



WEB

INSURANCE FOR ONLINE RETAILERS AND WEB PUBLISHERS

Application Form

This is an application for a package policy designed specifically for online retailers and web publishers. WEB provides vital protection for companies that trade exclusively online. The policy includes cover for media liability, Errors and Omissions, cyber and privacy liability, privacy breach notification costs, property, business interruption and Commercial General Liability. Limits are available up to \$5,000,000 and worldwide cover is provided as standard. Simply complete the form and return it to your agent.



1-855-385-9888
www.plbinsurance.ca



INSURANCE FOR ONLINE RETAILERS AND WEB PUBLISHERS

APPLICATION FORM

INTRODUCTION

The purpose of this application form is for us to find out who you are and to obtain information relevant to the cover provided by the WEB policy. Completion of this application form does not oblige either party to enter into a contract of insurance. Insurance is a contract of utmost good faith. This means that the information you provide in this application form must be complete, accurate and not misleading. It also means that you must tell us about all facts and matters which may be relevant to our consideration of your application for insurance. Any failure by you in this regard may entitle us to treat this insurance as if it never existed. If a contract of insurance is agreed between you and us this application form will form the basis of the contract.

Important: Insuring Clauses I (Sections A and B only), 2, 3, 4 and 6 (Section A only) of this policy provide cover on a claims made basis. Under these insuring clauses any claim must be first made against the insured and notified to us during the period of the policy to be covered. These insuring clauses do not cover any claim arising out of any actual or alleged wrongful act occurring before the retroactive date.

HOW TO COMPLETE THIS FORM

Whoever fills out the form must be a principal, partner or director of the applicant firm and should make all the necessary enquiries of their fellow partners, directors and employees to enable all the questions to be answered. Once you have completed the form please return it directly to your insurance agent.

If you require any extra space to complete the answers to questions contained within this application form please continue your response in the additional information section at the back of the form.

SECTION I: COMPANY DETAILS

1.1 Please state the name and address of the principal company for whom this insurance is required. Cover is also provided for the subsidiaries of the principal company, but only if you include the data from all of these subsidiaries in your answers to all of the questions in this form:

Insured company:	
Contact name:	
Address:	
Postal code:	
Telephone:	Email address:
Fax:	Website:

1.2 Please state when your company was established:

1.3 a) How many directors / officers / partners are there in the company?

b) Please show the details of all partners / directors:

Name	Years in position	Years experience	Qualifications
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

c) Please state the number of employees:

1.4 a) Please state the following:

	Last complete financial year	Estimate for current financial year	Estimate for next financial year
Domestic revenue:	_____	_____	_____
Total revenue:	_____	_____	_____
Gross profit:	_____	_____	_____
Payroll:	_____	_____	_____

b) What percentage of your sales is derived from the USA?

 %

c) Date of financial year end:

Currency:

SECTION 2: ACTIVITIES

2.1 a) If you are a web publisher, please describe below the nature of your business activities:
Please attach any brochure or other company literature you may have to this form.

b) If you are an online retailer, please provide a full breakdown of the goods you sell:
The total of all the goods you sell listed here should equal 100%.

_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %

c) Do you manufacture, assemble, repair or refurbish any of the goods you sell?
if yes, provide full details:

Yes No

d) Do you create or translate instructions for the goods you sell?
If yes, please provide details of the languages you translate and what procedures are in place to ensure accuracy of these translations

Yes No

e) Please indicate whether any of the goods you sell are in the following categories:

- | | | |
|--|------------------------------|-----------------------------|
| Ammunition | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Automotive accessories tools and equipment – not auto parts | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Building materials | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Components intended for incorporation into the structure of other products (not consumer appliances) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Cosmetics – branded | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Cosmetics – unbranded | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Critical auto parts incorporated into brakes and steering | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Diet supplements / appetite suppressants | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Firearms | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Hair and beauty products – not cosmetics | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Health and personal care products | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Jewellery | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Machinery | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Personal pleasure objects or toys | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Pharmaceuticals | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Pharmacy products – topical creams, vitamins, etc. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Power tools | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Rechargeable batteries | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Safety equipment | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sporting equipment | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Toys | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Tyres | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| White goods | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

f) Are any of the goods you sell sourced from China, Vietnam or Taiwan? Yes No

2.2 Please detail which of the following data types you collect:

- | | | |
|---|------------------------------|-----------------------------|
| Credit or debit card details | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Social security numbers | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Credit history or ratings | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Medical records or health information | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Customer bank records or details | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Third party corporate confidential data | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

