



If a policy is issued, the coverage will apply only to claims that are first made against the insured during the policy period.

General Information

1. Name of Applicant:
2. Mailing Address:
3. Nature of Business:
4. Website:
5. The Corporation has continuously been in business since: and, is incorporated under the laws of:
7. Please provide the following information:

	CANADA	U.S.A.	OTHER
a) Revenues:	Previous 12 months: Current 12 months: Projected 12 months:	Previous 12 months: Current 12 months: Projected 12 months:	Previous 12 months: Current 12 months: Projected 12 months:
b) Number of Employees:			
c) Number of Locations:			

8. Within the past 3 years, has the Parent Company or any subsidiaries thereof been involved in, or is considering, an acquisition merger or divestiture? YES NO
- If yes, please describe:

Coverages – Please note that requested coverage is not automatically provided. The policy, if issued will determine the coverage.

	Limit of Insurance	Retention	Retroactive Date
Maximum Policy Aggregate			
A. LIABILITY			
Error or Omission Liability – Your Product and Your Services			
Information Risk Liability			
Communication Liability			
Privacy Administrative Proceeding, Fines and Consumer Redress Liability			
B. FIRST PARTY	Limits of Insurance	Retention	
Incident Management Expense*			
Information Restoration Expense			
Hardware Replacement Expense			
Extortion Payments and Rewards			
Forensic Expense			
Telecommunications Theft Expense**			
Computer and Funds Transfer Fraud**			
		Waiting Period	
Net Business Income and Extra Expense**			
*Includes; Data Breach Expense; Information Risk Expense; Notification Expense **By Endorsement			

Technology Errors and Omissions: Service/Products/Description of Operations

1. Please provide a complete description of your Operations:
2. Please describe the end users of your products or services:
3. Estimate the total percentage of revenue for the following services and work:

Technology – Software & Services	%	Technology – Hardware & Equipment	%
Application Service Provider		Computer System Manufacturing	
Cloud Computing		Computer Peripherals Manufacturing	
Co-location Services		Electronic Component Manufacturing	
Data Processing & Outsourced Services		Instrument Manufacturing	
IT Consulting		Distribution	%
IT Training & Education		Computer Equipment & Software Distribution	
Managed IT Services		Electronic Component Distribution	
Outsourcing – IT Staff		Telecommunication Services	%
Software – Custom Development		Internet Service Provider	
Software – Prepackaged Sales		Telecommunications Consulting	
Software – Value Added Reseller		Telecommunications Installation	
System Design and Integration		Telephone/Voice Over IP (VOIP) Companies	
Technical Support/Repair & Maintenance		Video Conferencing Services	
Website Construction and Design		Wireless Communication	
Website Hosting		Other Professional Services	%
Installation	%	<i>(describe):</i>	
Cabling		<i>(describe):</i>	
Computers & Peripherals		<i>(describe):</i>	
Software			
Telecommunications Equipment			

Client and Customer Information

1. What is your average contract revenue size in dollars?
2. What is the average contract length in months?
3. How many customers represent more than 10% of the total revenue?
4. Please list the top 5 customers, annual revenue generated, length of contract, and the types of products or services provided:

Customer	Annual Revenue	Contract Length	Product/Service

5. Indicate the percentage of revenue derived from the following Business Sectors:

Business Sector	Percent of Revenue	Business Sector	Percent of Revenue
Aerospace & Defense		Manufacturing	
Automobiles & Components		Medical/Healthcare	
Commercial Client		Oil, Gas & Utilities	
Construction, Architects & Engineering		Telecommunication	
Fire, Emergency, & Police		Transportation	
Financial Services		Industrial	
Information Technology		Other:	

Contract Procedures

1. Do you require written contracts or agreements with all customers? YES NO
Are all modifications or mid-term changes to a contract made in writing? YES NO
If "No", to either, please explain when you would not require written contracts or modifications:
2. Do you obtain legal opinion on all contracts and marketing materials prior to release? YES NO
If "No", please explain:
3. Indicate which of the following are included in your standard contracts:
- | | |
|--|--|
| <input type="checkbox"/> Arbitration clause | <input type="checkbox"/> Limitation of Liabilities for Consequential Damages |
| <input type="checkbox"/> Conditions of customer acceptance of product or service | <input type="checkbox"/> Mutual Hold Harmless |
| <input type="checkbox"/> Disclaimer of warranties | <input type="checkbox"/> Severability |
| <input type="checkbox"/> Force Majeure | <input type="checkbox"/> Statement of Work |
4. What percentage of your customer contracts deviate from your standard provisions? %
Who can approve these variations? In-house counsel only Other (Include title or department):
5. Do you limit your liability to the total value of the contract? YES NO
6. If you accept liability for consequential damages, please explain when and how often:
7. Do you ever include a provision for liquidated damages in negotiated contracts? YES NO
If "Yes", explain:
8. Do you enter into contracts that include a fixed time frame for completion of all or portions of the project? YES NO
If "Yes", do you require customer sign-off and acceptance at all milestones? YES NO
9. Who is authorized to sign contracts?
Name:
Title:

Sub-Contracted Work

1. Do you sub-contract any professional services or manufacturing to fulfill commitments to clients? YES NO
If "Yes", what percentage do you sub-contract? %
2. Do you utilize a standard sub-contractor contract? YES NO
3. Do you require evidence of general liability insurance from sub-contractors? YES NO
If "Yes", what minimum liability limit do you require?
4. Do you require evidence of errors and omissions insurance from sub-contractors? YES NO
If "Yes", what minimum liability limit do you require?

Quality Control Procedures

1. Do you have a written system development methodology or quality control procedures? YES NO
2. Indicate which of the quality control procedures are in place (select all that apply):
- | | |
|---|---|
| <input type="checkbox"/> Alpha Testing | <input type="checkbox"/> Formal Training of Sales Representatives |
| <input type="checkbox"/> Beta Testing | <input type="checkbox"/> Formal Training for New Hires |
| <input type="checkbox"/> Business Continuity Plan/Disaster Recovery | <input type="checkbox"/> Prototype Development |
| <input type="checkbox"/> Customer Screening Process | <input type="checkbox"/> Vendor Certification Process |
| <input type="checkbox"/> Customer Service via a Toll-Free Number | <input type="checkbox"/> Written Quality Control Guidelines |
| <input type="checkbox"/> Customer Service via a Web Portal/Email | <input type="checkbox"/> Other: |
3. Do you comply with any of the following industry standards?
If "Yes", please check all that apply: YES NO
 ISO 9000 UL/CSA ANSI CE Mark Other :
4. Do you obtain written customer acceptance at:
- Pre-defined milestones? YES NO
 - Final acceptance? YES NO
 - Post implementation? YES NO
5. Do you have a formal policy in place for handling customer complaints, changes or fixes?
Are all customer complaints documented in writing? YES NO
Do you have an escalation process in place to resolve any customer complaints? YES NO
6. What is the worst case scenario if your product or service should fail?
7. Have any of your products, services or operations been discontinued within the last five years? YES NO
If "Yes", please describe in detail which products/services were discontinued, including procedures for informing customers:
- Do your procedures include providing continuing services, support or other remedy for discontinued products or services? YES NO
8. Do others rely on your network for directly generating revenue or taking customer orders? YES NO

Information Risk Liability Coverage

1. Is a designated person responsible for data/network security at your firm? YES NO
 Name:
 Title:
 What position does this person report to:
2. Does the Applicant outsource any aspect of its computer systems, network or infrastructure?:
If "YES", please identify the vendors below: YES NO

Service	Outsourced	Provider
Hosting	YES <input type="checkbox"/> NO <input type="checkbox"/>	
IT Services and Security	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Data Storage and Backup	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Co-location	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Payment Processing	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Other :	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Other :	YES <input type="checkbox"/> NO <input type="checkbox"/>	

3. Does the Applicant review their vendor contracts with a legal professional to ensure they have adequate risk transfer? YES NO
4. After a computer attack, breach or other loss/corruption of data, approximately how long does it take to restore your operations: _____ hours
5. Does the Applicant have a written information security breach response plan in place? YES NO
6. Are background checks performed on employees, leased workers and contractors? YES NO
7. What is your annual information security budget?
8. Please indicate the following network security procedures in place:
- a) Virus protection YES NO
 - b) Firewalls YES NO
 - c) Intrusion detection YES NO
 - d) Routine software updates and patching YES NO
 - e) Password expiration policy YES NO
 - f) Multi factor authentication YES NO
 - g) Disaster recovery plan YES NO
 - h) Business Continuity plan YES NO
9. Do you perform daily back ups? YES NO
10. How often are full back ups performed?
11. Do you perform back ups to a secure off-site storage facility that is segregated from your network? YES NO
12. Have you undergone any information security compliance evaluations or security testing (ie. Vulnerability or penetration testing)? YES NO
 If so, please indicate the date of the last assessment and name of the security firm if 3rd party:
 Have any recommendations been implemented? If yes, please advise:
13. Does your company provide mobile devices or laptops for their employees? YES NO
- a) Approximately how many devices are in circulation? YES NO
 - b) Is sensitive or confidential information stored on these devices? YES NO
 - c) Is there a security and usage policy in place? YES NO
 - d) Are laptop users required to authenticate through a secure VPN? YES NO
 - e) Are employees allowed to use their personal devices (including computers) for work usage? YES NO
 - f) Do you utilize enterprise device management solutions to administer patch management, software updates, antivirus and/or other company updates to portable devices? YES NO
 - g) Are remote wipe capabilities enabled on all company used portable devices in case they are lost or stolen? YES NO
14. Are background checks performed on employees, leased workers and contractors? (ie., criminal record, credit check, work history, etc.) YES NO

