

MEDIA PROFESSIONAL CGL/E&O APPLICATION

COMPANY:

1. Name of Company: (including all subsidiaries): _____
 Canadian Registered Company YES NO
 Address: _____ City: _____ Province: _____ Postal Code: _____
 Is this office located in your home? YES NO
2. Web Site Address: _____
 Branch Office locations: _____
3. Company Structure: Individual Corporation Partnership Other
4. Year Company was Established: _____
5. Number of Employees: Full-time Cdn _____ US _____ Part-time Cdn _____ US _____
6. Does the Company have locations or operations outside of Canada? YES NO
 If YES: - Where are they located? _____
 - What services are provided? _____

REVENUES:

7. Gross Revenue for the last 12 months or last fiscal year: \$ _____
8. Percentage of Gross Revenues derived from: CANADA _____% U.S. _____% OTHER _____%
9. Estimated Gross Revenues for next 12 months or next fiscal year: \$ _____
10. Percentage of Estimated Gross Revenues derived from: CANADA _____% U.S. _____% OTHER _____%

SCOPE OF SERVICES:

11. Please indicate the percentage for each of the following products or services the Company provides:

Marketing Agencies and Consultants	%	Printers (Circulation: <input type="checkbox"/> International <input type="checkbox"/> National)	%
Web Design	%	Graphic Design	%
Advertising firms: (includes copy writing, design, market research, brand consulting, internet consulting, production)	%	Public Relations	%
Computer Animation	%	Corporate Communication	%
Video, DVD and CD ROM Production	%	Copy Writers (non-technical)	%
Publishers: Circulation: <input type="checkbox"/> International <input type="checkbox"/> National Editorial and/or In-House Developed Content <input type="checkbox"/> YES <input type="checkbox"/> NO	%	Other	%

If "Other" please describe: _____

12. Does your company provide Products and/or Services involved in the following?

Alcohol	<input type="checkbox"/> YES <input type="checkbox"/> NO	Instructional	<input type="checkbox"/> YES <input type="checkbox"/> NO
Adult-Content	<input type="checkbox"/> YES <input type="checkbox"/> NO	Pharmaceuticals	<input type="checkbox"/> YES <input type="checkbox"/> NO
Firearms	<input type="checkbox"/> YES <input type="checkbox"/> NO	Political	<input type="checkbox"/> YES <input type="checkbox"/> NO
Gambling	<input type="checkbox"/> YES <input type="checkbox"/> NO	Tobacco	<input type="checkbox"/> YES <input type="checkbox"/> NO
E-commerce	<input type="checkbox"/> YES <input type="checkbox"/> NO	Video Streaming	<input type="checkbox"/> YES <input type="checkbox"/> NO
Social Networking	<input type="checkbox"/> YES <input type="checkbox"/> NO	Video Hosting	<input type="checkbox"/> YES <input type="checkbox"/> NO
Internet File Sharing	<input type="checkbox"/> YES <input type="checkbox"/> NO	Dating/Relationship Sites	<input type="checkbox"/> YES <input type="checkbox"/> NO
Broadcasting operations in television or radio	<input type="checkbox"/> YES <input type="checkbox"/> NO		

If yes, explain: _____

CONTRACT:

13. List the Company's three (3) largest customers and a description of the products/services provided (including % of total revenue for each):

Customer Name	Description	Total Revenue

14. Does the Company always use a written contract with clients? YES NO

If "NO", please fully describe the terms under which work is accepted: _____

15. Does the Company require a signed final acceptance from its customers? YES NO

16. Does the company 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

17. Percentage of total fees arising out of sub-contracted work _____%

Do you require proof of insurance from sub-contractors? YES NO

18. Does the Company have a formal company process for handling disputes? YES NO

INTELLECTUAL PROPERTY:

19. Are any products or services sold, advertised as being the same, similar to, compatible with, or exactly alike other products manufactured by another company? YES NO

If YES, does the Company have an agreement or permission? YES NO

If NO, explain: _____

20. A) Are owners and employees required to sign statements that they will not use any previous employer's trade secrets or other information critical to the development of your products? YES NO

B) What controls do you have to prevent potential infringement of trade secrets or proprietary information of third parties?

21. A) Has the Company incorporated any software or products designed by others into its designs? YES NO

If YES, does the company always obtain a license to do so? YES NO

22. Has the Company written procedures to safeguard against the infringement of copyright or trademark of others? If YES, please submit a copy of your procedures. YES NO

23. A) Does the Company conduct a search to ensure their product(s) does not violate any copyright and/or trademark law? YES NO

If YES, is the search performed on a world-wide basis? YES NO

B) What procedures does the Company use to conduct this search? Please describe: _____

IT EXPOSURES:

24. IT professional, % of Total Fees

Hardware Sales	%
Hardware Installations and Support	%
Network Support Services	%
Training and Education	%
Data Processing/Outsourcing Operations	%
Data Storage/Retrieval Service	%
Sales of Pre-Packaged Software	%

Application Service Provider	%
Custom Software Development	%
Computer Consultants – consulting fees	%
Website Development	%
Web-Hosting Services	%
Internet Service Provider	%
Other	%

If "Other" please describe: _____

25. Answer the following if the applicant provides Web-hosting services: N/A
- A) Does the Company host websites on its servers? YES NO
- B) Is there redundancy in the servers? YES NO
- C) Is data backed up on a regular basis to an offsite location? YES NO
- If YES, details: _____
26. Does your company provide Products and/or Services to:
- Aviation, Aerospace and/or Artificial Intelligence Systems YES NO
 - Medical Diagnostic, Life Sustaining Medical Applications and/or Medical Appliances or Medical Records YES NO
 - Hardware Manufacturers, Hardware Designers and/or Hardware Developers YES NO
 - Any Nuclear Applications YES NO
 - Online Financial Trading YES NO
 - Electronic Games Industry YES NO
 - Social Networking Sites YES NO
 - Credit Card Processing or Fund Transfers YES NO
 - Internet and/or Email service providers YES NO
- If YES to any of the above, please describe: _____

CYBER:

27. Does the applicant store any medical/health information for clients? YES NO
- If yes, does the applicant follow the minimum standards under HIPAA (encryption, virus protection and firewalls in place)? YES NO
- If yes, does the Company follow the minimum standards under PIPEDA or the respective PIPA requirements (encryption and firewalls in place)? YES NO
28. Does the company collect/retain any sensitive data (for example: social insurance number, bank account details etc.) from their clients? YES NO

CLAIMS:

29. Has the Company, its partners, directors, officers or employees ever had an order to cease & desist or a written demand or civil proceedings for compensatory damages made against them in past 5 years? YES NO
- If YES, please provide an explanation: such as Date of claim, Claimant's name, Nature of claim, Amount of indemnity payment, Defense costs, Final dispositions or current status of claim.
- _____
30. Are the Company, its partners, directors, officers or employees aware of any job disputes or fee disputes during the last five (5) years? YES NO
- If YES, please describe: _____
31. Is the Company, its partners, directors, officers or employees aware of any other fact, situation or circumstance, that may result in a written demand or civil proceedings for compensatory damages? YES NO
- If YES, please describe in detail: _____
32. Have you ever brought a claim or suit against another party? YES NO
- If YES, please describe: _____
- Attach a list of all claims, disputes, suits or allegations of non-performance made during the past 5 years against the applicant or any director, officer, employee or partner.
33. During the last 5 years, has the Company carried Errors and Omissions insurance? YES NO
- If YES, What's the retroactive date on current E&O Policy? _____
34. Has the Company carried CGL insurance & including Products & Completed Operations? YES NO
- If YES, please advise Insurer, Term, Limit and Premium: _____

35. Has the Company, its partners, directors or officers ever been declined, non-renewed or cancelled by any insurer for an Errors and Omissions and/or Commercial General Liability Insurance? YES NO

If YES, please provide full details: _____

IT IS AGREED THAT IF THERE IS ANY KNOWLEDGE OF ANY SUCH FACT, CIRCUMSTANCE OR SITUATION, ANY CLAIM OR ACTION SUBSEQUENTLY ARISING IT IS EXCLUDED FROM COVERAGE UNDER THE PROPOSED INSURANCE.

I understand and agree YES NO

COVERAGE SUMMARY

Date Coverage required _____

COVERAGE	Deductible	Limit of Coverage	Premium
ERRORS & OMISSIONS: <i>claims made form, costs inclusive</i>	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	<input type="checkbox"/> \$100,000 <input type="checkbox"/> \$250,000 <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000	_____
COMMERCIAL GENERAL LIABILITY: <i>occurrence form</i> -Bodily Injury and Property Damage, Products & Completed Operations, Personal Injury Liability, Medical Payments (\$10,000)	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500	<input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000 <input type="checkbox"/> \$5,000,000	_____
TENANT LEGAL LIABILITY: <i>broad form (\$250,000 Incl.)</i>	_____	_____	_____
SPF6 – STANDARD NON-OWNED AUTOMOBILE: \$1,000,000 Incl.)	_____	_____	_____

DECLARATION / CONSENT:

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 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.

Printed Name: _____ Position Held: _____

Applicant's Signature: _____ Date: _____

Brokerage: _____ Broker Name: _____

Broker Email: _____ Broker phone: _____

Premier Canada Assurance Managers Ltd. is one of Canada's largest Managing Underwriting Agents. The underwriting insurance carrier varies by line of business and region - please refer to specific quote for declaration of the underwriting insurance company(s).

** Email application and attachments to - newbizprofessional@premiergroup.ca **

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