs stay ahead of cyber threats with great coverage and the addition of accredited employee education and state-of-the art security team – the Hackbusters™ to boost your cyber resilience. Our state-of-the-art Cyber insurance policy combines broad first-party, crime and third- party coverage with access to BOXX’s expert cyber security services and claims professionals.

* Highlights of Cyberboxx, BOXX’s market-leading cyber insurance policy include:

- Boost employees’ cyber awareness with the accredited e-based BOXX Academy
- Free Pre-breach Expert Consultation with Hackbusters™
- In-house incident response team – the Hackbusters™ including ransom experts
- Retention waiver for claims notified within 24 hours of discovery*
- Enhanced employee coverage includes working from home and their devices
- Directors and Officers coverage for personal cyber attack
- Beyond cyber, System Failure coverage resulting from operational use of your systems
- Reputational and Brand harm as a result of a cyber incident
- Bricking Loss and hardware damage
- Dependent Contingent Business interruption built into the Policy
- Security and Privacy Liability including Cyber Trauma damages
- Comprehensive crime and fraud cover including both social engineering and client social engineering
- Post-breach Remediation costs

* Subject to policy terms and conditions

Your Company Details

Please provide the following specific information:

1.a.	Full Name of Applicant :	First Name	Initial	Last Name
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b.	Location Address:	Street Address		
		City	Province	Postal Code

Contact Email: (documents will go to this email)			
Website:			
Gross Annual Revenue:	CAD \$	What percentage of Revenue is generated from the USA?	
Industry:			

Coverage Available

	Option 1	Option 2
ANY ONE CLAIM AND AGGREGATE LIMIT	\$250,000	\$250,000
*Coverage Features:		
Breach Incident Response by Hackbusters™ We will pay for losses incurred by You if You suffer from the unauthorised access, use or disclosure of personal data, including: <ul style="list-style-type: none"> the costs of outside computer forensic analysis to confirm the breach; legal advice costs incurred in managing the notification of the breach; costs incurred in notifying data subjects and any regulatory body, if required; credit monitoring costs, where required. We will also pay for the above where You have incurred loss as the result of a breach by a supplier of Yours.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Hacker & Malware Damage	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cyber Extortion	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Loss of business & reputational harm	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Online media liability including online libel and slander	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Claims against You including third party liability and damages	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cyber Crime & Fraud (optional addition with \$100,000 sublimit)		<input checked="" type="checkbox"/>

* Subject to policy terms and conditions.

Select your preferred Cyberboxx Option

Policy coverage starts at \$250,000 for any one claim and all claims (aggregate) made during the policy period. Higher limits as detailed below are available and the Applicant should discuss specific requirements with Holman Insurance Brokers Ltd. if in any doubt as to the adequacy of the limits being considered. Subject to a satisfactory application, the Applicant will be charged the following:

		Annual Revenue up to \$99,000	Annual Revenue \$100K to \$200K
Option 1	\$ 250,000 Aggregate limit	\$320 per annum	\$450 per annum
Option 2	\$ 250,000 Aggregate limit plus Cyber Crime & Fraud \$100,000 Sub-Limit	\$350 per annum	\$550 per annum

Please read these questions carefully. You must provide us with accurate and complete information. Failure to do so may affect the validity of the policy or whether the policy responds to any claim in full or at all.

Q1: You declare that: <ul style="list-style-type: none"> You have anti-virus and firewall enabled on your devices and update software used to operate the business within 30 days of an update being available You regularly back-up critical data for on-premises systems and store off-site OR your critical data is accessed through cloud software providers only? You transact, process or store no more than 50,000 records containing personal data annually 	Yes	No
Q2: For Cyber Crime & Fraud coverage: You declare that: <ul style="list-style-type: none"> Before processing a wire transfer of funds, You confirm the request by a secondary means of communication Before changing vendor account details, You confirm the details of the change request by a secondary means of communication All employees responsible for wire transfer of funds are provided training to detect and prevent fraud, social engineering and similar scams 	Yes	No
Q3: Prior Incidents: You declare that You have no knowledge of or information regarding any fact, circumstance, situation, event or transaction which may give rise to a claim or loss or obligation to provide breach notification under the proposed insurance and during the past 5 years, You have not: <ul style="list-style-type: none"> Received any claims or complaints with respect to privacy, breach of information or network security, unauthorized disclosure of information, or defamation or content infringement Been subject to any government action, investigation or subpoena regarding any alleged violation of a privacy law or regulation Notified consumers or any other third party of a data breach incident involving the Applicant Experienced an actual or attempted extortion demand with respect to its data or computer systems. 	True	False

Annual Premium with taxes and policy fee

Add the premium for the selected Option above	TOTAL	\$
For residents of Manitoba add 7%. Newfoundland/Labrador add 15%. Quebec add 9%. Ontario add 8%. Saskatchewan add 6%. Other provinces no tax.	TAX	\$
	POLICY FEE	\$
	TOTAL	\$

Declaration

Important –

By entering your name and email, you agree that all information provided to Boxx Insurance to generate this insurance policy is accurate and true. Entering your name and email address is akin to signing any legal document and you will be bound to all acknowledgements provided herein and that you have the authority to bind your company to this agreement.	
Print Name & Title:	
Applicant's Signature:	
Email address:	Dated:
Please advise the date insurance required is to be effective	

Protection of the Applicant's Personal Information:

By completing this application and returning it to Holman Insurance Brokers Ltd., the **Applicant** agrees and consents to the collection, use and disclosure of such information, including any personal information, by Holman Insurance Brokers Ltd. For the following purposes:

- Communicating with the **Applicant**
- Assessing the **Applicant's** application for insurance
- Disclosing information to Insurance Companies

For more information about our privacy policies and practices or for a copy of our Privacy Policy please visit our web site www.holmanins.com or contact our Privacy Officer at Holman Insurance Brokers Ltd.

