COMPREHENSIVE TECHNOLOGY & CYBER LIABILITY PACKAGE

APPLICATION

THIS IS AN APPLICATION FOR A CLAIMS MADE POLICY WITH DEFENCE COSTS INCLUDED IN THE LIMIT OF LIABILITY. **PLEASE ONLY COMPLETE SECTIONS THAT APPLY TO THE COVERAGE BEING REQUESTED.**

All questions must be answered completely. If there is no answer, write "none" or "n/a" in the space provided. Where space provided is insufficient to fully answer, please use and attach separate sheet(s).

Copies of the following information must be enclosed with this application:

(i) resumes of principals, partners, chief information officer and senior staff members for technology companies less than 3 years in operation;
(ii) a copy of your standard written contracts (for use with clients and sub-contractors).

Coverage Requested

	Yes / No	Limit	Retention
• Professional and Technology Services Liability	☐ Yes ☐ No	$_____	$_____
• Media and Advertising Liability	☐ Yes ☐ No	$_____	$_____
• Technology Products Liability	☐ Yes ☐ No	$_____	$_____
• Network Security and Privacy Liability	☐ Yes ☐ No	$_____	$_____
• Network Extortion Threat	☐ Yes ☐ No	$_____	$_____
• Breach Event Services and Expenses	☐ Yes ☐ No	$_____	$_____
• Commercial General Liability (Occurrence)	☐ Yes ☐ No	$_____	$_____

General Information

1. (a) Name of Applicant: _____

   (b) Mailing Address: _____

   Location Address (if different than above): _____

   (c) Applicant is: ☐ Sole Proprietor ☐ Corporation ☐ Partnership ☐ Other: _____

   (d) Date Established: _____

   (e) Web-Site Address(es): _____

   (f) Total Annual Payroll: $_____

2. (a) Is the Applicant controlled or owned by, or associated or affiliated with, or does it control or own any other firm or business enterprise (including subsidiary entities)?   Yes ☐   No ☐

   If Yes, provide the following information (if more space is required, complete and attach a separate sheet):

Name of Entity	Nature of Operations / Relationship	% of Ownership
		%
		%
		%

   (b) Does the Applicant provide any services to any of the entities listed above?   Yes ☐   No ☐

   (c) During the past three years, has the Applicant's name changed, or has the Applicant purchased, merged or consolidated with any other business?   Yes ☐   No ☐

   If Yes, provide full details: _____

Business Activities / Details

3. (a) Last completed Fiscal Year is from: _____ to _____
   (Month/Year)   (Month/Year)

   (b) Gross Revenue by type of operations:

Description of Operations	Current Year Gross Revenue	Last Year's Gross Revenue	Projected Next Year's Gross Revenue
	$	$	$
	$	$	$
	$	$	$
	$	$	$
	$	$	$
	$	$	$
APPLICANTS TOTAL GROSS REVENUE	$	$	$

   (c) Are any changes in the business operations anticipated within the next two years?   Yes ☐   No ☐

   If Yes, provide full details: _____

   _____

   _____

   (d) For the Total Last Year's Gross Revenue indicated in (b) above, indicate the approximate percentage derived from each of the following (must total 100%):

Operations / Sales	Canada	U.S.A.	Foreign / International
Operation / Sales:	%	%	%
Online Sales:	%	%	%
Other – specify:	%	%	%

   (e) For the Total Last Year's Gross Revenue indicated in (b) above, indicate the approximate percentage derived from each of the following services (must total 100%):

Service	%	Service	%
Back-up Services / Archiving		Internet Site Design / Content Provider	
Cloud Computing		LAN / WAN Administration	
Computer Facilities Management		Network & Communication Systems	
Consumer PC Repair Services		Network Securities Integration / Consulting	
Custom Software Developer		Online Service Provider / Access Provider / Web-Site Hosting	
Customer Relationship Management (CRM)		Outsourcing / Contract Worker Provider	
Data Entry Processing		Packaged Software Development	
Document / Data Conversion		Social Media Consultant	
Domain Name Registration		Software - Installation / Maintenance	
E-Commerce		Software - Application Service Provider	
EDP Audits / Information Systems Audits		Software - Constultant	
Emergency Notification Software		Systems Analysis	
Hardware Design / Manufacturing		System Support & Maintenance	
Hardware Sales / Support		Telecommunications Consultant	
Hardware Installation / Maintenance		Training / Education / User Support	
Internet Marketing / Data Mining		Other: _____	
Internet Service Provider (ISP)		Other: _____	

