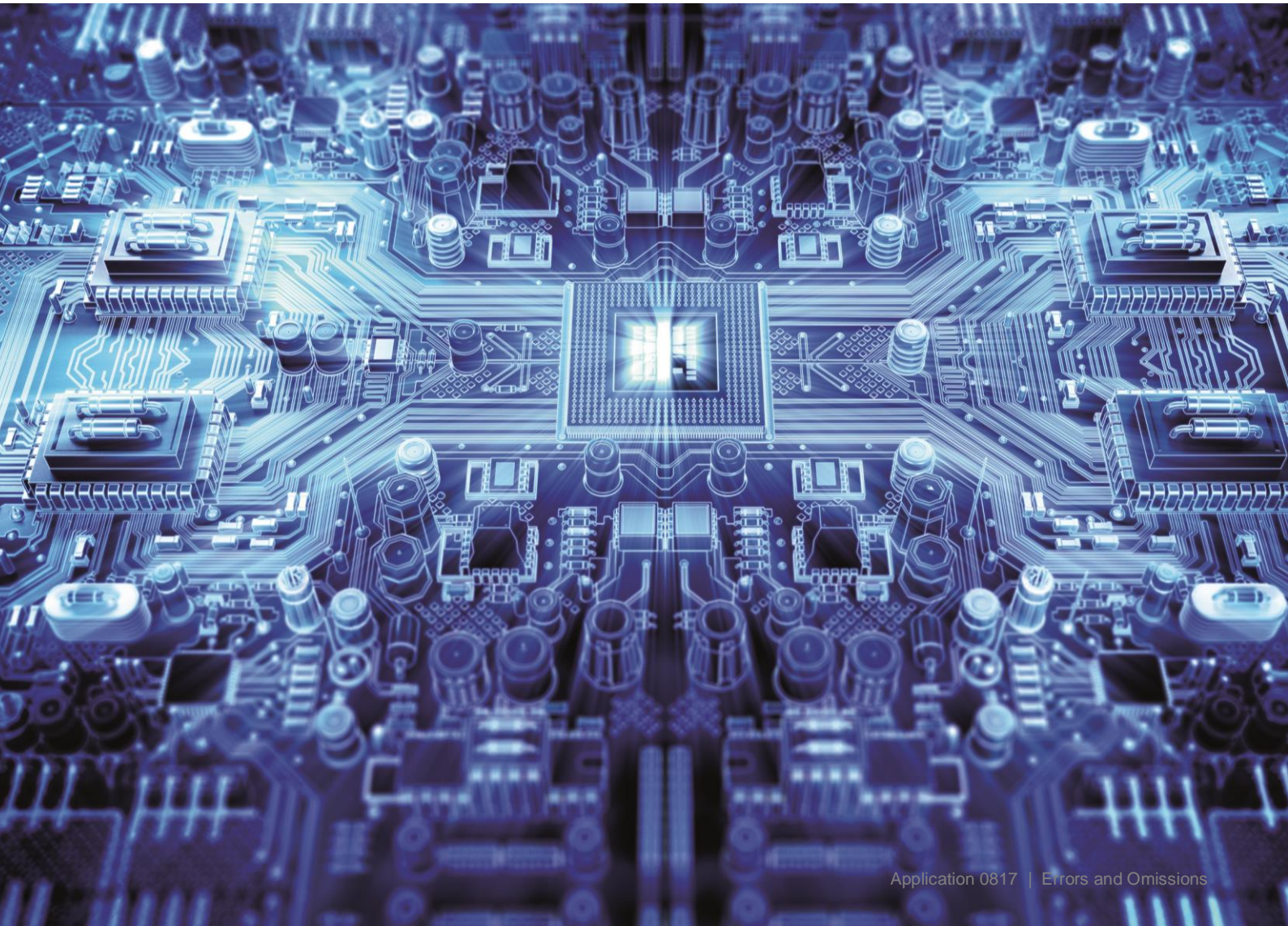


Technology Application Canada

Errors and Omissions



General information

1. Please provide the following details (including all trading names and subsidiaries):

Name:	Date of establishment:
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

Website address:

2. Address/es of all companies (including subsidiaries):

Address including postal/zip code:

3. Please supply details of all principals, directors, partners:

Name:	Qualifications:	How long with the company?
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

4. Please state total numbers of:

Principals, directors, partners:	Qualified staff:	Administration:	Others:
<hr/>	<hr/>	<hr/>	<hr/>