2.3 Please indicate which of the following media activities you engage in:

- | | | |
|---------------------------------|------------------------------|-----------------------------|
| Print advertising | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Television or radio advertising | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Online advertising | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Social media marketing | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Printed publications | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Event / conference organising | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

2.4 Please list all of your current public facing URLs:

URL	Nature of website	Estimated current monthly unique visitors	Estimated monthly unique visitors over the next 12 months
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SECTION 3: RISK MANAGEMENT

- 3.1 Do you seek explicit consent from all third parties before selling or sharing their personally identifiable data? Yes No
- 3.2 Do you have a privacy policy on your website? Yes No
- If yes, has it been legally reviewed? Yes No

If you have answered no to either of the above questions, please explain below:

- 3.3 Do you have a specific policy for managing all “opt-in” / “opt-out” marketing requests? Yes No
- If no, please explain:*

- 3.4 Do your internal IT systems comply with all of our minimum security requirements detailed below? Yes No

- Anti-virus software must be installed on all windows based desktops and servers (excluding database servers)
- All external network gateways must be protected by a firewall;
- All critical data must be backed up on at least a weekly basis;
- All back-ups should be stored in a secure location offsite or in a fireproof safe; and
- The integrity of all back-ups should be verified on at least a monthly basis.

If no, then please explain:

- 3.5 Do you ensure that all sensitive data is encrypted when stored on portable devices? Yes No
- 3.6 Do you outsource the handling of sensitive data to a third party? Yes No

3.7 Please provide the name and address of any third party you use for payment processing:

3.8 Please provide the name and address of any third party you use for data hosting:

3.9 Please provide the name and address of your internet service provider:

3.10 a) Do you ensure that sub-contractors have their own commercial general liability and errors and omissions insurance? Yes No

b) Do you ensure that your suppliers maintain their own products liability insurance? Yes No

If no, please explain how you limit your exposure?

3.11 Does your company use content supplied by third parties? Yes No

If yes, do you obtain written warranties in respect of originality of content, accuracy of content and authenticity of source? Yes No

If no, please explain why:

3.12 Please provide the name of the law firm you consult in respect of media issues, including review, procedures and complaints handling:

--

3.13 Is all legal advice adhered to? Yes No

If no, please explain under what circumstances:

- 3.14 Do you have written procedures to either edit, remove or respond to offending, inappropriate, inaccurate or infringing content, including website content? Yes No
- 3.15 Do you engage the services of an advertising agency? Yes No
- If yes, do they provide you with a full indemnity in relation to all of the content they originate? Yes No
- 3.16 Do you engage in comparative advertising? Yes No

If yes, please explain your procedures to ensure accuracy of content:

- 3.17 Do you trademark your proprietary products? Yes No
- If no, please explain why:

- 3.18 Have you got a fully documented and tested business continuity plan in place? Yes No

- 3.19 Have your systems been subject to a third party security audit? Yes No

If 'yes', have all high risk recommendations from your most recent audit been implemented? Yes No

If not all high risk recommendations have been implemented, please explain why:

- 3.20 Have your systems been audited as being compliant with ISO 27001 or equivalent? Yes No

SECTION 4: PROPERTY AND BUSINESS INTERRUPTION INSURANCE

Only complete this section if you require this cover.

- 4.1 Please state the address of the premises to be insured (if different from the address given earlier):

PREMISES 1	
Address:	
	Postal code:
PREMISES 2	
Address:	
	Postal code:

Please continue on a separate sheet if more than 2 premises are to be insured.

4.2 Please detail below any other party (such as a bank or building society) whose financial interest in the premises should be noted on the policy.

Name of party:	_____
Interest of party:	_____
Address:	_____
	Postal code: _____

4.3 Are all of the premises:

- a) Constructed with external walls of brick, stone or concrete and roofed with slate, tiles, concrete, metal, asbestos or any other non-combustible material? Yes No
- b) Free from cracks or other signs of damage that may be due to subsidence, landslip or heave and have not previously suffered damage by any of these causes? Yes No
- c) In an area free from flooding and not near the vicinity of any rivers, streams or tidal waters? Yes No
- d) In a good state of repair? Yes No
- e) Self contained with a lockable entrance door? Yes No
- f) Protected by an intruder alarm that is subject to an annual maintenance contract? Yes No

NOTE: We may refuse to pay a claim if all of the devices for the security of your premises (including locks and the intruder alarm) are not put into full and effective operation whenever the premises are closed for business or left unattended.