(f) For the Total Last Year's Gross Revenue indicated in (b) above, indicate the approximate percentage generated by the following end uses or applications (must total 100%):

End Use	%	End Use	%
Accounting / Payroll Processing		Fund Transfer	
Automation / Robotics / Industrial Process Control		Gaming	
Automotive		Government	
Aerospace / Aviation		Inventory / Purchasing	
Billing Systems		Marine	
CAD / CAM		Medical / Healthcare / Medical Diagnostic	
Credit Card Processing		Military / Law Enforcement / Weapons Systems / Anti-Terrorism Applications	
Data Security / Verification / Privacy Applications		Multimedia / Entertainment / Information / Broadcasting / Communications	
Decision Support Systems		Utilities / Nuclear / Oil & Gas	
Facilities Management / Process Control		Wireless Communications / Alarm Systems	
Financial Analysis		Other: _____	
Fire / Security / Emergency Applications		Other: _____	

4. Describe any products or services which the Applicant has discontinued: _____

_____

_____

5. Provide the following information (at the time of completing this Application):

	Canada	U.S.A.	Foreign / International
Total Number of Employees			
Total Number of Customers			
Percentage of Online Customers	%	%	%

6. (a) Indicate the Applicant's three largest projects during the last three years including: the client's name; nature of services provided and the gross revenues generated from those services (if more space is required, complete and attach a separate sheet):

Client	Product / Service Description	Gross Revenue	Contract Duration
		$	
		$	
		$	

(b) What is the Applicant's average contract value? $_____

(c) What is the average duration of a contract from start to finish? _____

Contractual Information

7. (a) Does the Applicant use a standard written contract describing the services provided? Yes ☐ No ☐

If Yes, attach a copy of the standard written contract. If No, explain how the Applicant determines and documents the rights and responsibilities with its clients, customers and other parties regarding the services to be insured: _____

_____

(b) Has a law firm, experienced in the Applicants field, reviewed the standard contract?   Yes ☐   No ☐

     (i) How often is the contract noted in (b) above used? _____ %

     (ii) How often is the contract noted in (b) above deviated from or a clients contract used? _____ %

(c) Does the Applicant ensure that all client prepared specifications are outlined in an agreement or contract?   Yes ☐   No ☐

(d) Does the Applicant obtain client acceptance or other sign-off agreement at the completion of project stages and upon completion of the services provided?   Yes ☐   No ☐

(e) Does the Applicant require clients sign-off on any mid-term changes in specifications?   Yes ☐   No ☐

Quality Control

8. (a) Does the Applicant maintain written records of customer complaints?   Yes ☐   No ☐

   (b) Does the Applicant follow a formal written product test plan?   Yes ☐   No ☐

   (c) Does the Applicants quality control test plan include:

     (i) Alpha testing: Yes ☐   No ☐
     (ii) Beta testing: Yes ☐   No ☐
     (iii) procedures for detection and correction of unauthorized access intrusions and security flaws?   Yes ☐   No ☐

   (d) Is design and testing documentation retained for the life of the systems or software?   Yes ☐   No ☐

     If No, for how long is such documentation retained? _____

     _____

   (e) If unauthorized access intrusions or security flaws are detected, are there written procedures for:

     (i) notifying affected users and licensees?   Yes ☐   No ☐
     (ii) providing affected users and licensees with modifications?   Yes ☐   No ☐
     (iii) documentation of notification, modifications and acceptance by users and licensees? Yes ☐   No ☐

9. (a) What percentage of the Applicant's business involves independent contractors or subcontracting of work to others? _____ %

   (b) Does the Applicant require proof of Liability insurance from every independent contractor and subcontractor?   Yes ☐   No ☐

   (c) What services do these contractors perform? _____

     _____

     _____

   (d) Describe how independent contractors are monitored and managed for quality of work: _____

     _____

     _____

10. (a) Does the Applicant have a written contingency plan in the event of a disaster?   Yes ☐   No ☐

   (b) What would be the maximum estimated daily financial loss in the event of a system interruption including web down-time?_____

     _____

   (c) What would be the maximum estimated cost to restore or recollect your company's digital assets (software, electronic data, customer lists and/or information etc.) in the event of a computer attack or network breach?

     _____

     _____

Media and Advertising – complete this section only if this coverage is being requested.

11. (a) Provide the following details on the websites the Applicant administers:

Website Address*	Type of Content on the Website	Avg Views per Month

*If a website is not yet online, attach a description.

