INFORMATION TECHNOLOGY PROFESSIONALS – RENEWAL QUESTIONNAIRE

Pelor, Number:	Name of applicant:							
Charges in Operations or Services: Actual Revenues for explining term: Est. Annual Revenues - next 12 months: Nature of Work: CDN \$ US \$ FOREIGN \$ CDN \$ US \$ FOREIGN \$ Hardware Installation: & Support Image: Services Image: Services <td< td=""><td>Policy Number:</td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	Policy Number:							
Actual Revenues for spiring term: Est. Annual Revenue - next 12 months: CDN \$ US \$ FOREIGN \$ Hardware Sales Image: CDN \$ US \$ FOREIGN \$ CDN \$ US \$ FOREIGN \$ Hardware Sales Image: CDN \$ US \$ FOREIGN \$ CDN \$ Image:		ES 🗌 NO 🛄		(If YES, please des	cribe):			
Nature Or Work: CDN \$ US \$ FORE IGN \$ CDN \$ US \$ FORE IGN \$ Hardware Isabilations & Support	Changes in Operations or Services:	Astual D			Est Ammunal			
Hardware Sales Hardware Installations & Support Hardware Installations & Support Hardware Installations & Support Hardware Installations & Support Network Support Services IT Coreutation Services IT Coreutation Services CD Rom production Data Storage? Retrieval Data Storage? Retrieval Data Storage? Retrieval Application Services Data Storage? Retrieval Data Data Data Data Data Data Data Data	Nature of Work:							
Ntwork Support Services	Hardware Sales							
Training & Education IT Consultation Services CD Rom production Data Processing/ Outsourcing Data Processing/ Outsourcing Data Processing/ Outsourcing Data Storage Retrieval Application Service Providers Webaite Development Consulting Webaite Development Computer Consulting Computer Co	Hardware Installations & Support							
IT Consultation Services	Network Support Services							
CD Rom production	Training & Education							
Data Processing/ Outsourcing	IT Consultation Services							
Data Storage/ Retrieval	CD Rom production							
Application Service Providers	Data Processing/ Outsourcing							
Website Development	Data Storage/ Retrieval							
Custom Software Development	Application Service Providers							
Computer Consulting	Website Development							
Web Hosting Services	Custom Software Development							
Internet Service Provider	Computer Consulting							
Prepackaged Software Sales	Web Hosting Services							
Other - describe:	Internet Service Provider							
Total Largest contract value? \$	Prepackaged Software Sales							
What is the Applicant's average contract value? \$	Other – describe:							
Current Number of CDN Employees:	Total							
completed? YES NO (If YES, please describe):	Current Number of CDN Employees:			Current Number	of US Employees	:	_	
proceedings for compensatory damages? YES NO (If YES, please describe): Additional Insured(s) (If applicable):			any disputes c	r fee disputes since	the last applicatio	n for insurance	e was	
NEW THIS YEAR, ENHANCED WORDING AVAILABLE FOR "CYBER LIABILITY" PLEASE CONFIRM: Does the Company store any medical/health information for clients? \refsilent \ref	Is the Company (partners, directors, officers or emproceedings for compensatory damages? YES	ployees) aware of NO 🗌 (If YES, p	any other fact, lease describe	situation or circumst	ance that may res	sult in a writter	n demand or civil	
Does the Company store any medical/health information for clients? Image: Section 2000 and 1000 and 10000 and 1000 and 10000 and 1000 and 1000 and 1000 and 1000 and	Additional Insured(s) (If applicable):							
If yes, does the Company follow the minimum standards under the HIPAA (encryption and firewalls in place)? If yes, does the Company follow the minimum standards under PIPEDA or the respective PIPA requirements (encryption and YES NO firewalls in place)? Is all sensitive data encrypted while standing and during transmission? If yes, please name the encryption technologies used: Is there a virus protection program in place? YES NO Are there firewalls in place? YES NO PLEASE READ BEFORE SIGNING: A claim will become invalid and the Insured's right of recovery is forfeited where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or false to disclose any fact in any part of this application required to be stated therein; or (b) the insured fails to inform material changes to these facts during the term of the contract. (c) the insure term of the contract or commits a frady: or (d) the insured willfully makes a false statement in respect of a claims. The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information. The personal information provided in this document and in the future including, but not limited to, credit information and claims history may be collected, used and disclosed by the insured's representative or insurance company, subject to local legislation, for the purpose of communicating with the insured or their representative, assessing the application for insurance and underwriting any such polices, evaluating the behalf. NOTE: Insurance is not in effect until Premier has issued a binder or policy documents. Name and Title of Applicant:	NEW THIS YEAR, ENHANCED WORDING AVAIL	LABLE FOR "CY	BER LIABILIT	(" PLEASE CONFIR	M:			
If yes, does the Company follow the minimum standards under PIPEDA or the respective PIPA requirements (encryption and \u2212 KS \u2212 NO firewalls in place)? Is all sensitive data encrypted while standing and during transmission? If yes, please name the encryption technologies used: Is there a virus protection program in place? YES \u2212 NO PLEASE READ BEFORE SIGNING: A claim will become invalid and the Insured's right of recovery is forfeited where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the insured fails to inform material changes to these facts during the term of the contract; (c) the insured contravenes a term of the contract or commission and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information. The personal information provided in this document and in the future including, but not limited to, credit information and claims history may be collected, used and disclosed by the insured's representative or insurance company, subject to local legislation, for the purpose of communicating with the insured or their representative, assessing the application for insurance and underwriting any such policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalt. NOTE: Insurance is not in effect until Premier has issued a binder or policy documents. Name and Title of Applicant:								
