



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:
6. 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:			
d) Total # of Records of Personally Identifiable Information (PII)			
e) Total # of Records of Protected Health Information (PHI)			

- | | | |
|---|-----|----|
| 7. 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 |
| 8. During the next 12 months, does the Corporation expect to increase its presence in the U.S.A.? | YES | NO |

If “YES” to one or more questions above, please provide full details on a separate sheet.

Information Risk Liability Coverage

- | | | |
|---|-----|-------|
| 1. Is a designated person responsible for data/network security at your firm?
Name:
Title:
What position does this person report to: | YES | NO |
| 2. Does the Applicant outsource any aspect of:
(a) Its computer system/network (ie. Hosting, back up site, etc.)?
(b) Its information security (ie. Intrusion detection, firewall, etc.)? | YES | NO |
| If “YES”, please identify the principal vendor: | | |
| 3. After a computer attack, breach or other loss/corruption of data, approximately how long does it take to restore your operations: | | hours |
| 4. Does the Applicant have a written information security breach response plan in place? | YES | NO |
| 5. Are background checks performed on employees, leased workers and contractors? | YES | NO |
| 6. What is your annual information security budget? | | |
| 7. Do you have a written information security breach response plan in place? | | |
| 8. Are background checks performed on employees, leased workers and contractors? (ie., criminal record, credit check, work history, etc.) | YES | NO |

If “YES”, please identify check and employee type(s):

9. How many physical data centers do you have:

(a) on company premises?

(b) Housed off site?

If you use hosted services, please list the vendors.

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				
	Combined Liability Limit			
	Error or Omission Liability – Your Product and Your Services			
	Information Risk Liability			
	Communication Liability			
	Privacy Administrative Proceeding, Fines and Consumer Redress Liability			
	1. Each Proceeding Defense			
	2. Privacy Administrative Fines and Consumer Redress Fund			
B. FIRST PARTY		Limits of Insurance	Retention	
	Combined First Party Limit			
	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*

2. Do you currently have a policy in-force providing any of the above coverages: YES NO

If "Yes", complete the following:

Current Carrier:

		Limit of Insurance	Retention	Retroactive Date	Premium
Maximum Policy Aggregate					
A. LIABILITY		Limits of Insurance			
	Combined Liability Limit				
	Error or Omission Liability				
	Information Risk Liability				
	Communication Liability				
	Privacy Administrative Proceeding, Fines and Consumer Redress Liability				
	1. Each Proceeding Defense				
	2. Privacy Administrative Fines and Consumer Redress Fund				

B. FIRST PARTY		Limits of Insurance	Retention	Premium	
	Combined First Party Limit				
	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				

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

1. Description of Operations:
2. 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 – private		Computer Peripherals Manufacturing	
Cloud Computing - public		Electronic Component Manufacturing	
Co-location Services		Instrument Manufacturing	
Data Processing & Outsourced Services		Office Electronics (Other than computers) Manufacturer	
Domain Name Registration		Recycling/Destruction of hardware	
E-Mail Services		Telecommunications Equipment Manufacturing	
Internet Service Provider		Other:	
IT Consulting		Distribution	%
IT Training & Education		Computer Equipment & Software Distribution	
Manged IT Services		Electronic Component Distribution	
Outsourcing – IT Staff Permanent		Instrument Distribution	
Outsourcing – IT Staff Temporary		Other:	
Software – Network Custom Development		Telecommunication Services	%
Software – Network Security		Local & Long Distance Services Providers	
Software – Prepackaged Sales		Telecommunications Consulting	
Software – Value Added Reseller		Telecommunications Installation	
System Design and Integration		Telephone Companies	
Technical Support/Repair & Maintenance		Video Conferencing Services	
Website Construction and Design		Voice over Internet Protocol Services (VOIP)	
Website Hosting		Wireless Communication	
Other:			
Other:			
Installation	%	Miscellaneous Professional Services	%
Cabling – Inside		(describe):	
Cabline – Outside		(describe):	
Computers & Peripherals		(describe):	
Software			
Telecommunications Equipment			
Other:			