(b) Do any of the websites contain blogs, chat rooms or forums? Yes ☐ No ☐

If Yes, provide full details: _____

_____

12. (a) Indicate the type of content utilized by the Applicant (check all that apply):

Content		Content	
Adult	☐	Gambling / Gaming	☐
Advertising	☐	Games	☐
Applicant Information	☐	Legal	☐
Children's Interest	☐	Medical	☐
Commentary / Editorial	☐	Music	☐
Customer Application	☐	News	☐
Downloadable Business Software	☐	Sports	☐
Downloadable Consumer Software	☐	Travel	☐
Film / Video	☐	Other: _____	☐
Financial	☐	Other: _____	☐

(b) Indicate the percentage of content:

(i) created by the Applicant: _____ %

(ii) created by others for the Applicant: _____ %

(iii) previously published, broadcast, released, etc.: _____ %

(iv) content uploaded or created by users: _____ %

(c) Does the Applicant facilitate the uploading / downloading of content including software, applications, pictures or music? Yes ☐ No ☐

(d) Does a law firm, experienced in the Applicants field, review all content prior to posting, disseminating, uttering or releasing? Yes ☐ No ☐

(e) Does the Applicant edit, customize, amend or reconfigure any content created by others? Yes ☐ No ☐

(f) Do all parties providing content indemnify the Applicant in writing for claims arising out of use of such content, including previously published, broadcast or released content? Yes ☐ No ☐

(g) Does the Applicant always obtain full releases, rights, licenses and consent for all content provided by others including previously published, broadcast or released content? Yes ☐ No ☐

(h) Describe procedures to prevent infringement of copyrighted material, trademark and licensed software:

_____

_____

(i)   Describe the protocol for removing controversial, offensive, potentially defamatory or infringing material:

_____

_____

Technology Products – complete this section only if this coverage is being requested.

13. (a) Is the Applicant involved in product design, development or manufacturing?   Yes ☐   No ☐

      (b) Are products manufactured by a third party?   Yes ☐   No ☐

          If Yes, provide the following information:

Origins of Materials Used	Origin of Principal Components	Major Clients

14. Does the Applicant always:

      (a) document and test all products?   Yes ☐   No ☐

      (b) retain all records for the life of the products?   Yes ☐   No ☐

      (c) Provide user documentation (i.e. user manuals, terms of service, warranty)?   Yes ☐   No ☐

15. Does the Applicant have formal quality control procedures for products manufactured?   Yes ☐   No ☐

16. Has the Applicant ever had to recall any of their products?   Yes ☐   No ☐

17. Does the Applicant provide training for their customers on their products and services?   Yes ☐   No ☐

18. What would be the largest financial loss suffered by any customer should the product or services fail?

_____

_____

Network Security and Privacy & Breach Event Services Coverages – complete this section only if these coverages are being requested.

19. (a) Does the Applicant have a Chief Privacy Officer, or Chief Information Officer who has responsibility for meeting worldwide obligations under privacy/data protection laws?   Yes ☐   No ☐

          If No, provide details on who is responsible for security and privacy: _____

_____

_____

      (b) Does the Applicant have a written information security plan and privacy policy which outlines the company policy and procedures for the secure care, handling, storage and access of private, sensitive or confidential information?   Yes ☐   No ☐

      (c) Do these policies and procedures comply with laws governing the handling and/or disclosure of such information?   Yes ☐   No ☐

      (d) Does the Applicant perform security audits to ensure compliance with the security policy?   Yes ☐   No ☐

          If Yes: (i) who performs the audits? _____

                 (ii) frequency of audits: _____

                 (iii) are recommendations always followed?   Yes ☐   No ☐

      (e) Does the Applicant perform privacy audits to ensure compliance with their privacy policy?   Yes ☐   No ☐

          If Yes: (i) who performs the audits? _____

                 (ii) frequency of audits: _____

				Yes	No

(iii) are recommendations always followed?   Yes ☐   No ☐

(f) Are all employees trained in security & privacy policies with documentation of training?   Yes ☐   No ☐

(g) Does the Applicant employ electronic information gathering techniques (spyware / adware / cookies etc.)?   Yes ☐   No ☐

(h) Does the Applicant's website display a privacy disclosure statement?   Yes ☐   No ☐

20. (a) Does the Applicant collect, process or maintain personal information as part of business activities including collecting over a website?   Yes ☐   No ☐

(b) Does the Applicant's website display a privacy disclosure statement?   Yes ☐   No ☐

