



**TECHNOLOGY INSURANCE PACKAGE POLICY APPLICATION  
PROFESSIONAL LIABILITY / CGL / PROPERTY**

**This Technology Insurance Package Application Form is for firms or individuals who generate less than \$500,000 in revenues / sales annually.**

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
- (ii) a copy of your standard written contracts (for use with clients and for use with sub-contractors)
- (iii) formal business plan for technology companies less than 3 years in operation

**Coverage Requested**

	Yes / No		Limit	Retention
• Professional and Technology Services Liability	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____	\$ _____
• Media and Advertising Liability	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____	\$ _____
• Technology Products Liability	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____	\$ _____
• Network Security and Privacy Liability	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____	\$ _____
• Network Extortion Threat	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____	\$ _____
• Breach Event Services and Expenses	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____	\$ _____
• Commercial General Liability (Occurrence)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____	\$ _____
• Commercial Property	<input type="checkbox"/> Yes	<input type="checkbox"/> 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) Are the Estimated Gross Revenues for the current Fiscal Year over \$500,000?            Yes     No
- (b) Are the Estimated Gross Revenues for the next Fiscal Year over \$500,000?            Yes     No
- (c) For the Gross Revenue indicated in (a) above, does the Applicant provide services with end use or applications related to any of the following:
 

(i) Aerospace / Air Traffic Control	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(ii) Artificial Intelligence Systems	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(iii) Credit Card Processing	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(iv) Funds Transfer	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(v) Gaming	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(vi) Industrial Process Control	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(vii) Internet Service Provider (ISP)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(viii) Medical / Medical Diagnostic	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(ix) Mission Critical Systems	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(x) Nuclear	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(xi) Robotics / Weapons Systems	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**If you have answered YES to Questions 2 (a), (b) and/or (c) above, please note that you do not qualify for the Technology Insurance Package Policy Application. We would be pleased to provide you with a quotation upon receipt of our standard Comprehensive Technology & Cyber Liability Insurance Policy Application.**

**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
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
<b>APPLICANTS TOTAL GROSS REVENUE</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

(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 - Consultant	
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. 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.

\_\_\_\_\_

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**Content**

8. Describe procedures to prevent infringement of copyrighted material and licensed software: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**Quality Control**

9. (a) Does the Applicant obtain written client acceptance at the completion of project stages? Yes  No
- (b) Does the Applicant require clients to sign-off on any mid-term changes in specifications? Yes  No
- (c) Does the Applicant obtain written final acceptance or other sign-off agreement from all clients upon completion of the professional services provided? Yes  No

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**Breach Event Services Coverage – complete this section only if this coverage is being requested.**

10. (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) Is the written information security plan and privacy policy provided to employees? Yes  No
- (e) 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

11. Indicate the types of private and sensitive information that the Applicant receives, stores, uses or processes:

- (a) financial account payment information:
- (i) credit card or debit account number? Yes  No
- (ii) chequing, banking or automated clearing house information? Yes  No
- (iii) financial data? Yes  No
- (b) government issued identification information Yes  No
- (c) name, address, contact information? Yes  No
- (d) medical or health related information? Yes  No
- (e) information on children who use the Applicants website? Yes  No
- If Yes, are there controls in place to obtain parental permission? Yes  No
- (f) trade secrets or intellectual property information? Yes  No
- (g) third party corporate information Yes  No

12. (a) Please provide the number of records maintained by the Applicant containing the above information:

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: \_\_\_\_\_

- (b) What percentage of these individuals live in the United States? \_\_\_\_\_ %

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

13. (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**

14. (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: \_\_\_\_\_

**Property – Business Activities - complete this section only if this coverage is being requested**

15. List all locations of operations, providing details indicated below as well as level of protection (for additional locations, attached a separate sheet):

Address	Rent or Own	Total Area (sq ft)	Age	No. of Stories	Construction Type*	Protection**
1.						
2.						
3.						

\*For Construction Type: Brick (masonry), Frame Construction, etc.

\*\*For Protection Type: Fully Protected (FP), Semi-Protected (SP), Non-Protected (NP)

Fully Protected: Fire hydrant within 300 metres

Semi-Protected: Fire hall within 8 kilometres

Non-Protected: No fire hydrants and fire hall more than 8 kilometres

16. If a building is over 25 years old, please state if the following items have been renovated:

	Item	Electric Wiring	Plumbing	Heating/AC	Roof	Elevators	Other (specify)
<b>Location 1</b>	Yes/No						
	Year						
<b>Location 2</b>	Yes/No						
	Year						
<b>Location 3</b>	Yes/No						
	Year						

**Property – Coverage and Limits of Insurance**

17. Coverage and Limits of Insurance Requested:

Coverage	Limits	Coverage	Limits
Building	\$	Laptops and Portable A/V equip.	\$
Tenant's Improvements	\$	Rental Income	\$
Equipment	\$	Business Interruption – Profits	\$
Stock	\$	Professional Fees	\$
Office Contents excluding EDP	\$	Extra Expense	\$
Computer (EDP) Hardware	\$	3D Crime Coverage	\$
EDP Software / Media	\$	Other (specify)	\$

**Prior Insurance**

18. (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 Professional Liability coverage?

\_\_\_\_\_ (MM/DD/YYYY)

(c) Has the Applicant ever been declined, non-renewed or cancelled by an insurer for Professional Liability, CGL and/or Property Insurance?

Yes  No

If Yes, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Past Activities**

19. Has the Applicant, any of the Applicant's employees or any other person proposed for this insurance, ever been investigated by, or suspended from practice by, any governing body of his/her profession?

Yes  No

If Yes, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

20. In the past five years, has the Applicant:

- (i) ever had a claim, including, but not limited to, a claim made against it arising out of the performance of professional services for which coverage is requested in Question 3(a)? Yes  No
- (ii) been involved in, or is aware of, any disputes over any domain names under their control? Yes  No

If Yes, provide the following details on a separate sheet:

- (a) Date of Claim
- (b) Claimant's Name
- (c) Nature of Claim
- (d) Amount of Damages / Defence Costs / Reserves incurred by or on behalf of the Applicant in respect thereof
- (e) Current Status of Claim

**THE APPLICANT DOES HEREBY PROVIDE THE FOLLOWING WARRANTY TO THE INSURER**

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21. Does the Applicant, any of the Applicant's employees or any other person proposed for this Professional Liability 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 Professional Liability policy issued by Trisura Guarantee Insurance Company.

**FALSE INFORMATION**

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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**

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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