firewalls in place)? Is all sensitive data encrypted while standing and during transmission? Is all sensitive data encrypted while standing and during transmission? If yes, please name the encryption technologies used: Is there a virus protection program in place? IS there a virus protection program in place? IS TES NO Are there firewalls in place? IS TES NO PLEASE READ BEFORE SIGNING: A claim will become invalid and the Insured's right of recovery is forfeited where (a) an Applicant for this contract gives false particulars to the prejudice of the insure or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the insured fails to inform material changes to these facts during the term of the contract; (c) the insured contravenes a term of the contract or commits a fraud; or (d) the insured willfully makes a false statement in respect of a claim. The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information. The personal information provided in this document and in the future including, but not limited to, credit information and claims history may be collected, used and disclosed by the insured's representative or insurance company, subject to local legislation, for the purpose of communicating with the insured or their representative, assessing the application for insurance is contained in this document have authorized that I agree to the above on their behalf. NOTE: Insurance is not in effect until Premier has issued a binder or policy documents. Name and Title of Applicant: Determine the of Applicant: Determine the of Applicant: Determine the of the of Applicant: Determine the of Applicant: Determi								
If yes, please name the encryption technologies used:		Indards under PIPEDA or the respective PIPA requirements (encryption and YES UNO						
Is there a virus protection program in place? YES NO Are there firewalls in place? YES NO PLEASE READ BEFORE SIGNING: A claim will become invalid and the Insured's right of recovery is forfeited where (a) an Applicant for this contract gives false particulars to the prejudice of the insure or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the insured fails to inform material changes to these facts during the term of the contract; (c) the insured contravenes a term of the contract or commits a faud; or (d) the insured willfully makes a false statement in respect of a claim. The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information. The personal information provided in this document and in the future including, but not limited to, credit information and claims history may be collected, used and disclosed by the insured service and underwriting any such policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that 1 agree to the above on their behalf. NOTE: Insurance is not in effect until Premier has issued a binder or policy documents. Name and Title of Applicant: Date: Date:						🗌 YES 🗌 NO		
PLEASE READ BEFORE SIGNING: A claim will become invalid and the Insured's right of recovery is forfeited where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the insured fails to inform material changes to these facts during the term of the contract; (c) the insured contravenes a term of the contract or commits a fraud; or (d) the insured willfully makes a false statement in respect of a claim. The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information. The personal information provided in this document and in the future including, but not limited to, credit information and claims history may be collected, used and disclosed by the insurance and underwriting any such policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf. NOTE: Insurance is not in effect until Premier has issued a binder or policy documents. Name and Title of Applicant: Date:				Are there firewall	s in place?			
prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the insured fails to inform material changes to these facts during the term of the contract; (c) the insured contravenes a term of the contract or commits a fraud; or (d) the insured willfully makes a false statement in respect of a claim. The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information. The personal information provided in this document and in the future including, but not limited to, credit information and claims history may be collected, used and disclosed by the insured's representative or insurance company, subject to local legislation, for the purpose of communicating with the insured or their representative, assessing the application for insurance and underwriting any such policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document has issued a binder or policy documents. NOTE: Insurance is not in effect until Premier has issued a binder or policy documents. Name and Title of Applicant: Date:			iaht of recoverv is			t gives false parti		
The personal information provided in this document and in the future including, but not limited to, credit information and claims history may be collected, used and disclosed by the insured's representative or insurance company, subject to local legislation, for the purpose of communicating with the insured or their representative, assessing the application for insurance and underwriting any such policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf. NOTE: Insurance is not in effect until Premier has issued a binder or policy documents. Name and Title of Applicant: Signature: Brokerage:	prejudice of the insurer or knowingly misrepresents or fails to or to these facts during the term of the contract; (c) the insured or The Applicants have reviewed all parts and attachments of this	disclose any fact in any ontravenes a term of th	y part of this applic he contract or com	ation required to be state mits a fraud; or (d) the ins	d therein; or (b) the in sured willfully makes a	sured fails to info a false statement	rm material changes in respect of a claim.	
Signature: Date: Brokerage:	The personal information provided in this document and in the insured's representative or insurance company, subject to loca insurance and underwriting any such policies, evaluating claim contained in this document have authorized that I agree to the	al legislation, for the pu ns, detecting and preve above on their behalf.	Irpose of commun enting fraud, and a	cating with the insured or	their representative.	assessing the ap	plication for	
Brokerage:								
Broker age:							<u> </u>	
Broker Contact Name: Signature: Broker Telephone: Broker fax: Broker Signature:	Brokerage:							
Broker Telephone: Broker fax: Broker Email:	Broker Contact Name:		Signa	ature:				
	Broker Telephone:	Broker fax:			Broker Email:			

PREMIER) canada

Page 1 of 1

** Ema	ail application and attachments to	 processingcommercial@premiergroup.ca 	
Vancouver - T 604.669.	5211 F 604.669.2667	London - T 519.850.1610	F 519.850.1614