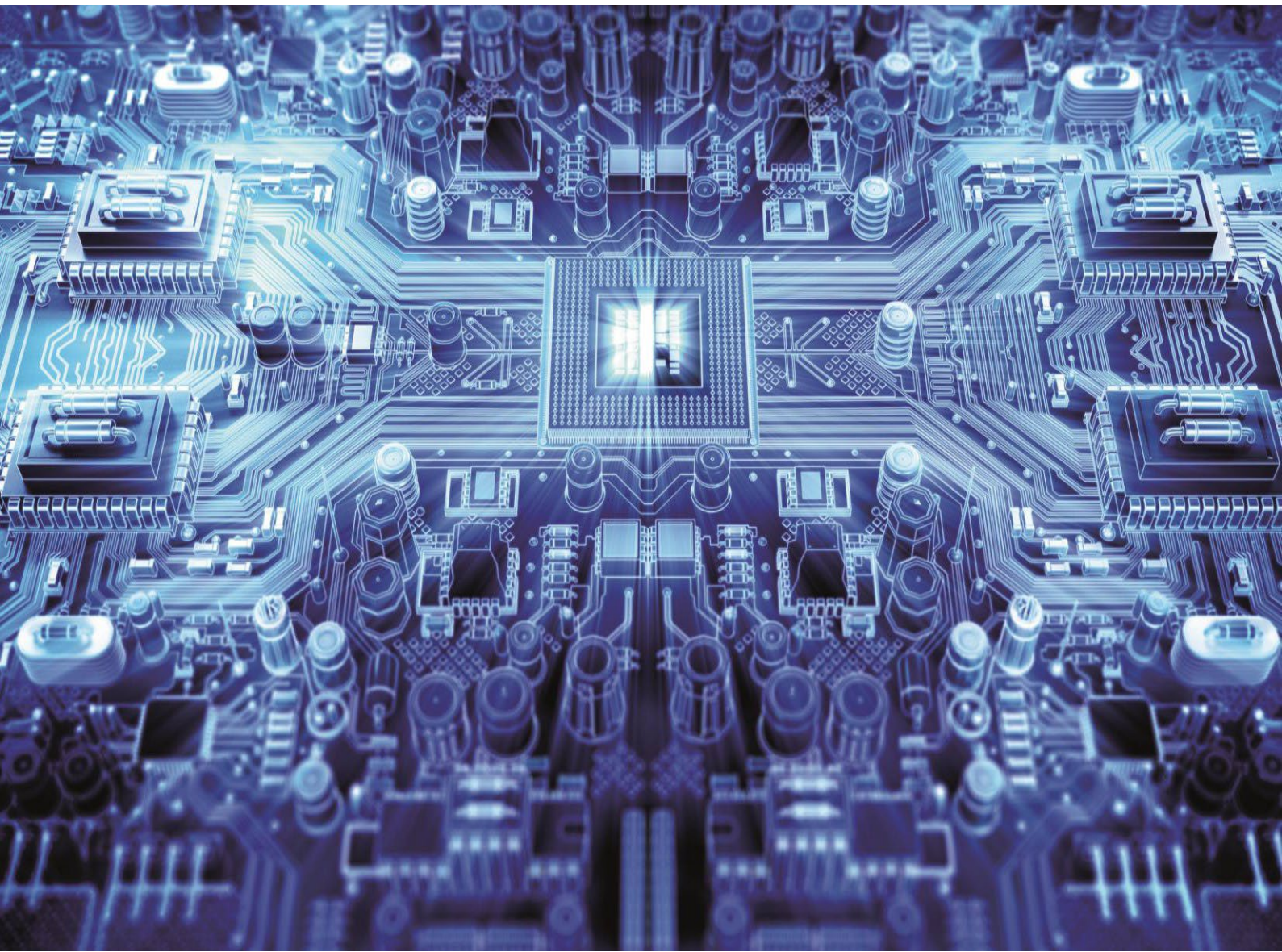




# Technology Application Canada

Errors and Omissions  
General Liability  
Cyber



# 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:  

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

Address including postal/zip code:  