Client and Customer Information

1. What is your average contract revenue size in dollars?
2. What is the average contract length in months?
3. 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. If you accept liability for consequential damages, please explain when and how often:
6. Do you ever include a provision for liquidated damages in negotiated contracts? YES NO
 If "Yes", explain:
7. 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
8. Do your sales representatives receive training on standard provisions of your contracts or agreements: 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 Beta Testing Business Continuity Plan/Disaster Recovery Customer Screening Process Customer Service via a Toll-Free Number Customer Service via a Web Portal/Email	Formal Training of Sales Representatives Formal Training for New Hires Prototype Development Vendor Certification Process Written Quality Control Guidelines Other:	
3. Do you comply with any of the following industry standards?	YES	NO
If "Yes", please check all that apply:		
ISO 9000 UL/CSA ANSI CE Mark Other :		
4. Do you obtain written customer acceptance at:	YES	NO
<ul style="list-style-type: none"> • Pre-defined milestones? • Final acceptance? • Post implementation? 	YES	NO
5. Do you have a formal policy in place for handling customer complaints, changes or fixes?	YES	NO
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

Communication Liability – Complete only if apply 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.		
Advertising for or on behalf of third parties Chat rooms, bulletin boards, blogs or other areas supporting user generated content Domain name registration Interactive gaming or games of chance	Music or video downloads, including P2P file sharing Pornographic or Sexually explicit material Social media similar to Facebook 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 outside law firm?	YES	NO
c. intellectual property searches by internal legal department?	YES	NO
d. acquisition of necessary rights or licenses of content used or created by you?	YES	NO
e. acquisition of necessary rights or licenses of content owned by third parties?	YES	NO
f. internal audit of each operating department to ensure that intellectual property rights are being properly secured?	YES	NO
g. 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
h. obtaining written permission of any website you link to or frame?	YES	NO

i. formal procedure for handling complaints of infringement?	YES	NO
j. formal training for employees regarding your policies for managing intellectual property?	YES	NO
k. 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

Underwriting 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	Sensitive or proprietary company information/trade secrets
Social Insurance Numbers	Biometric identifiers, including finger prints or retina scans
Bank Records, Investment data or Financial records	Other personally identifiable information (i.e. DOB, Driver's License #, etc.)
Employee/Human Resources records	None of the Above
Private Health Information/Medical Records	

Please specify the type of the information on your network:
If you collect, receive, transmit or process PII/PHI, what is the total number of records handled annually:
If you store PII/PHI, what is the total number of records:
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 like Payment Card Industry (PCI), Personal Information Protection and Electronic Documents Act (PIPEDA), Personal Health Information Protection Act (Ontario), and other provincial and territorial health information protection laws; Health Insurance Portability and Accountability Act (HIPAA), Sarbanes Oxley, etc.? YES NO
If you store, process or transmit Credit/Debit card data, are you compliant with (PCI) DSS?
If you store, process or transmit Credit/Debit card data, what level of merchant are you?
1 2 3 4
Do you have written procedures in place to comply with laws governing the handling or disclosure of such information, including Red Flag Rules? YES NO
4. 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
5. Do you pull your customers' credit bureau data on a regular basis? YES NO
If "Yes", describe your records destruction policy:

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 webservers?	YES	NO
If "Yes", is the data encrypted:	YES	NO
If "No", please describe any offsetting measures:		
8. Is your data encrypted:		
at-rest?	YES	NO
in-transit?	YES	NO
9. Do you store PII, PHI or other confidential information on laptops, smartphones, memory sticks or other mobile devices?	YES	NO
If "Yes", do you encrypt such information?	YES	NO
If "Yes", please describe the encryption technologies used for each:		
laptops:		
smartphones:		
memory sticks:		
other mobile devices:		
10. How long do you retain PII/PHI?		
11. 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
12. 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
13. 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 federal and state laws?		
14. Have you entered into a written contract or agreement with a service provider to support your work or your product?	YES	NO
<i>This may include, but is not limited to: core processing internet service providers, information and transaction processing, storage and settlement activities, internet related services, security monitoring, systems development and maintenance, aggregation services, digital certification services, and call center services. This does not include utility service providers.</i>		
15. Has your privacy policy been reviewed by:		
Qualified Lawyer		Other
Third Party		Has not been reviewed
16. Have you had an internal or external privacy audit in the past 12 months?	YES	NO
Have all recommendations been implemented?	YES	NO
17. Have you undergone any information security compliance evaluation?	YES	NO
If you have undergone an evaluation, please advise date of evaluation, what standard you were evaluated against, and whether you were in compliance:		
Were there any recommendations made?	YES	NO
If so, have you complied with them?	YES	NO

Prior Insurance (do not complete if this is a renewal application for an existing policy with Intact 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	Deductible	Retroactive Date
Limit of Liability			
Deductible			
Expiry date			

Loss History (do not complete if this is a renewal application for an existing policy with Intact Insurance):

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?

If "Yes," how many intrusions occurred? YES NO

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

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