(c) Indicate the types of private and sensitive information that the Applicant receives, stores, uses or processes:

     (i) financial account payment information:

         (A) credit card or debit account number: Yes ☐   No ☐
         (B) chequing, banking or automated clearing house information: Yes ☐   No ☐
         (C) financial data: Yes ☐   No ☐

     (ii) government issued identification information: Yes ☐   No ☐

     (iii) name, address, contact information: Yes ☐   No ☐

     (iv) medical or health related information: Yes ☐   No ☐

     (v) information on children who use the Applicants website: Yes ☐   No ☐

     If Yes, are there controls in place to obtain parental permission: Yes ☐   No ☐

     (vi) trade secrets or intellectual property information: Yes ☐   No ☐

     (vii) third party corporate information: Yes ☐   No ☐

(d) (i) Provide the number of records maintained by the Applicant containing the information noted in (c) above:

     ☐ 0-5,000   ☐ 5,000-10,000   ☐ 10,000-25,000   ☐ 25,000-50,000

     ☐ 50,000-100,000   ☐ If above 100,000, provide amount: _____

     (ii) What percentage of these individuals live in the United States? _____ %

(e) Is any personal or private information gathered from customers or users, sold, disclosed or distributed to any third party?   Yes ☐   No ☐

     If Yes, is prior permission obtained from the customers or clients?   Yes ☐   No ☐

(f) Is employee access to personally identifiable or sensitive information:

     (i) on a business need to know basis?   Yes ☐   No ☐
     (ii) terminated immediately when an employee exits the company?   Yes ☐   No ☐

(g) Are third party vendors provided private or sensitive information?   Yes ☐   No ☐

     If Yes, is there a review completed of the third party vendor's information security plan?   Yes ☐   No ☐

21. (a) Describe security of the Applicant's premises and facilities: _____

_____

_____

(b) Describe security measures used to prevent access to Applicant's systems or servers (both internally and externally):

_____

_____

_____

(c) Describe security measures used to protect confidentiality and integrity of the Applicant's data or data which is entrusted to the Applicant:

(d) Describe the technology used by the Applicant for the following:

    (i)   Encryption: _____

    (ii) Authentication: _____

    (iii) Anti-Virus: _____

    (iv) Firewall: _____

22. (a) If the Applicant accepts credit or payment card transactions for the payment of goods or services, is the Applicant compliant with applicable data transaction compliance standards (i.e. Payment Card Industry Data Security Standard compliance)?   Yes ☐   No ☐

    (b) Does the Applicant have access control procedures and hard drive encryption to prevent unauthorized exposure of data on all laptops, PDAs, smartphones (e.g. BlackBerry) and home-based personal computers?   Yes ☐   No ☐

    (c) Does the Applicant encrypt all sensitive and confidential information:

       (i)   that is physically removed from the premises by tape, disk hard drive or other means? Yes ☐   No ☐

       (ii) that is stored on the Applicants databases, servers or individual files?   Yes ☐   No ☐

       (iii) that is transmitted within and from your organization?   Yes ☐   No ☐

    (d) Does the Applicant ensure that all wireless networks have protected access?   Yes ☐   No ☐

    (e) Does the Applicant have a document / e-mail retention and destruction policy?   Yes ☐   No ☐

    (f) Does the Applicant enforce a software update process, including patches and anti-virus software?   Yes ☐   No ☐

    (g) How frequently are computer systems and data backups performed? _____

    (h) Are backups stored off-site in a secure location?   Yes ☐   No ☐

23. (a) Describe all security breaches and privacy complaints or violations that have occurred in the last 5 years:

    (b) Describe preventive measures taken to avoid future security breaches or privacy violations: _____

24. Are any of the following network system functions outsourced to a third party?

    (i)   Hosting Facility   Yes ☐   No ☐

    (ii) Co-location Facility   Yes ☐   No ☐

    (iii) Management Security Services Provided   Yes ☐   No ☐

    (iv) Data Storage Facility   Yes ☐   No ☐

    (v) Other (provide details): _____

    If Yes, provide details: _____

Commercial General Liability – complete this section only if this coverage is being requested.