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**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:  

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Renewal date:  

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Limit of liability:  

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Retroactive date:  

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**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:  

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**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:

<b>Hardware</b>	
Sales of own brand	%
Distribution of other brands	%
Installation	%
Maintenance	%
<b>Software product sales</b>	
Own shrink wrapped / off the shelf software	%
Third party shrink wrapped / off the shelf software	%
Own customisable software	%
Third party customisable software	%
<b>Software</b>	
Installation including configuration (no code changes)	%
Customisation (including code changes)	%
Developing bespoke applications	%
Maintenance	%
<b>Software</b>	
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	%
<b>Other work – details below</b>	
	%
	%
	%
<b>Total</b>	<b>100%</b>

**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:

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

<b>Largest contract:</b>	
Start and end dates:	
Nature of contract:	
Name and business of client:	
Total contract value:	
Income to you:	
<b>Second largest contract:</b>	
Start and end dates:	
Nature of contract:	
Name and business of client:	
Total contract value:	
Income to you:	
<b>Third largest contract:</b>	
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 licensed and supplied. If you are a new firm, please provide details of your anticipated specialisation.**

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| <b>14. Do you provide outsourcing services (application hosting, software-as-a-service, online data storage, facilities management and web hosting).</b> | <input type="checkbox"/> Yes | <input type="checkbox"/> 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

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

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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

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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

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

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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

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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

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

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

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

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

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**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:

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**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:

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

If **YES**, please provide details:

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**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       |                                      |                                       |

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# 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?

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**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:

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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:

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## General Liability

Only complete if GCL required, if not required, please tick here:

28. Do you undertake any work of a manual nature (such as installation, construction, alteration, maintenance or repair work), either through your own direct employees or through any subcontractors engaged by you? (For the avoidance of doubt, this does NOT include the installation of IT hardware or software but DOES include the type of work expected of an electrical contractor e.g. re-wiring an office):  Yes  No

If YES, please provide details:

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29. Do you manufacture any products or do you supply any products that are manufactured by others? (This is not applicable to Technology Consultants or Technology Contractors, unless the failure of the product to perform its intended function could result in loss of life, bodily injury or destruction of or damage to physical property):  Yes  No

If YES, please provide details:

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30. Do you carry out any work in the USA and if so, does this represent more than 20% of your total turnover?  Yes  No

If YES, please provide details:

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31. Do you perform work above two stories in height (other than interior remodelling)?  Yes  No

If YES, what percentage of your turnover \_\_\_\_\_ % Maximum height? \_\_\_\_\_ meters

32. Do you perform any work below ground level?  Yes  No

If YES, what percentage of your turnover \_\_\_\_\_ % Maximum depth? \_\_\_\_\_ meters

33. Have you or will you perform work in connection with: gas stations, refineries, chemical plants, airports, public utilities, railroads, or hospitals?  Yes  No

If YES, please provide details:

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34. Have there been any Liability claims made against you in the last 5 years?  Yes  No

If YES, please provide details:

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## Cyber Extension

Only complete if cyber extension required. If not required, please tick here:

35. Please provide a financial value for your IT network (including but not limited to hardware, software, cabling and firmware): \_\_\_\_\_ \$

36. Please estimate the total number of Personally Identifiable Information records, including employees and customers, that your company holds: \_\_\_\_\_

Personally Identifiable Information relates to records/data that can be used to uniquely identify, contact, or locate a single person or can be used with other sources to uniquely identify a single individual.

