



By completing this APPLICATION you are applying for coverage with Chubb Insurance Company of Canada (the "Company")

NOTICE: THE COVERAGE AFFORDED UNDER THIS COVERAGE SECTION DIFFERS IN SOME RESPECTS FROM THAT AFFORDED UNDER OTHER POLICIES. READ THE ENTIRE APPLICATION CAREFULLY BEFORE SIGNING.

APPLICATION INSTRUCTIONS:

- 1. Whenever used in this Application, the term "Applicant" shall mean the Parent Organisation and all organisations applying for coverage.
2. Include all requested underwriting information and attachments. Provide a complete response to all questions and attach additional pages if necessary.

I. GENERAL INFORMATION

- 1. Name of Applicant:
2. Address of Applicant:
City: Prov.: Postal Code:
3. Applicant's Province of Incorporation: Date established:
4. Describe or attach a description of the Applicant's operations:
5. Requested Limits of Liability: \$ and Deductible Amount: \$

The Limits of Liability (Limits) and Deductible requested do not constitute an application or proposal by the Organisation for coverage with such Limits and Deductible nor does receipt of this request by the Company constitute an agreement that coverage with such limits and deductible, or any coverage whatsoever, will be afforded.

- 6. Policy Period Requested: From: To:
Both days at 12:01 a.m. at the principal address of the Applicant.
7. Please complete the following information regarding the Applicant's risk profile:

Table with 5 columns: LIST THE COUNTRIES IN WHICH YOU HAVE OPERATIONS, TYPE OF OPERATION, NUMBER OF LOCATIONS, NUMBER OF EMPLOYEES, REVENUES. Includes a TOTAL row.

- 8. Please complete the following information regarding the foreign travel of the Applicant's employees:

Table with 4 columns: TRAVEL DESTINATION BY COUNTRY, NUMBER OF TRIPS PER YEAR, AVERAGE LENGTH OF STAY, NUMBER OF EMPLOYEES TRAVELING.

9. Please identify:

a. any countries noted in items 7 and 8 above that you believe present your operations or employees with above average risk to kidnapping, extortion, political instability or other acts of terrorism:

b. any precautions taken to protect those individuals or facilities noted in item "a." above:

c. the individual in your firm responsible for the corporation's security:

Name: _____

Title: _____

E-mail address: _____

10. Does the **Applicant** have any knowledge of specific facts or information, relative to the **Applicant**, that may give rise to a claim under the coverage provided by the requested policy?

Yes No

If yes, please provide details:

11. Please provide details on all network security precautions taken to secure sensitive client data that exists on your corporate networks or databases:

If you do not keep client data on your networks or databases, check None

12. List all kidnapping, extortion threats, cyber extortion, hijacking, wrongful detention or political threats discovered by the **Applicant** in the last 5 years which would have been covered under the policy for which this **Application** is made, itemising each loss separately:

Check if none

Date of loss, threat or event	Description of loss, threat or event	Total Amount of loss	Covered: Yes or No?	Carriers' Name
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	

13. Please attach the following additional information:

- A copy of the most recent audited financial statements;
- A full description of your operations.

II. NOTICE

The **Applicant's** submission of this Application does not obligate the Company to issue, or the **Applicant** to purchase, a policy. The **Applicant** will be advised if the Application for coverage is accepted. The **Applicant** hereby authorises the Company to make any inquiry in connection with this Application.

III. MATERIAL CHANGE

If there is any material change in the answers to the questions in this Application before the policy inception date, the **Applicant** must immediately notify the Company in writing, and any outstanding quotation may be modified or withdrawn.

V. FALSE INFORMATION

Any person who, knowingly and with the intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

IV. DECLARATION AND SIGNATURE

For the purposes of this Application, the undersigned authorized agents of the person(s) and entity(ies) proposed for this insurance declare to the best of their knowledge and belief, after reasonable inquiry, the statements made in this Application and any attachments or information submitted with this Application, are true and complete. The undersigned agree that this Application and its attachments shall be the basis of a contract should a policy providing the requested coverage be issued and shall be deemed to be attached to and shall form a part of any such policy. The Company will have relied upon this Application, its attachments, and such other information submitted therewith in issuing any policy.

The information requested in this Application is for underwriting purposes only and does not constitute notice to the Company under any policy of a Claim or potential Claim.

This Application must be signed by the Risk Manager or other person responsible for purchasing this insurance.

Date	Signature	Title
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Submitted by: _____
Agency/Brokerage: _____
Phone: () _____ Fax: () _____
E-mail: _____