- g) Heated by a conventional electric, gas, oil or solid fuel heating system? Yes No
- h) Fitted with electrical installations which are inspected at least every 5 years by a qualified electrician and any defect remedied? Yes No
- i) Lifts, boilers, steam and pressure vessels inspected and approved to comply with all of the statutory requirements? Yes No
- j) Sprinklered, either fully or partially? Yes No

NOTE: Assuming you have answered Yes to questions h) and i) above, it is important to keep records of all relevant inspections as we may ask for evidence of these before paying a claim.

If you have answered no to any of the above questions then please give further details:

SECTION 5: INSURANCE REQUIREMENTS

5.1 Please provide details of your current or required insurance policies (unless you are already insured with CFC):

Type of insurance	Inception/ expiry date	Limit of liability	Deductible	Premium	Insurer	Retroactive date (if known)
Cyber/privacy liability:	MM / YY					MM / YY
Media liability:	MM / YY					MM / YY
Errors and omissions:	MM / YY					MM / YY
Commercial general liability:	MM / YY					N/A
Products liability:	MM / YY					N/A
Property:	MM / YY					N/A

5.2 Please detail the amounts to be insured below for each premises (complete only if you require property cover).

NOTE: The amounts insured you state below should be the full rebuilding or replacement cost in each of the categories. If you understate these amounts you will be under-insuring and we may not pay the full amount of your claim. It is therefore essential that these amounts are as close to the true values of the insured items as possible.

ITEM	AMOUNT INSURED PREMISES 1	AMOUNT INSURED PREMISES 2
Main building:		
Landlord's fixtures & fittings and tenant improvements:		
Stock:		
All other contents wherever located:		
<i>Please list any alternative locations in question 4.1</i>		

5.3 If you have portable electronic equipment (such as laptops, cameras, video equipment) that is either permanently or temporarily away from your premises please state the total value of these items.

Please also state the approximate percentage of the time that these items are away from your premises.

 %

5.4 If you have contents other than portable electronic equipment which are either permanently or temporarily away from your premises please state the total value of these contents.

Please also state the approximate percentage of the time that these contents are away from your premises.

 %

5.5 Please detail the amounts to be insured below for business interruption cover (complete only if you require this cover).

Note that the maximum indemnity period available is 12 months. You should bear in mind how long it will take you to recommence trading at another premises when stating the amount insured and indemnity period.

We provide our business interruption cover on a flexible first loss basis – please specify a total amount insured for business interruption cover. This amount applies regardless of whether your business interruption loss is loss of income, costs and expenses, loss of research and development expenditure, project delay costs or outstanding debts. This often enables a smaller total amount insured to be specified and therefore often results in a cheaper premium.

ITEM	AMOUNT INSURED	INDEMNITY PERIOD
Business Interruption Cover (flexible first loss):		

SECTION 6: CLAIMS EXPERIENCE & INSURANCE HISTORY

6.1 Regarding all of the types of insurance to which this application form relates AFTER FULL ENQUIRY:

- a) are you aware of any loss or damage, whether insured or not, that has occurred to any of the companies to be insured (or to any existing or previous business of the partners or directors of any of the companies to be insured) within the last five years, or
- b) are you aware of any circumstances which may give rise to a claim against any of the companies to be insured or any partners or directors thereof, or
- c) have any claims or cease and desist orders been made against any of the companies to be insured, or partners or directors thereof, or
- d) have any partners or directors of the companies to be insured been found guilty of any criminal, dishonest or fraudulent activity or been investigated by any regulatory body, or
- e) has there ever been an unforeseen outage to your website for more than three hours?

With reference to questions a, b, c, d and e above:

Yes No

If the answer to the above is yes then please attach full details including an explanation of the background of events, the maximum amount involved or claimed, the status of the claims or circumstances and any reserves or payments made by you or by insurers, and the dates of all developments and payments.

SECTION 7: DECLARATION

- I declare that after proper enquiry the statements and particulars given above are true and that I have not mis-stated or suppressed any material fact.
- I agree that this application form, together with any other material information supplied by me shall form the basis of any contract of insurance effected thereon.
- I undertake to inform underwriters of any material alteration to these facts occurring before the completion of the contract.

Signed: _____	Full name: _____
Position held: _____	Date: DD / MM / YY _____

ADDITIONAL INFORMATION:

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insurance &
risk consulting

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