

## PTC Renewal Form 1

Please complete the following and submit this to <u>ptcbusinesslicence@toronto.ca</u>. Failure to complete this form and submit required documents by the expiry date of your licence may result in cancellation of your licence.

#### 1. PTC Licence Number

PTC business licence number: **B02-**

## 2. PTC Business Information

There are no changes to my business information  $\Box$ 

Only complete the remainder of section 2 if there are changes to your business information.

| Legal Name                                         |  | Operating Business Name                                                                                                                                                                                            |  |             |  |
|----------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------|--|
| Ontario Business Address Street Number Street Name |  | Business Type<br>Individual Partnership Corporation I<br>If a partnership or corporation and/or joint corporations, please<br>complete and submit PTC Form 2 on pages 3-4, listing the details for<br>each person. |  |             |  |
| City                                               |  | Province                                                                                                                                                                                                           |  | Postal Code |  |

### 3. PTC Designate Contact Information

| There are no changes to my PTC Designate Contact information $\ \Box$                       |            |                                |                   |  |  |  |  |
|---------------------------------------------------------------------------------------------|------------|--------------------------------|-------------------|--|--|--|--|
| Only complete the remainder of section 3 if there are changes to your business information. |            |                                |                   |  |  |  |  |
| Mailing Address / Same as Business Address                                                  |            |                                |                   |  |  |  |  |
| Street Number                                                                               | Street Nam | ie                             | Suite/Unit Number |  |  |  |  |
| City                                                                                        | Province   |                                | Postal Code       |  |  |  |  |
| Business Telephone Number                                                                   |            | Mobile Number                  |                   |  |  |  |  |
| Business Email                                                                              |            | Website                        |                   |  |  |  |  |
| Primary Contact First Name                                                                  |            | Primary Contact Last Name      |                   |  |  |  |  |
| Primary Contact Phone Number                                                                |            | Primary Contact Business Email |                   |  |  |  |  |



## 4. PTC Application Submission and Authorized Signature

| I       | (Name) as                                                                                                                                                                                                                                                                                                                                                                         | the authorized representative of        |  |  |  |  |
|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--|--|--|--|
|         | (Business Name) affirm and acknow                                                                                                                                                                                                                                                                                                                                                 | owledge on behalf of the renewal        |  |  |  |  |
| applica | nt that:                                                                                                                                                                                                                                                                                                                                                                          |                                         |  |  |  |  |
|         | 1. The applicant understands and agrees to comply with the City of Toronto, Municipal Code Chapter 546, Vehicle for Hire Bylaw. The bylaw is available at: <u>www.toronto.ca/vehicleforhire</u>                                                                                                                                                                                   |                                         |  |  |  |  |
|         | 2. To be considered complete, the PTC renewal application must inclu attachments.                                                                                                                                                                                                                                                                                                 | de all information requested with       |  |  |  |  |
|         | 3. The PTC must have appropriate agreements, contracts and/or pro<br>driving histories of individuals providing transportation to passengers the                                                                                                                                                                                                                                  |                                         |  |  |  |  |
|         | 4. Prior to the collection of any personal information, the PTC must obtain consent from the PTC driver for<br>the disclosure to ML&S and/or law enforcement agencies of personal information provided to the PTC, and<br>that ML&S may disclose personal driver information to the PTC, including matters related to the current or<br>pending offences or their driving record. |                                         |  |  |  |  |
|         | 5. The PTC will assign a designated contact whose name and contact information is provided in Part 3 of this application form. The designated PTC contact will coordinate requests for data/ information from ML&S for compliance, enforcement, and audit purposes and to whom ML&S shall direct all correspondence.                                                              |                                         |  |  |  |  |
|         | 6. The PTC shall ensure that each PTC vehicle on its platform is insured under a policy of automobile insurance of \$2,000,000 exclusive of interests and costs. The Certificate of Automobile Insurance form is required to be completed and submitted to the City by the insurer.                                                                                               |                                         |  |  |  |  |
|         | 7. The PTC shall ensure that the PTC is insured under a policy of General Liability of \$5,000,000 exclusive of interests and costs. The Certificate of PTC Business Insurance form is required to be completed and submitted to the City by the insurer.                                                                                                                         |                                         |  |  |  |  |
|         | 8. Indemnity Form signed at time of application is in effect for the duration of the licence.                                                                                                                                                                                                                                                                                     |                                         |  |  |  |  |
|         | 9. A Data Sharing Agreement is required for secure transfer of data between the PTC and the City.                                                                                                                                                                                                                                                                                 |                                         |  |  |  |  |
|         | 10. The PTC has completed the Data Security Questionnaire.                                                                                                                                                                                                                                                                                                                        |                                         |  |  |  |  |
|         | 11. The PTC has data security measures in place to protect the personal data collected by the PTC relating to passengers and drivers under Personal Information Protection and Electronic Documents Act (PIPEDA).                                                                                                                                                                 |                                         |  |  |  |  |
| I       | ( <i>Name</i> ), as owner $\Box$ , partner $\Box$ , or officer $\Box$ of                                                                                                                                                                                                                                                                                                          |                                         |  |  |  |  |
|         | (Business Name) affirm ar                                                                                                                                                                                                                                                                                                                                                         | nd acknowledge that all the information |  |  |  |  |
| provide | ed is true, and I understand and accept all conditions. I have the authorit                                                                                                                                                                                                                                                                                                       | y to bind the corporate applicant.      |  |  |  |  |
| Signa   | Signature Date (yyyy-mm-dd)                                                                                                                                                                                                                                                                                                                                                       |                                         |  |  |  |  |
|         |                                                                                                                                                                                                                                                                                                                                                                                   |                                         |  |  |  |  |

