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## APPLICATION – ESURANCE™ TECH - INSURANCE FOR TECHNOLOGY COMPANIES

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Esurance™ TECH is an insurance package designed specifically for the technology sector. The policy includes errors and omissions, products liability, intellectual property rights infringement, payment of withheld fees and a comprehensive office package. Every aspect of cover has been specifically tailored to meet the needs of the technology industry.

### INTRODUCTION

The purpose of this application form is for us to find out who you are and to obtain information relevant to the cover provided by the Esurance™ TECH policy. Completion of this application form does not oblige either party to enter into a contract of insurance.

Insurance is a contract of utmost good faith. This means that the information you provide in this application form must be complete, accurate and not misleading. It also means that you must tell us about all facts and matters which may be relevant to our consideration of your application for insurance. Any failure by you in this regard may entitle us to treat this insurance as if it never existed. If a contract of insurance is agreed between you and us this application form will form the basis of the contract.

Important: Insuring Clauses 1 and 2 of this policy provides insurance on a claims made basis. A claim must be first made against the Insured and notified to us during the period of the policy to be covered. These Insuring Clauses do not cover any claim arising out of any actual or alleged wrongful act occurring before the Retroactive Date.

### HOW TO COMPLETE THIS FORM

Whoever fills out the form must be a principal, partner or director of the applicant firm and should make all the necessary enquiries of their fellow partners, directors and employees to enable all the questions to be answered.

If you require any extra space to complete the answers to questions contained within this application form please continue your response in the Additional Information section at the end of the form. Once you have completed the form please return directly to your insurance broker.

## SECTION 1: COMPANY DETAILS

1.1 Please state the name and address of the principal Company for whom this insurance is required. Cover is also provided for the subsidiaries of the principal Company, but only if you include the data from all of these subsidiaries in your answers to all of the questions in this form.

Insured company: \_\_\_\_\_

Contact name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email address: \_\_\_\_\_

Fax: \_\_\_\_\_ Website: \_\_\_\_\_

1.2 Please state the number of employees: \_\_\_\_\_

1.3 Please tick here if you would like to receive the 'Underwriting Technology Risk' email newsletter  Yes

1.4 Please state your fees received in respect of the following years

	LAST COMPLETE FINANCIAL YEAR	ESTIMATE FOR CURRENT FINANCIAL YEAR	ESTIMATE FOR NEXT FINANCIAL YEAR
Domestic revenue:	\$	\$	\$
USA revenue:	\$	\$	\$
Other territory revenue:	\$	\$	\$
Total revenue:	\$	\$	\$
Profit (Loss):	\$	\$	\$

Currency: \_\_\_\_\_ Date of company financial year end: \_\_\_\_\_

## SECTION 2: ACTIVITIES

2.1 Please briefly describe below the nature of your business activities:

*If you have a brochure, or company literature, please attach to this form.*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2.2 Please give details of the 5 largest contracts you have carried out in the past 3 years:

NAME OF CLIENT	BUSINESS OF CLIENT	NATURE OF YOUR WORK UNDERTAKEN FOR THIS CLIENT	YOUR ANNUAL INCOME FROM THIS CONTRACT	START DATE	COMPLETION DATE
			\$		
			\$		
			\$		
			\$		
			\$		

2.3 Approximately how many customers do you have? \_\_\_\_\_

2.4 Are you involved in medical, aviation, financial, or telecommunications software?  Yes  No

If Yes, please provide full details:

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2.5 Please provide a full breakdown of your total turnover by activity:

a) Hardware

- i) Manufacture and / or sale of own hardware: \_\_\_\_\_%
- ii) Distribution / re-sale of third party branded hardware: \_\_\_\_\_%
- iii) Installation: \_\_\_\_\_%
- iv) Maintenance: \_\_\_\_\_%

b) Software product sales

- i) Sales of own brand shrink wrapped / off the shelf software: \_\_\_\_\_%
- ii) Distribution of other brand shrink wrapped / off the shelf software: \_\_\_\_\_%
- iii) Customizable software: \_\_\_\_\_%

c) Software services

- i) Installation, including configuration (no coding involved): \_\_\_\_\_%
- ii) Customization (including coding changes): \_\_\_\_\_%
- iii) Maintenance: \_\_\_\_\_%
- iv) Systems integration: \_\_\_\_\_%
- v) End user applications: \_\_\_\_\_%

d) Services

- i) Consultancy: \_\_\_\_\_%
- ii) Contract staff: \_\_\_\_\_%
- iii) Support services: \_\_\_\_\_%
- iv) Project management: \_\_\_\_\_%
- v) Training: \_\_\_\_\_%
- vi) Data processing: \_\_\_\_\_%
- vii) Data communication services: \_\_\_\_\_%
- viii) Internet service provision or hosting provided by you: \_\_\_\_\_%
- ix) Internet service provision or hosting provided by a third party: \_\_\_\_\_%
- x) Application service provision: \_\_\_\_\_%
- e) Other (Please detail below): \_\_\_\_\_%

Description of other work:

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Only complete question 2.6 if you also require a quote for Commercial General Liability.

2.6 Please state the following:

a) Your total estimated payroll for the next financial year: \$ \_\_\_\_\_

b) Your payroll relating to non-manual work away from your premises (such as consulting, programming or similar):  
\$ \_\_\_\_\_

Please detail the nature of this work below:

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c) Your payroll relating to manual work away from your premises: \$ \_\_\_\_\_

Please detail the nature of this work below:

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d) Your payroll relating to hazardous work away from your premises: \$ \_\_\_\_\_

Please detail the nature of this work below:

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SECTION 3: CONTRACT & RISK MANAGEMENT INFORMATION

3.1 Do you carry out work only under a written contract signed by every client?  Yes  No

If Yes, then please supply a copy of your standard form of contract, or typical examples of contracts used.

If No, then please explain in what circumstances, and why:

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3.2 Do you ever accept contracts with your customers in which you accept liability for consequential loss or financial damages greater than the value of the contract?  Yes  No

If Yes, explain what percentage of your contracts this is applicable to and what these are capped at:

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3.3 Do any of your contracts contain a service credit or liquidated damages regime (if Yes please attach sample)?  Yes  No

3.4 Are all your contracts reviewed by an appropriately qualified legal advisor prior to signature?  Yes  No

3.5 Is the delivery of any of your projects / contracts time critical ? (e.g. tied to a specific external event, on the critical path for a larger project, tied to a major sporting event, etc.)  Yes  No

If Yes, please explain:

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3.6 Could the failure of your product / services result in the loss of life or injury to a person?  Yes  No

If Yes, please explain:

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3.7 Could the failure of your product / services result in damage or destruction to any physical property?  Yes  No

If Yes, please explain:

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3.8 In the event that your product / service failed or delivery was delayed please select the response which best describes the worst case scenario:

- |   |   |
|---|---|
| Immediate and significant financial loss <input type="checkbox"/> | Immediate minor financial loss <input type="checkbox"/> |
| Financial loss (not immediate) <input type="checkbox"/>           | Insignificant financial loss <input type="checkbox"/>   |
|   | No financial impact <input type="checkbox"/>            |

If anything other than 'no financial impact', please explain:

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3.9 What approximate percentage of revenue, in your current financial year will be paid to sub-contractors? \_\_\_\_\_%

3.10 Do you ensure that sub-contractors have their own errors and omissions and general liability insurance?  Yes  No

## SECTION 4: COMMERCIAL PROPERTY & BUSINESS INTERRUPTION INSURANCE

Only complete this section if you require this cover.

4.1 Please state the address of the premises to be insured (if different from the address given earlier):

### PREMISES 1

Address: \_\_\_\_\_  
\_\_\_\_\_ Postal code: \_\_\_\_\_

### PREMISES 2

Address: \_\_\_\_\_  
\_\_\_\_\_ Postal code: \_\_\_\_\_

Please continue on a separate sheet if more than 2 premises are to be insured.

4.2 Please detail below any other party (such as a bank or building society) whose financial interest in the premises should be noted on the policy:

Name of party: \_\_\_\_\_

Interest of party \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_ Postal code: \_\_\_\_\_

4.3 Are all of the premises:

a) Constructed with external walls of brick, stone or concrete and roofed with slate, tiles, concrete, metal, asbestos or any other non-combustible material?  Yes  No

b) Free from cracks or other signs of damage that may be due to subsidence, landslip or heave and have not previously suffered damage by any of these causes?  Yes  No

c) In an area free from flooding and not near the vicinity of any rivers, streams or tidal waters?  Yes  No

d) In a good state of repair and occupied solely as offices?  Yes  No

e) Self contained with a lockable entrance door?  Yes  No

f) Protected by an intruder alarm that is subject to an annual maintenance contract?  Yes  No

NOTE: We may refuse to pay a claim if all of the devices for the security of your premises (including locks and the intruder alarm) are not put into full and effective operation whenever the premises are closed for business or left unattended.

g) Heated by a conventional electric, gas, oil or solid fuel heating system  Yes  No

h) Fitted with electrical installations which are inspected at least every 5 years by a qualified electrician and any defect remedied?  Yes  No

- i) Lifts, boilers, steam and pressure vessels inspected and approved to comply with all of the statutory requirements?  Yes  No
- j) Fitted with sprinklers either fully or partially?  Yes  No

NOTE: Assuming you have answered Yes to questions h) and i) above, it is important to keep records of all relevant inspections as we may ask for evidence of these before paying a claim.

If you have answered 'no' to any of the above questions then please give further details:

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4.4 Please detail the amounts to be insured below for each premises:

NOTE: The amounts insured you state below should be the full rebuilding or replacement cost in each of the categories. If you understate these amounts you will be under-insuring and we may not pay the full amount of your claim. It is therefore essential that these amounts are as close to the true values of the insured items as possible.

ITEM	AMOUNT INSURED PREMISES 1	AMOUNT INSURED PREMISES 2
Main Building:	\$	\$
Landlord's fixtures & fittings and tenant improvements:	\$	\$
Personal computers, printers and ancillary computer equipment at the office:	\$	\$
All other contents at the office:	\$	\$
Portable computers and associated equipment at home / away from the office:	\$	\$
All other contents at home / away from the office:	\$	\$

4.5 Please state, in respect of portable computers and associated equipment at home / away from the office, the maximum value of any one item (not the total value of all items): \$\_\_\_\_\_

- 4.6 Would you like a quotation for either of the following extensions:      Earthquake:       Yes    No  
    Flood:                       Yes    No

4.7 Please detail the amounts to be insured below for business interruption cover. Note that the maximum indemnity period available is 12 months. You should bear in mind how long it will take you to re-commence trading at another premises when stating the amount insured and indemnity period.

We provide our business interruption cover on a 'Flexible First Loss' basis – please specify a total amount insured for business interruption cover. This amount applies regardless of whether your business interruption loss is loss of income, extra expense, loss of research and development expenditure, project delay costs or accounts receivable. This often enables a smaller total amount insured to be specified and therefore often results in a cheaper premium.

ITEM	AMOUNT INSURED	INDEMNITY PERIOD
Business interruption cover ('Flexible First Loss'):	\$	Months

**SECTION 5: CLAIMS EXPERIENCE & INSURANCE HISTORY**

5.1 Please provide details of your current Errors and Omissions insurance, if applicable, and what you require for the next year of insurance:

	RETROACTIVE DATE	EFFECTIVE DATE	LIMITS	DEDUCTIBLE	PREMIUM	INSURER
Current			\$	\$	\$	\$
Required			\$	\$	N/A	N/A

5.2 Please provide details of your current Commercial General Liability insurance, if applicable, and what you require for the next year of insurance:

	RETROACTIVE DATE	EFFECTIVE DATE	LIMITS	DEDUCTIBLE	PREMIUM	INSURER
Current			\$	\$	\$	\$
Required			\$	\$	N/A	N/A

5.3 Regarding all of the types of insurance to which this application form relates, AFTER ENQUIRY:

- a) Are you aware of any loss or damage, whether insured or not, that has occurred to any of the Companies to be insured (or to any existing or previous business of the partners or directors of any of the Companies to be insured) within the last 5 years, or
- b) Are you aware of any circumstances which may give rise to a claim against any of the Companies to be insured or any partners or directors thereof, or
- c) Have any claims or cease and desist orders been made against any of the Companies to be insured, or partners or directors thereof, or
- d) Have any partners or directors of the Companies to be insured been found guilty of any criminal, dishonest or fraudulent activity or been investigated by any regulatory body?

With reference to questions a, b, c and d above:  Yes  No

If the answer to the above is Yes, then please complete the attached claims history form.

**ADDITIONAL INFORMATION:**

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ADDITIONAL INFORMATION (CONTINUED):

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We hereby declare that the above statements and particulars are true and that we have not suppressed or misstated any material facts and we agree that this declaration shall be the basis of any binder or contract of insurance with the Insurance Company, and that the limits and deductibles as stated in the said binder or contract of insurance shall govern.

It is understood and agreed that the completion of this declaration does not bind the Insurance Company to the issue of the insurance nor the Applicant to the purchase of this insurance.

Signature of Applicant: \_\_\_\_\_ Dated: \_\_\_\_\_

Print Name and Title: \_\_\_\_\_

BROKER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE NO: \_\_\_\_\_ FAX NO: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_



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# CLAIMS HISTORY FORM

Applicant Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Claimant Name:** \_\_\_\_\_

Project Name & Location: \_\_\_\_\_

Date of Loss: \_\_\_\_\_

Description of Claim: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SUIT <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Open <input type="checkbox"/> Closed
AMOUNT CLAIMED	\$
LOSS RESERVES	\$
EXPENSE RESERVES	\$
LOSS PAID	\$
EXPENSES PAID	\$

**Claimant Name:** \_\_\_\_\_

Project Name & Location: \_\_\_\_\_

Date of Loss: \_\_\_\_\_

Description of Claim: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SUIT <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Open <input type="checkbox"/> Closed
AMOUNT CLAIMED	\$
LOSS RESERVES	\$
EXPENSE RESERVES	\$
LOSS PAID	\$
EXPENSES PAID	\$

**Claimant Name:** \_\_\_\_\_

Project Name & Location: \_\_\_\_\_

Date of Loss: \_\_\_\_\_

Description of Claim: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SUIT <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Open <input type="checkbox"/> Closed
AMOUNT CLAIMED	\$
LOSS RESERVES	\$
EXPENSE RESERVES	\$
LOSS PAID	\$
EXPENSES PAID	\$

**Claimant Name:** \_\_\_\_\_

Project Name & Location: \_\_\_\_\_

Date of Loss: \_\_\_\_\_

Description of Claim: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SUIT <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Open <input type="checkbox"/> Closed
AMOUNT CLAIMED	\$
LOSS RESERVES	\$
EXPENSE RESERVES	\$
LOSS PAID	\$
EXPENSES PAID	\$

**Claimant Name:** \_\_\_\_\_

Project Name & Location: \_\_\_\_\_

Date of Loss: \_\_\_\_\_

Description of Claim: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SUIT <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Open <input type="checkbox"/> Closed
AMOUNT CLAIMED	\$
LOSS RESERVES	\$
EXPENSE RESERVES	\$
LOSS PAID	\$
EXPENSES PAID	\$