37. Do you see either 36 or 37 changing substantially in the next 12 months?  Yes  No

If YES, please provide details:

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**38. Please highlight which bands of Personally Identifiable Information records you hold:**

<b>Low Sensitivity</b>	e.g. name, email address	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Moderate Sensitivity</b>	e.g. home address, protected health information, telephone numbers, Insurance policy number, date of birth, Individual tax number, driver's licence number, passport number	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>High Sensitivity</b>	e.g. banking or saving account number, debit card number, credit card number	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**39. Please estimate what proportion of the total number of Personally Identifiable Information records which you hold that include a High Sensitivity element:** \_\_\_\_\_ %

**40. How fast are you likely to incur a loss of profit as a result of an IT network compromise and a total system downtime?**

Level 1: 48hours+ <input type="checkbox"/>	Level 2: 24 – 48 hours <input type="checkbox"/>	Level 3: 12-24 hours <input type="checkbox"/>	Level 4: 1-12 hours <input type="checkbox"/>	Level 5: Immediately <input type="checkbox"/>
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**41. In the event of your IT network being subjected to a non-scheduled closure and total downtime, please estimate your maximum daily loss of profit (net profit before tax):** \$ \_\_\_\_\_

**42. Do you have a disaster recovery plan which protects you against any sudden or unexpected failure of your IT network and security breach/data compromise?**  Yes  No

If **NO**, please advise how you would deal with such an event in a time critical manner:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If **YES**, please advise:

- a. Is the backup system managed by a third party?  Yes  No
- b. How regularly is it tested? \_\_\_\_\_
- c. When was it last tested? \_\_\_\_\_
- d. How long did it take to switch to this back up system? \_\_\_\_\_

In addition to the previous questions please confirm that you are able to comply with the statements made below. If, for whatever reason you are unable to confirm compliance with the below statements please provide an explanation to accompany this signed and dated document. Signing of the declaration will constitute compliance with the below statements.

## Cyber Extension Statement of Fact

- a. You have a Chief Security Officer (CSO) or someone responsible for data security.
- b. You adhere to and comply with the following data security law where relevant: the federal Personal Information Protection and Electronic Documents Act (PIPEDA) and similar provincial Acts and regulation, and in the United States, “non-public personal information” as defined in the Gramm-Leach Bliley Act of 1999, or as amended; Payment Card Industry (PCI) Data Security Standards.
- c. If the data held is medically related, you comply with the ‘protected health’ information as defined in the provincial legislation in Canada, or, in the United States, the Health Insurance Portability and Accountability Act of 1996, as amended.
- d. You ensure that all Personally Identifiable Information records are backed up and held at a secondary location.
- e. You have firewalls protecting all external IT network gateways.
- f. You use encryption tools to ensure the integrity and confidentiality of all Personally Identifiable Information records including those on removable media.
- g. You use anti-virus software and anti-spyware.
- h. You have a vulnerability assessment program that monitors for IT network security and data security breaches and ensures timely updates of antivirus and anti-spyware signatures and critical security patches.
- i. You have an internet and email usage policy written into all employment contracts which is clearly communicated to all employees.
- j. You implement a data protection policy for the handling of data including Personally Identifiable Information records which is clearly communicated to all employees.
- k. All Personally Identifiable Information records, including those contained in a physical form (paper, disks, CDs, hard drives), disposed of or recycled by a confidential and secure means which is recognised throughout the organisation.
- l. You have a privacy policy on your website.
- m. You have a specific policy for managing all ‘opt-in’/‘opt-out’ marketing requests including the use/storage of cookies on a browsers system/device.
- n. You have a procedure for responding to allegations that content created, displayed or published is libellous, infringing intellectual property rights, or in violation of a third party’s privacy rights.
- o. You have a “take-down” policy which allows you remove any third party content applied to any of your message boards, chat rooms or forums on your websites (including websites you may host for third-parties).
- p. You obtain written warranties and indemnities from third parties for content they have created for you (including advertising agents).
- q. Your business has never been declined for a Cyber and Data Security insurance policy, or had an existing policy cancelled.
- r. You have never experienced an event that did or may have given rise to a claim or circumstance under a cyber and data security policy, including but not limited to hacking incident, virus or malicious code attack, cyber extortion attempt, breach of secure data, wrongful disclosure of personal data or interference with rights of privacy?

**Agreed**     

**Not Agreed**       If **NOT**, please provide further information

# 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:

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Date:

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