NOTICE OF COLLECTION STATEMENT: Information collected on this form is under the authority of the *City of Toronto Act 2006*, Section 6 and 7 and the City of Toronto Municipal Code, Chapter 546. The information will be used to process, issue, monitor and regulate licences issued by the City of Toronto, Municipal Licensing and Standards Division. Any questions regarding the collection of the information may be directed to Manager of Licensing Services, at 850 Coxwell Avenue, 3<sup>rd</sup>, Floor, Toronto, ON M4C 5R1 or by telephone at (416) 392-6700.



## PTC Form 2: Listing of Owners, Partners and Officers

Please list all officers, directors and partners of the applicant partnership or company, and all companies who will act together to carry on business as a PTC. A criminal background check and two government issued IDs must be submitted for each person listed in PTC Form 2. You may copy this form if more space is required.

| Last Name                 |          | First Name    |             |
|---------------------------|----------|---------------|-------------|
| Address                   |          |               |             |
| City                      | Province |               | Postal Code |
| Business Telephone Number |          | Mobile Number |             |
| Business Email            |          | Title         |             |

| Last Name                 |          | First Name    |             |  |
|---------------------------|----------|---------------|-------------|--|
| Address                   |          | I             |             |  |
| City                      | Province |               | Postal Code |  |
| Business Telephone Number |          | Mobile Number |             |  |
| Business Email            |          | Title         |             |  |

|                           | First Name |               |  |  |
|---------------------------|------------|---------------|--|--|
|                           |            |               |  |  |
|                           |            |               |  |  |
|                           |            |               |  |  |
| Province                  |            | Postal Code   |  |  |
|                           | -          |               |  |  |
| Business Telephone Number |            | Mobile Number |  |  |
|                           |            |               |  |  |
|                           | Title      |               |  |  |
|                           |            |               |  |  |
|                           | Province   |               |  |  |



## PTC Form 2: Continued

| Last Name                 |          | First Name    |             |
|---------------------------|----------|---------------|-------------|
| Address                   |          |               |             |
| City                      | Province |               | Postal Code |
| Business Telephone Number |          | Mobile Number |             |
| Business Email            |          | Title         |             |

| Last Name                 |          | First Name    |             |
|---------------------------|----------|---------------|-------------|
| Address                   |          |               |             |
| City                      | Province |               | Postal Code |
| Business Telephone Number |          | Mobile Number |             |
| Business Email            |          | Title         |             |

| Last Name                 |          | First Name    |             |  |
|---------------------------|----------|---------------|-------------|--|
| Address                   |          | I             |             |  |
| City                      | Province |               | Postal Code |  |
| Business Telephone Number |          | Mobile Number |             |  |
| Business Email            |          | Title         |             |  |



# Renewal Application Form Private Transportation Company (PTC) Business Licence

## Data Security Questionnaire

1) Have you conducted any security review or audit by qualified third party? If yes, please provide us a description of the scope of the review/audit, time of review, and/or is it towards specific certification such as: ISO27001, ISO27017, SOC 2, SAS 70 Type II? Please provide as much as information as you can about this review/audit and/or certification.

2) Do you perform regular vulnerability scans and penetration tests against your production environment (infrastructure)? If yes, can you tell us the frequency, scope, methodology, and how/when identified vulnerability will be mitigated? Can you provide us as much detail as possible about your practice or sharing of result?

3) Do you perform Application level scan, vulnerability assessment and or application penetration test to identify vulnerability that may lead to unauthorized disclosure of sensitive information? If yes, can you inform us the type of tests you performed, frequency, scope, methodology and whether the test is conducted by a qualified third party or internal? Can you provide us the latest test result and mitigation status of identified finding?

4) Please provide information on any 3<sup>rd</sup> party who is involved in the work related to operation/sustainment of the application (e.g. hosting environment, operation support, backup, network, etc.) or anyone that could possibly access the data. Describe their role, main location they will access from and how you will ensure the data is safeguarded.

5) Describe your Information Security Management Program (ISMP) in correlation to the incident response plan and how the city will be notified during a security event (e.g. hacking).

6) Do you have the necessary security control/technology (such as firewall, intrusion detection, antivirus, patching) in place to monitor, detect, block and mitigate any attack that originates from an external source (e.g. hacking, known vulnerabilities). Please give details on the security technology you have in place to safeguard your environment.

7) Describe the approach to Data Sensitivity Classification and how security controls are applied to records and information under different classification levels.

8) Please provide any policies and standards related to encryption/hashing that are implemented in the solution.

9) Please provide details on encryption that is used to protect sensitive data at rest (e.g. passwords). Please make sure to include the technical information such as the protected field/data, encryption/hashing algorithms, key specs and management and other relevant information.

10) The solution should have encryption of "data-in-trust" (including encrypted data packets at the network level), please provide the technical information (e.g. algorithm used, key length and key management details) related to communication over public networks (e.g. Internet) and transmission of sensitive data.

11) Please provide details on how encryption keys are managed, maintained and protected.



## **Renewal Application Form**

(Page 1 of 2 to be completed by insurance broker)

#### Certificate of Insurance & Business information about the insured party

As part of your PTC Business Licence Application, proof of \$5,000,000 in Commercial General Liability insurance must be provided by a certificate of insurance, that is signed and stamped, and received directly from the insurer OR the licensed agent/broker.

Have your insurer or licenced agent/broker send the certificate of insurance to ptcbusinesslicence@toronto.ca

| First Name                        |                 | Last Name |             |  |
|-----------------------------------|-----------------|-----------|-------------|--|
|                                   |                 |           |             |  |
| Organization name (if applicable) |                 |           |             |  |
| Address                           | City/Province F |           | Postal code |  |
| Operating name of insured         |                 |           |             |  |
| Telephone Number                  | Mobile Number   |           | Email       |  |

## a. Insurance information

| Note that a minimum limit of \$5,000,000 Commercial General Liability insurance is required.                 |                                 |               |  |  |  |
|--------------------------------------------------------------------------------------------------------------|---------------------------------|---------------|--|--|--|
| Name of the insurance company                                                                                | Policy number                   | Coverage (\$) |  |  |  |
|                                                                                                              |                                 |               |  |  |  |
| Policy effective date (yyyy-mm-dd)                                                                           | Policy expiry date (yyyy-mm-dd) |               |  |  |  |
|                                                                                                              |                                 |               |  |  |  |
| Operations of the named insured for which this certificate is issued<br>Private Transportation Company (PTC) |                                 |               |  |  |  |

#### b. Business information about the insurance broker

| First Name       |               | Last Name |             |
|------------------|---------------|-----------|-------------|
| Address          | City/Province |           | Postal code |
| Telephone Number | Mobile Number |           | Email       |

## Application Form

**Certificate of Insurance** 

(Page 2 of 2 to be completed by insurance broker)

#### c. Provisions of amendments or endorsements

- The acceptance of this certificate by the City of Toronto does not certify that the limits of liability and terms and conditions of the policy referred to above meet the specified requirements of the Commissioner of Finance nor will the acceptance of this certificate by the City waive the City's rights of action against the application and/or insurer for failure to comply with provisions governing the use of permits and licences granted herein.
- Commercial General Liability is extended to include Personal Injury Liability, Contractual Liability, Owner's and Contractor's Protective Coverage, Products-Completed Operations, Contingent Employers Liability and Non-owned Automobile Liability.
- The City of Toronto has been named as an Additional Insured, but only with respect to liability arising out of the operations of the Insured for which a permit, license or agreement has been issued by the City of Toronto.
- The Commercial General Liability policy or policies identified above shall protect each insured in the same manner and to the same extent as though a separate policy has been issued to each but nothing shall operate to increase the limits of liability as identified above beyond the amount or amounts for which the Company would be liable if there had been only one Insured.
- If insurance is placed in primary and excess layers, file Separate certificates for each. If a facsimile has been transmitted, the original certificate must follow. The Commercial General Liability policy(ies) identified above shall apply as the primary insurance and not excess to any other insurance available to any of the Additional Insured as set out in Paragraph 2.
- Any certificate that is altered will be considered invalid, such as if a provision is crossed out.
- If the policy is canceled or changed in any manner, for any reason, during the period of coverage as stated herein so as to affect this certificate, thirty (30) days prior written notice (10) days if cancellation is due to non-payment of premium) by registered mail will be given by the insurer to:

#### Licence & Permit Issuing Office, Municipal Licensing & Standards

East York Civic Centre, 850 Coxwell Avenue, 3rd Floor, Toronto, ON M4C 5R1 Information Line: 416-392-6700 | Email: <u>ptcbusinesslicence@toronto.ca</u> | Fax: 416-392-4515

#### d. Information about the insurance broker

I certify that the insurance is in effect as stated in this certificate and that I have authorization to issue this certificate for and on behalf of the insurer(s). This certificate is valid until the expiration date(s) shown unless notice is given in writing.

| Signature and stamp of authorized representative | Date (yyyy-mm-dd) |
|--------------------------------------------------|-------------------|
|                                                  |                   |
|                                                  |                   |

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