5. Do you currently have an Errors and Omissions policy in place? Yes No

If **YES**, please provide:

Renewal date:

Limit of liability:

Retroactive date:

6. Do you or any of your principals, directors, partners have any association with or financial interest in any other practice, company or organisation? Yes No

If **YES**, please provide details of the nature of the association, together with the name of the business and activities undertaken:

7. Do you use sub-contractors?

Yes

No

If **YES**,

a. What percentage of your turnover was paid to sub-contractors in the last financial year? %

b. What is the nature of work undertaken by sub-contractors?

c. Do you require cover for them under this policy? Yes No

d. Are sub-contractors required to carry errors and omissions insurance to a similar limit? Yes No

If **NO** to **8d**, please provide details as to why not:

8. Please complete the following:

a. Financial year end date:

	Last complete financial year	Current year	Estimate for coming year
b. Total turnover including fee income:	\$	\$	\$
c. Estimated percentage split of your turnover including fee income for:			
i. Work carried out for Canadian clients:	%	%	%
ii. Work carried out for US clients not subject to US law:	%	%	%
iii. Work carried out for US clients subject to US law:	%	%	%
iv. Work carried out for clients anywhere else in the world:	%	%	%
v. Operating profit:	\$	\$	\$

Business activities

9. Split of turnover including fees in the last complete financial year. If a new start-up, please anticipate your figures:

Hardware	
Sales of own brand	%
Distribution of other brands	%
Installation	%
Maintenance	%
Software product sales	
Own shrink wrapped / off the shelf software	%
Third party shrink wrapped / off the shelf software	%
Own customisable software	%
Third party customisable software	%
Software services	
Installation including configuration (no code changes)	%
Customisation (including code changes)	%
Developing bespoke applications	%
Maintenance	%
Software	
Consultancy	%
Data processing	%
Cabling	%
Project management	%
Provision of contract staff	%
Facilities management	%
Training	%
Web design	%
Internet/Application service provision (excluding web hosting)	%
Web hosting (please provide contract terms and conditions)	%
Telecommunications	%
Other work – details below	
	%
	%
	%
Total	100%

10. If there are activities in question 10 where you have declared no income for the last financial year:

- a. Have you undertaken any of these activities in the past? Yes No
- b. Do you intend to undertake any of these activities in the future? Yes No

If **YES** to any of the above please provide full detail including nature of activities and income:

11. Please give details of your three largest contracts in the last five financial years (give details of current projects if new start-up):

Largest contract:	
Start and end dates:	
Nature of contract:	
Name and business of client:	
Total contract value:	
Income to you:	
Second largest contract:	
Start and end dates:	
Nature of contract:	
Name and business of client:	
Total contract value:	
Income to you:	
Third largest contract:	
Start and end dates:	
Nature of contract:	
Name and business of client:	
Total contract value:	
Income to you:	

12. Is the failure of any of your products or services liable to result in any of the following outcomes:

- | | | |
|---|------------------------------|-----------------------------|
| a. Loss of life or injury to a person? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Destruction or damage to physical property? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Immediate and large financial loss? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Significant cumulative financial loss? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Insignificant financial loss (more of a nuisance)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If **YES**, to any of above please provide details:

13. Please give details of what you regard as your specialty within the industry, including your main areas of expertise and the essential purpose of any proprietary software licenced and supplied. If you are a new firm, please provide details of your anticipated specialisation.

14. Do you provide outsourcing services (application hosting, software-as-a-service, online data storage, facilities management and web hosting).

- Yes No

If **YES**,

- | | | |
|---|------------------------------|-----------------------------|
| a. Where you are responsible for hosting and storing third party data, do you comply with the relevant data protection and data security regulations? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Do you have a business continuity plan to eliminate a single point of failure for outsourcing services? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Do you have a disaster recovery plan? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If **NO**, to any of the above, please provide details:

15. Are any of your products or services:

- | | | |
|---|------------------------------|-----------------------------|
| a. Intended for use in aircraft, watercraft, the rail industry, military hardware or process control equipment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Intended for use in nuclear, chemical oil/gas/petrochemical installations? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Prototypes, experimental or single product items? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Intended for use in surgical/medical applications? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Trading systems used in financial markets? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If **YES** to any of the above, please provide details:

Risk management

16. Are satisfactory written references obtained from former employers for at least three years prior to the engagement of any employee responsible for money, accounts or goods? Yes No

17. Above what amount do payments require at least a two-stage sign-off? \$

18. Do you hold client funds, or do you have client authority to agree and/or effect transfers or payments on their behalf from client funds or accounts? Yes No

If YES,

a. Do you ever act solely on e-mail instructions to transfer funds or make payments from client accounts without taking steps to independently verify the authenticity of the instructions and integrity of any bank account details provided prior to execution? Yes No

b. Do you undertake to immediately implement procedures to ensure that there is such an independent verification process in place for all future transactions? Yes No

c. What steps have you taken to ensure that the transaction has been completed successfully?

