



Comprehensive Technology and Cyber Liability Package

Application

THIS IS AN APPLICATION FOR A CLAIMS MADE POLICY WITH DEFENCE COSTS INCLUDED IN THE LIMIT OF LIABILITY. **PLEASE ONLY COMPLETE SECTIONS THAT APPLY TO THE COVERAGE BEING REQUESTED.**

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

Coverage Requested

	Yes / No	Limit	Retention
• Professional Services, Technology Services and Technology Products Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____
• Media and Advertising Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____
• PCI DSS Assessment	<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	\$ _____	\$ _____

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): _____

2. (a) Is the Applicant controlled or owned by, or associated or affiliated with any other firm or business enterprise? Yes No

If Yes, provide the following information (if more space is required, complete and attach a separate sheet):

Name of Entity	Nature of Operations / Relationship	% of Ownership
		%
		%
		%

- (b) Does the Applicant have any subsidiaries, past or present, that are, or were, more than 50% owned or controlled by the Applicant, either directly or indirectly through one or more of its subsidiaries, for which coverage is required? Yes No

If Yes, provide the following information (if more space is required, complete and attach a separate sheet):

Name of Entity	Nature of Operations	Jurisdiction of Incorporation	% of Ownership
			%
			%
			%

- (c) Does the Applicant have any business, premises or operations in the United States or foreign countries? Yes No

If Yes, provide full details: _____

- (d) Does the Applicant provide any services to any of the entities listed in 2 (a) or 2 (b) above? Yes No

- (e) During the past three years, has the Applicant's name changed, or has the Applicant purchased, merged or consolidated with any other business? Yes No

If Yes, provide full details: _____

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	Last Year's Gross Revenue	Estimated Current Year Gross Revenue	Projected Next Year's Gross Revenue
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
APPLICANTS TOTAL GROSS REVENUE	\$	\$	\$

- (c) Total Annual Payroll: \$ _____

- (d) Are any changes in the business operations anticipated within the next two years? Yes No

If Yes, provide full details: _____

- (e) For the Last Year's Gross Revenue indicated in (b) above, indicate the following:

Country	Revenue	% of Online Revenue
Canada	\$ or %	%
U.S.A. *	\$ or %	%
Other *:	\$ or %	%

(*) revenue derived from services performed outside Canada, or for clients who are domiciled outside of Canada.

- (f) 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	%
Backup 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: _____	

(g) 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? _____

7. What would be the largest financial loss suffered by any customer should the product or services fail?

Contractual Information

8. (a) 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: _____

(b) Has a law firm, experienced in the Applicants field, reviewed the standard contract? Yes No

(i) How often is the contract noted in (b) above used? _____ %

(ii) How often is the contract noted in (b) above deviated from or a client's contract used? _____ %

(c) Does the Applicant ensure that all client prepared specifications are outlined in an agreement or contract? Yes No

(d) Does the Applicant obtain client acceptance or other sign-off agreement at the completion of project stages and upon completion of the services provided? Yes No

(e) Does the Applicant require clients sign-off on any mid-term changes in specifications? Yes No

Quality Control

9. (a) Does the Applicant maintain written records of customer complaints? Yes No

(b) Does the Applicant follow a formal written product test plan? Yes No

(c) Does the Applicants quality control test plan include:

(i) Alpha testing: Yes No

(ii) Beta testing: Yes No

(iii) procedures for detection and correction of unauthorized access intrusions and security flaws? Yes No

(d) Is design and testing documentation retained for the life of the systems or software? Yes No

If No, for how long is such documentation retained? _____

(e) If unauthorized access intrusions or security flaws are detected, are there written procedures for:

(i) notifying affected users and licensees? Yes No

(ii) providing affected users and licensees with modifications? Yes No

(iii) documentation of notification, modifications and acceptance by users and licensees? Yes No

10. (a) What percentage of the Applicant's business involves independent contractors or subcontracting of work to others? _____ %

(b) Does the Applicant require proof of Liability insurance from every independent contractor and subcontractor? Yes No

(c) What services do these contractors perform? _____

(d) Describe how independent contractors are monitored and managed for quality of work: _____

11. (a) Does the Applicant have a written contingency plan in the event of a disaster? Yes No
- (b) What would be the maximum estimated daily financial loss in the event of a system interruption including web down-time? _____
- _____
- (c) What would be the maximum estimated cost to restore or recollect your company's digital assets (software, electronic data, customer lists and/or information etc.) in the event of a computer attack or network breach?
- _____
- _____

Media and Advertising – complete this section only if this coverage is being requested.

12. (a) Provide the following details on the websites the Applicant administers:

Website Address*	Type of Content on the Website	Average Views per Month

*If a website is not yet online, attach a description.