25. (a) Does the Applicant install, service, demonstrate products or provide maintenance service? Yes ☐   No ☐

    (b) If the Applicant retails, wholesales, imports or distributes any product, are their
        agreements in place with the dealer, manufacturer or distributor which
        contain a hold harmless clause in the Applicants favour?   Yes ☐   No ☐

    (c) Are independent contractors or subcontractors used to develop, manufacture,
        assemble, implement or support the product?   Yes ☐   No ☐

        If Yes, provide details on the product or service provided: _____

        _____

Watercraft and Aircraft Liability / Non-owned Automobile Liability

26. (a) Does the Applicant own or lease any watercraft or aircraft?   Yes ☐   No ☐

    (b) Number of volunteers, members or employees using their own vehicles for company business (occasional or

        full-time use): _____

    (c) How many vehicles are hired, borrowed or leased each year on a short-term basis for business purposes?

        Canada: _____   United States: _____

Prior Insurance

27. (a) Provide details of all Professional Liability Insurance held during the past three years:

Name of Insurer	Limit of Policy	Deductible/Retention	Expiry Date	Premium

    (b) When was the first date on which the Applicant purchased continuous claims made coverage? _____
                                                                                                  (MM/DD/YYYY)

    (c) Provide details of all Commercial General Liability Insurance held during the past three years:

Name of Insurer	Limit of Policy	Deductible/Retention	Expiry Date	Premium

Past Activities

28. (a) Has any insurance been refused or cancelled in the past five years?   Yes ☐   No ☐

    (b) Has the Applicant, or any of the Applicant's employees, ever been investigated by, or
        suspended from practice by, any governing body of his/her profession?   Yes ☐   No ☐

    (c) Does the Applicant or any other person proposed for this insurance have knowledge or
        information of any claim, demand, occurrence, suit, or proceeding which has been made
        or is pending against any insured proposed for coverage under the proposed insurance? Yes ☐   No ☐

    (d) Have there been any suits, claims, occurrences (including allegations) made against the
        Applicant or any other person proposed for this insurance in the last five years? Yes ☐   No ☐

    (e) Had the Applicant been involved in, or is aware of, any disputes over any domain names
        under their control in the last five years?   Yes ☐   No ☐

    If Yes to any of the above, attach details.

THE APPLICANT DOES HEREBY PROVIDE THE FOLLOWING WARRANTY TO THE INSURER

29. Does the Applicant, any of the Applicant's employees or any other person proposed for this insurance have knowledge or information of any fact, circumstance or situation which could reasonably give rise to a claim which would fall within the scope of the proposed insurance?   Yes ☐   No ☐

    If Yes, provide details: _____

    _____

    _____

    It is understood and agreed that if knowledge of any such facts, circumstances or situations exists, whether or not disclosed, any claim or action subsequently arising or developing therefrom shall be excluded from coverage under any policy issued by Trisura Guarantee Insurance Company.

FALSE INFORMATION

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

DECLARATIONS AND SIGNATURE

The undersigned authorized representative of the Applicant:

(i)   declares, after inquiry, that the statements and representations set forth in this Application, and all materials submitted to or requested by the Insurer in conjunction with this Application, are true;

(ii) acknowledges that these statements, representations, and materials are relied on by the Insurer and that they shall be deemed material to the acceptance of the risk assumed by the Insurer under the insurance applied for, should the insurance be effected;

(iii) agrees that if the information supplied in connection with this Application changes between the date of this Application and the effective date of any insurance effected pursuant to this Application, the undersigned will immediately notify the Insurer of such changes, and the Insurer may withdraw or modify any outstanding indications, quotations and/or authorization or agreement to effect the insurance; and

(iv) acknowledges that any personal information provided in connection with the insurance applied for, including but not limited to the information contained in this Application, has been collected in accordance with all applicable privacy legislation. The undersigned confirms that all necessary consents have been obtained for the collection, use, and disclosure of such information for the purposes of any investigation and inquiry in connection with this Application for insurance and, if applicable, investigating and settling claims, detecting and preventing fraud, and acting as required or authorized by law.

Signing of this Application does not obligate the Applicant or the Insurer to effect the insurance, but it is agreed that all materials submitted to or requested by the Insurer in conjunction with this Application are hereby incorporated by reference into this Application and made a part hereof. Terms and conditions, including limits of coverage, offered by the Insurer may differ from those applied for by the Applicant. It is further agreed that this Application and all materials submitted to or requested by the Insurer in conjunction with this Application are the basis of and are deemed attached to and incorporated into any policy effected pursuant to this Application.

PLEASE NOTE: COVERAGE CANNOT BE BOUND UNLESS THIS APPLICATION HAS BEEN FULLY COMPLETED AND DULY SIGNED AND DATED.

Applicant	Date
Signature	Title