19. Do you carry out work only under a standard contract signed by every client? Yes No

If YES, please supply a copy of your standard form of contract, or otherwise a typical example of contract used. Attached

If NO, are all contracts vetted by a legally qualified person before being agreed? Yes No

20. When entering into contracts do you always:

a. Exclude liability for consequential, special or indirect damages, loss of profits and liquidated damages? Yes No

b. Cap your overall liability at a reasonable level? Yes No

c. Work to a written specification with your clients outlining the scope of each job? Yes No

d. Ensure that changes to the scope of work are reflected in a written variation of the contract? Yes No

If NO, to any of the above, please explain why:

21. Do you commit clients to contracts with third parties? Yes No

If **YES**, do you always obtain clients written acceptance of the terms of contracts before committing them? Yes No

If written acceptance is **NOT** obtained, please provide details as to why not or in what circumstances this might not happen:

22. Has any proposal for similar insurance made on your behalf, any predecessor or any past or present principals, directors, partners ever been declined, cancelled, refused or had special terms applied? Yes No

If **YES**, please provide details:

23. Is there any other information that you consider material to the insurance required? Yes No

If **YES**, please provide details:

24. For what limits of indemnity are quotations required?

- | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> \$250,000 | <input type="checkbox"/> \$500,000 | <input type="checkbox"/> \$1,000,000 |
| <input type="checkbox"/> \$2,000,000 | <input type="checkbox"/> \$5,000,000 | <input type="checkbox"/> \$10,000,000 |
| <input type="checkbox"/> Other | | |

Claims

25. In respect of any of the risks to which this application relates:

- a. Has any claim been made (whether successful or not) against you, any predecessor, any past or present principals, directors, partners? Yes No
- b. Has any loss been suffered by you or any predecessor as a result of the dishonesty or malice of any past or present principals, directors, partners, employees or self-employed person? Yes No

If **YES** to a. or b., please provide details:

Date of claim/loss:	Brief details of each claim/loss:	Total cost of claim/loss paid	Estimated total cost of claim/loss:

c. What steps have been taken to prevent a recurrence?

26. Are you, after full enquiry:

- a. Aware of any circumstance which is likely give rise to a claim or loss against you, any predecessor or any past or present principals, directors, partners? Yes No
- b. Aware of any shortcoming in your work for a client which is likely to give rise to a claim against you? This includes
 - i. A shortcoming known to you, but not your client, which you cannot reasonably put right? Yes No
 - ii. A complaint from your client about your work or anything you have supplied which cannot be immediately resolved? Yes No
 - iii. An escalating level of complaint from your client on a particular project? Yes No
 - iv. A client withholding payment due to you after any complaint? Yes No

If **YES** to any of the above, please provide details:

27. Do you have any grounds, after reasonable enquiry, for suspecting that any past or present principal, director, partner, employee or self-employed person has acted dishonestly or maliciously?

Yes

No

If YES, please provide details:

Please read this paragraph carefully before signing the declaration

It is essential that every Application, when seeking a quotation to take out or renew any insurance, discloses to the prospective Insurers all material facts and information (including all material circumstances) which might influence the judgement of an Insurer in deciding whether to accept the risk and on what terms. The obligation to provide this information continues up until the time that there is a completed contract of insurance. Failure to do so entitles the Insurers, if they so wish, to avoid the contract of insurance from inception and so enables them to repudiate liability thereunder. If you have any doubt as to what constitutes a material fact or circumstance please do not hesitate to ask for advice.

Declaration

On behalf of the Applicant/s, I/we declare that, after full enquiry, the contents of this application are true and that I/we have not misstated, omitted or suppressed any material fact or information. If there is any material alteration to the facts and information which I/we have provided or any new material matter arises before the completion of the contract of insurance, I/we undertake to inform the Insurer.

Signature of Principal / Director / Partner:

Date:
