

**COMPANY:**

1. Name of Company: (including all subsidiaries) \_\_\_\_\_
2. Canadian Registered Company?  YES  NO
3. Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_
4. Is this a home office?  YES  NO
5. Website Address: \_\_\_\_\_
6. Additional Office Location Address(s): \_\_\_\_\_
7. Are there any branch locations outside Canada?  YES  NO  
 If yes, where \_\_\_\_\_
8. Company Structure:  Sole Proprietorship  Corporation  Partnership  Other: \_\_\_\_\_
9. Year Company was Established: \_\_\_\_\_  
 If less than 3 years, does the applicant have a minimum of three years' experience doing similar work as proposed in this application?  YES  NO  
 If no, please provide resume(s) of the principal(s).
10. Number of Employees: Canadian \_\_\_\_\_ US \_\_\_\_\_

**REVENUES:**

11. Gross Revenue for the last 12 months or last fiscal year: \$ \_\_\_\_\_
12. Percentage of Gross Revenues derived from: CANADA \_\_\_\_\_% U.S. \_\_\_\_\_% OTHER \_\_\_\_\_%
13. Estimated Gross Revenues for next 12 months or next fiscal year: \$ \_\_\_\_\_
14. Percentage of Estimated Gross Revenues derived from: CANADA \_\_\_\_\_% U.S. \_\_\_\_\_% OTHER \_\_\_\_\_%

**SCOPE OF SERVICES:**

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

Hardware Sales	%	Application Service Provider	%
Hardware Installations and Support	%	Custom Software Development	%
Network Support Services	%	Computer Consultants – consulting fees	%
Training and Education	%	Website Development	%
Data Processing/Outsourcing Operations	%	Web-Hosting Services	%
Data Storage/Retrieval Service	%	Internet Service Provider	%
Sales of Pre-Packaged Software	%	Other	%

If "Other" please describe: \_\_\_\_\_

16. 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 including Online Gambling  YES  NO
  - Social Networking Sites  YES  NO
  - Credit Card Processing or Fund Transfers  YES  NO
  - Internet and/or Email service providers  YES  NO

17. Does the applicant host websites on its servers?  YES  NO
- a) Is there redundancy in the servers?  YES  NO
- b) Is data backed up on a regular basis to an offsite location?  YES  NO

**CONTRACT:**

18. a) List the company's five largest customers and a description of the products / services provided (including contract value):

Customer Name	Description	Single Largest Contract/Project Value

- b) Does the applicant have any individual contracts that exceed \$200,000 for web hosting or custom software development?  YES  NO
19. Does the company require a signed final acceptance from its customers?  YES  NO
20. Do you always use a written contract with clients?  YES  NO
21. 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

**SUB-CONTRACTORS:**

22. Does the company sub-contract any work to others?  YES  NO
- a) What is the \$ amount sub-contracted? \_\_\_\_\_
- b) What products and or services? \_\_\_\_\_

**QUALITY CONTROL:**

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

**INTELLECTUAL PROPERTY:**

24. 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
25. Has the company written procedures to safeguard against the infringement of copyright or trademark of others?  YES  NO
26. Does the company conduct a search to ensure their product(s) does not violate any copyright and/or trademark law?  YES  NO
27. 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

**CYBER:**

28. 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
29. Does the company collect/retain any sensitive data (for example: social insurance number, bank account details etc.) from their clients?  YES  NO

**INSURANCE:**

30. Does the applicant currently carry E&O insurance?  YES  NO
- If yes, what is the retroactive date on the current E&O policy? \_\_\_\_\_

31. 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 \_\_\_\_\_

**CLAIMS:**

32. 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 including date of claim, claimant's name, nature of claim, amount of indemnity payment, defense costs, final dispositions or current status of claim:  
\_\_\_\_\_  
\_\_\_\_\_

33. Are the company, its partners, directors, officers or employees aware of any job disputes or fee disputes during the last five years?  YES  NO  
If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

34. 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: \_\_\_\_\_  
\_\_\_\_\_

**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

**ATTACHMENTS:**

- Resumes of all Principals
- Latest financial statements
- Standard Contract form, guarantee clauses
- Brochures or promotional materials

**COVERAGE SUMMARY**

Date Coverage required \_\_\_\_\_

COVERAGE	Deductible	Limit of Coverage	Premium
<b>ERRORS &amp; OMISSIONS:</b> <i>claims made form, costs inclusive</i>	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000	<input type="checkbox"/> \$250,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000	
<b>COMMERCIAL GENERAL LIABILITY:</b> <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	
<b>TENANT LEGAL LIABILITY:</b> <i>broad form (\$250,000 Incl.)</i>		<input type="checkbox"/> \$250,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000	<input checked="" type="checkbox"/> Incl. <input type="checkbox"/> \$50 <input type="checkbox"/> \$100
<b>SPF6 – STANDARD NON-OWNED AUTOMOBILE:</b> (\$1,000,000 Incl.)		<input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000	<input checked="" type="checkbox"/> Incl. <input type="checkbox"/> \$100

**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](mailto:newbizprofessional@premiergroup.ca) \*\***

**Vancouver - T 604.669.5211 F 604.669.2667      London - T 519.850.1610 F 519.850.1614**