DISCLOSURE OF MATERIAL FACTS

It is essential that every **Applicant** when seeking a quotation, taking out or renewing an insurance policy reveals to the prospective Insurer(s) any material facts or information (including any material circumstances or change in circumstances) which might influence the judgment of Insurer(s) in determining the premium or in determining whether they will accept the risk. Failure to do so may render the contract of insurance voidable from inception at the option of the Insurer(s) and enable them to repudiate liability there under. If you have any doubt as to what constitutes a material fact or circumstance, seek professional advice

PROGRAM DISCLOSURE

Your coverage will be placed with a program administered by Holman Insurance Brokers Ltd. We have engaged in a marketing process to offer a competitive product on a group basis with insurers but we have not acted as a broker for any individual participant. Should your application not be accepted for whatever reason by the insurer, the information may be used by Holman to seek an alternative insurer if available.

EMAIL AUTHORIZATION

In an effort to bring our policyholders the most cost-effective insurance plan, all of our correspondence is completed electronically, including renewal applications, invoicing and the delivery of the policy documents. The email address supplied by you in this application will be used. We must be notified of any change to your email address. The policyholder agrees that it will hold Holman Insurance Brokers Ltd. harmless with respect to any e-mail changes caused by the policy holder's failure to provide current and valid information for the receipt of documents.

The Applicant/policy owner further agrees that the policy documents transmitted electronically by Holman Insurance Brokers Ltd. to the electronic address supplied are in lieu of all other forms of communication. The policy Owner accepts that electronic delivery of policy documents is sufficient to meet all reporting requirements of the policy.

Please retain a copy for your records as no other invoice will be provided.

Return completed application and additional materials requested to:

Holman Insurance Brokers Ltd.
1 Valleywood Drive, Suite #100, Markham ON L3R 5L9
Telephone:(905)886-5630
Email: programs@holmanins.com

PAYMENT OPTIONS

Credit Card, Visa or Mastercard

1. Go to <https://www.policypayments.com/Holman?step2>

Note: There is an administrative fee of 2.50% charge.

Internet Banking - (NOT to be confused with Interac e-Transfer)

Each bank has designed a unique format for their web site. However, the necessary procedures are generally similar.

1. Under Bill Payment: Choose Add Payee/Bill.
 2. Enter Holman. Choose All Categories and province Ontario and submit.
 3. Under Bill company/Payee - Select Holman Insurance Brokers Ltd. and enter your account number which is THE FIRST FOUR LETTERS OF YOUR LAST NAME FOLLOWED BY XX1
 4. Select the account you wish to withdraw the funds from. (i.e. credit card, savings, chequing, line of credit). Indicate the amount of payment and submit. A confirmation and reference number will be displayed to acknowledge your payment.
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Telephone Banking

1. Request your bank set up a new Payee/Bill to do a Bill Payment.
 2. Request the addition of a new Payee/Bill Company: Holman Insurance Brokers Ltd.
 3. Your account number is THE FIRST FOUR LETTERS OF YOUR LAST NAME FOLLOWED BY XX1
 4. Your banking institution will then take your payment over the telephone by your choice of payment method.
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Debit Card Payments

1. Contact your bank by telephone or visit bank in person. Request that they set up an option to allow you to make Bill Payments by Debit Card.
 2. Request the addition of a new Payee/Bill Company: Holman Insurance Brokers Ltd.
 3. Your account number is THE FIRST FOUR LETTERS OF YOUR LAST NAME FOLLOWED BY XX1
 4. Once you have set up Holman Insurance Brokers Ltd., you are able to proceed with payments via your branch ATMs with your debit card.
 5. Choose banking option: Bill Payment and follow your bank instructions.
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In Person at the Bank

1. At your own bank, request they set up a new Payee/Bill to do a Bill Payment.
2. Request the addition of a new Payee/Bill Company: Holman Insurance Brokers Ltd.
3. Your account number is THE FIRST FOUR LETTERS OF YOUR LAST NAME FOLLOWED BY XX1
4. You can choose to pay via the different accounts you hold with that particular bank or by other financial institution credit cards.
5. When paying in person at different financial institutions, bring your invoice/statement and request to make a Bill Payment.
6. Advise the teller that the Payee is Holman Insurance Brokers Ltd. and follow the prompts from step #2.

Note: Do not ask for a wire transfer or funds transfer, the banks charge you extra for this service and charge us extra for which we do not reimburse. These additional fees can range as high as \$50 or more.

By Mail

Cheque or money order payable to:

Holman Insurance Brokers Ltd.,
1 Valleywood Drive, Suite #100,
Markham ON L3R 5L9

Please note: NSF Payments – there will be an additional \$25 service charge