Information Security Questions

1. What type of the following third party personally identifiable information (PII) or protected health information (PHI) do you collect, receive, transmit, store, or process?
 Check all that apply:
- Credit/debit Card Data and/or Information
 - Social Insurance Numbers
 - Bank Records, Investment data or Financial records
 - Employee/Human Resources records
 - Private Health Information/Medical Records
 - Sensitive or proprietary company information/trade secrets
 - Biometric identifiers, including finger prints or retina scans
 - Other personally identifiable information (i.e. DOB, Driver's License #, etc.)
 - None of the Above

Please indicate approximately how many records you store:

- 0 1 to 1,000 1,001 to 5,000 5,001 to 25,000 25,001 to 50,000 50,001 to 100,000 > 100,000

If the amount of records exceeds 100,000 please indicate approximately how many records you hold:

2. Is sensitive information such as PII/PHI collected in paper form? YES NO
If "Yes", please describe how it is disposed:
3. Are you compliant with any appropriate standards and laws that apply when storing PII (ie. PIPEDA, HIPAA, etc)? YES NO
4. If you store, process or transmit Credit/Debit card data, are you compliant with PCI-DSS? YES NO
Which level of PCI-DSS compliance do you hold? 1 2 3 4
5. Are you able to identify whose PII is being held? YES NO
Are you able to contact individuals if their information is breached? YES NO
6. Do you share private, sensitive, or personal information gathered from customers (including data you retain that is gathered by others), with third parties? YES NO
If "Yes", is permission obtained? YES NO
7. Do you store sensitive data on you network? YES NO
If "Yes", is the data encrypted? YES NO
If "Yes", is the data segregated from the rest of your network: YES NO
If "No", please describe any offsetting measures:
8. Is your data encrypted:
at-rest? YES NO
in-transit? YES NO
9. How long do you retain PII/PHI?
10. Do you discard personally PII/PHI when no longer needed by irreversibly erasing or destroying the data using a technique that leaves no residual data? YES NO
11. Do you send emails, faxes and/or make telephone calls to third parties concerning the advertising, marketing or promotion of the Applicant's products and services? YES NO
12. Are permissions obtained from the third parties who receive emails, faxes or telephone calls concerning the advertising, marketing or promotion of your products and services? YES NO
If "No", what steps do you take to make certain they are in compliance with applicable anti-spam laws?
13. Do you have a privacy policy that has undergone a legal review? YES NO

Communication Liability – Complete only if applying for COMMUNICATION LIABILITY coverage

1. Do your business activities include or does your website contain, disseminate, or allow the following?
Please check all that apply.
- | | |
|--|---|
| <input type="checkbox"/> Advertising for or on behalf of third parties | <input type="checkbox"/> Music or video downloads, including P2P file sharing |
| <input type="checkbox"/> Chat rooms, bulletin boards, blogs or other areas supporting user generated content | <input type="checkbox"/> Pornographic or sexually explicit material |
| <input type="checkbox"/> Domain name registration | <input type="checkbox"/> Social media similar to Facebook |
| <input type="checkbox"/> Interactive gaming or games of chance | <input type="checkbox"/> Contests or coupons |
2. Do you have a comprehensive written program in place for managing intellectual property rights? YES NO
3. Do you use the material of others (such as text, video, or music) in your website or in other material printed, broadcast, published or distributed by you or by someone on your behalf? YES NO
4. Does your intellectual property clearance policy include the following: YES NO
- a. legal review of all content prior to release or dissemination (including software code)? YES NO
 - b. intellectual property searches by qualified legal professionals? YES NO
 - c. acquisition of necessary rights or licenses of content used or created by you? YES NO
 - d. acquisition of necessary rights or licenses of content owned by third parties? YES NO
 - e. internal audit of each operating department to ensure that intellectual property rights are being properly secured? YES NO
 - f. require employees and contractors to sign a statement that they will not use previous employers' or clients' trade secrets or other intellectual property? YES NO
 - g. obtaining written permission of any website you link to or frame? YES NO
 - h. formal procedure for handling complaints of infringement? YES NO
 - i. formal training for employees regarding your policies for managing intellectual property? YES NO
 - j. obtaining legal permission to use every non-owned image depicted on your website? YES NO
5. Do you hire outside website developers to provide work for you including development of content? YES NO
If "Yes", do your agreements with outside developers include provisions granting you ownership of the intellectual property rights of this work performed for you? YES NO

6. Do you incorporate any code subject to an open source license in any of your products? YES NO
 If the license for any open-source code incorporated into your product requires that the derivative code be open source, do you comply? YES NO
 Do you incorporate any licensed third party code into your products? YES NO
7. Do you allow employees or others to post to your website? YES NO
 If "Yes", do you monitor for inappropriate posting and take action if they are found? YES NO
8. Have you been given notice of any incident regarding an invasion of privacy, wrongful disclosure of private data, or other similar situations? YES NO
9. Do you have your terms of use posted on your website? YES NO
10. Do you have your privacy policy posted on your website? YES NO
11. Do you audit your practices to ensure compliance with your privacy policy? YES NO
12. Have you been involved in any defamation suits? YES NO

Prior Insurance:

Within the past three years, has the Corporation had any insurer refuse to renew or cancel the Errors or Omissions or Privacy Liability Insurance? YES NO

Limit of Liability	Limit	Deductible	Retroactive Date
Deductible			
Expiry date			

Loss History:

During the past five years, has the Applicant or any individual or entity proposed for coverage submitted any claims or given notice of any fact, circumstance, situation, transaction, event, act, error or omission which they had reason to believe might or could reasonably be foreseen to give rise to a claim that might fall within the scope of insurance with any insurer or self-insurance instrument of which the requested coverages would be a direct or indirect replacement? YES NO

If "Yes," please explain?

Has the Applicant or any individual or entity proposed for coverage suffered any known intrusions, unauthorized access, or been a target of a security or virus incident of its Computer Systems in the most recent past 24 months? YES NO

If "Yes," how many intrusions occurred?

If "Yes," did such intrusions result in a loss, including lost time, lost business income or costs to repair any damage to systems or to reconstruct data or software? Please describe the loss that occurred, and state value of any lost time, income and the costs of any repair or reconstruction:

Prior Knowledge/Warranty:

Prior knowledge (**do not complete if this is a renewal application for an existing policy with Intact Insurance**):

NOTE: CONTINUITY OF COVERAGE WILL BE GRANTED WHENEVER INTACT INSURANCE IS THE CURRENT PROVIDER OF THE INSURANCE APPLIED FOR.

Is the Applicant or any individual or entity proposed for coverage aware of any fact, circumstance, situation, transaction, event, act, error or omission which they have reason to believe may or could reasonably be foreseen to give rise to a claim that may fall within the scope of the proposed insurance? YES NO

If "Yes," please provide details:

WITHOUT PREJUDICE TO ANY OTHER LEGAL REMEDY AVAILABLE TO THE INSURERS, IT IS AGREED THAT ANY CLAIMS KNOWN TO THE INSURED OR ARISING FROM FACTS OR CIRCUMSTANCES KNOWN TO THE INSURED WILL BE EXCLUDED FROM THIS PROPOSED COVERAGE.

Declaration for the Application

The undersigned declares that:

- (a) he or she has been duly authorized by the Corporation to complete this Application and that all statements contained herein are true and complete;
- (b) reasonable efforts have been made to obtain sufficient information from each person proposed for this insurance in order to complete this Application properly and accurately;
- (c) the financial statements submitted with this Application reflect the current financial situation of the Corporation and its subsidiaries (if this is not the case, please provide details on a separate sheet).

The undersigned agrees that:

- (a) if between the date of this Application and the effective date of the policy, the statements and information contained in this Application change in any way, he or she will immediately advise Intact Insurance in writing and, without prejudice to any other legal remedy available to it, Intact Insurance may modify or withdraw any outstanding quotation or any authorization or agreement to bind;
- (b) this application and all documents attached hereto shall form part of the policy, should one be issued.

Signature

Position (Chairperson of the Board, President or General Manager)

Date

Corporation

Upon request only, please provide the following additional information:

- The latest Audited Financial Statements and latest Interim Statements;
- Copy
- Breach Response Plan