- (b) Do any of the websites contain blogs, chat rooms or forums? Yes No
- If Yes, provide full details: _____
- _____

13. (a) Indicate the type of content utilized by the Applicant (check all that apply):

Content	<input type="checkbox"/>	Content	<input type="checkbox"/>
Adult	<input type="checkbox"/>	Gambling / Gaming	<input type="checkbox"/>
Advertising	<input type="checkbox"/>	Games	<input type="checkbox"/>
Applicant Information	<input type="checkbox"/>	Legal	<input type="checkbox"/>
Children's Interest	<input type="checkbox"/>	Medical	<input type="checkbox"/>
Commentary / Editorial	<input type="checkbox"/>	Music	<input type="checkbox"/>
Customer Application	<input type="checkbox"/>	News	<input type="checkbox"/>
Downloadable Business Software	<input type="checkbox"/>	Sports	<input type="checkbox"/>
Downloadable Consumer Software	<input type="checkbox"/>	Travel	<input type="checkbox"/>
Film / Video	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>
Financial	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>

- (b) Indicate the percentage of content:
- (i) created by the Applicant: _____ %
- (ii) created by others for the Applicant: _____ %
- (iii) previously published, broadcast, released, etc.: _____ %
- (iv) content uploaded or created by users: _____ %
- (c) Does the Applicant facilitate the uploading / downloading of content including software, applications, pictures or music? Yes No

- (d) Does a law firm, experienced in the Applicants field, review all content prior to posting, disseminating, uttering or releasing? Yes No
- (e) Does the Applicant edit, customize, amend or reconfigure any content created by others? Yes No
- (f) Do all parties providing content indemnify the Applicant in writing for claims arising out of use of such content, including previously published, broadcast or released content? Yes No
- (g) Does the Applicant always obtain full releases, rights, licenses and consent for all content provided by others including previously published, broadcast or released content? Yes No
- (h) Describe procedures to prevent infringement of copyrighted material, trademark and licensed software:

- (i) Describe the protocol for removing controversial, offensive, potentially defamatory or infringing material:

Technology Products – complete this section only if this coverage is being requested.

14. (a) Is the Applicant involved in product design, development or manufacturing? Yes No
- (b) Are products manufactured by a third party? Yes No
- If Yes, provide the following information:

Origins of Materials Used	Origin of Principal Components	Major Clients

15. Does the Applicant always:
- (a) document and test all products? Yes No
- (b) retain all records for the life of the products? Yes No
- (c) Provide user documentation (i.e. user manuals, terms of service, warranty)? Yes No
16. Does the Applicant have formal quality control procedures for products manufactured? Yes No
17. Has the Applicant ever had to recall any of their products? Yes No
18. Does the Applicant provide training for their customers on their products and services? Yes No

Network Security and Privacy and Breach Event Services Coverages – complete this section only if these coverages are being requested.

19. (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 written information security and privacy policies which outline the company controls 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) Does the Applicant perform security audits to ensure compliance with the security policy? Yes No

- If Yes: (i) who performs the audits? _____
(ii) frequency of audits: _____
(iii) are recommendations always followed? Yes No
- (e) Does the Applicant perform privacy audits to ensure compliance with their privacy policy? Yes No
- If Yes: (i) who performs the audits? _____
(ii) frequency of audits: _____
(iii) are recommendations always followed? Yes No
- (f) Does the Applicant employ electronic information gathering techniques such as spyware, adware, cookies, Google Analytics or Meta Pixel? Yes No
- If "Yes", have your clients, employees, or any other person that is the subject of these information gathering techniques, been made aware of, and have they consented to, this information being collected? Yes No
20. (a) Is the Applicant familiar with the new privacy law in Québec, known as Law 25 (ex-Bill 64) that came into effect September 2022? Yes No
- (b) Is the Applicant in compliance with the provisions of such privacy law mentioned in (a) above? Yes No
- If "No" to any of the above, please explain: _____
-
21. (a) Does the Applicant collect, process or maintain personal information as part of business activities including collecting over a website? Yes No
- (b) Does the Applicant's website display a privacy disclosure statement or notice? Yes No
- (c) Indicate the types of private and sensitive information that the Applicant receives, stores, uses or processes:
- (i) financial account payment information:
- (A) credit card or debit account number: Yes No
- (B) chequing, banking or automated clearing house information: Yes No
- (C) financial data: Yes No
- (ii) government issued identification information: Yes No
- (iii) name, address, contact information: Yes No
- (iv) medical or health related information: Yes No
- (v) information on children who use the Applicants website: Yes No
- If Yes, are there controls in place to obtain parental permission: Yes No
- (vi) trade secrets or intellectual property information: Yes No
- (vii) third party corporate information: Yes No
- (d) (i) Provide the number of records maintained by the Applicant containing the information noted in (c) above:
- 0-5,000 5,001-10,000 10,001-25,000 25,001-50,000
- 50,001-100,000 If above 100,000, provide amount: _____
- (ii) What percentage of these individuals live in the United States? _____ %
- (e) Is any personal or private information gathered from customers or users, sold, disclosed or distributed to any third party? Yes No
- If Yes, is prior permission obtained from the customers or clients? Yes No
- (f) Is employee access to personally identifiable or sensitive information:
- (i) on a business need to know basis? Yes No

- (ii) terminated immediately when an employee exits the company? Yes No
- (g) Are third party vendors provided private or sensitive information? Yes No
- If Yes, is there a review completed of the third-party vendor's information security plan? Yes No

22. (a) Describe security of the Applicant's premises and facilities: _____

(b) Describe security measures used to prevent access to Applicant's systems or servers (both internally and externally):

(c) Describe security measures used to protect confidentiality and integrity of the Applicant's data or data which is entrusted to the Applicant:

23. 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

24. Does the Applicant currently have the following IT security features in place?

Anti virus	Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/>	Firewall	Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/>
Advanced endpoint protection (malwares)	Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/>	Incident response plan	Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/>
Device inventory	Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/>	Intrusion detection system	Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/>
Document/email retention and destruction policy	Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/>	Multi-factor authentication	Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/>
Employee training in security and privacy policies	Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/>	Penetration tests	Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/>
Encryption on mobile devices	Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/>	Scanned incoming emails for malicious content	Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/>
Encryption on backups	Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/>	Spam filtering	Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/>
Encryption on databases and servers	Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/>	VPN for remote access	Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/>
Encryption on data transmitted within and from organization	Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/>	Vulnerability scans	Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/>

If you answered "No" or "Partial" to any of the above, please provide detailed explanations in Appendix A at the end of this form.

25. (a) Does the Applicant enforce a software update process, including patches and anti-virus software? Yes No
- (b) How frequently is patching done? Please describe: _____
- (c) Does the Applicant use any end-of-life or unsupported software? Yes No

If Yes, how are they separated from the rest of the Applicant's network? _____

(d) How frequently are computer systems and data backups performed? _____

(e) How frequently are such backups tested? _____

(f) Are backups stored off-site in a secure location? Yes No

26. (a) Describe all security breaches and privacy complaints or violations that have occurred in the last 5 years:

(b) Describe preventive measures taken to avoid future security breaches or privacy violations: _____

27. Are any of the following network system functions outsourced to a third party?

(a) Hosting Facility Yes No

(b) Co-location Facility Yes No

(c) Management Security Services Provided Yes No

(d) Data Storage Facility Yes No

(e) Other (provide details): _____

If Yes: (i) is a written agreement in place with the third-party provider? Yes No

(ii) does the agreement require a level of security commensurate with the Applicants information systems security policy? Yes No

28. Does the Applicant have any unpatched vulnerabilities? Yes No

If "Yes", are any of those unpatched vulnerabilities associated with a known widespread event such as Solar Winds, Microsoft Exchange, Log4j? Yes No

If "Yes", please Explain: _____

29. What process or procedure is in place to ensure outsourced service providers have addressed the Log4j vulnerability? _____

30. Does the Applicant currently hold the Cyber Secure Canada, ISO 27000 or ISO 27001 certification, or any other similar cyber security certification? Yes No

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

31. (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

32. (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: _____

Prior Insurance

33. (a) Provide details of all Professional/E&O 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 coverage? _____
 (MM/DD/YYYY)

(c) Provide details of all Commercial General Liability Insurance held during the past three years:

Name of Insurer	Limit of Policy	Deductible/Retention	Expiry Date	Premium

Past Activities

34. (a) Has any insurance been refused or cancelled in the past five years? Yes No
- (b) Has the Applicant, or any of the Applicant's employees, ever been investigated by, or suspended from practice by, any governing body of his/her profession? Yes No
- (c) Does the Applicant or any other person proposed for this insurance have knowledge or information of any claim, demand, occurrence, suit, or proceeding which has been made or is pending against any insured proposed for coverage under the proposed insurance? Yes No
- (d) Have there been any suits, claims, occurrences (including allegations) made against the Applicant or any other person proposed for this insurance in the last five years? Yes No
- (e) Had the Applicant been involved in, or is aware of, any disputes over any domain names under their control in the last five years? Yes No

If Yes to any of the above, attach details.

THE APPLICANT DOES HEREBY PROVIDE THE FOLLOWING WARRANTY TO THE INSURER

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

FALSE INFORMATION

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

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

