Name of applicant: _____

Policy Number: _____   Expiry Date: _____

Have there been any changes in operations? ☐ YES ☐ NO   (If YES, please describe): _____

Changes in Operations or Services: _____

Nature of Work:	Actual Revenues for expiring term:			Est. Annual Revenue - next 12 months:		
	CDN $	US $	FOREIGN $	CDN $	US $	FOREIGN $
Hardware Sales						
Hardware Installations & Support						
Network Support Services						
Training & Education						
IT Consultation Services						
CD Rom production						
Data Processing/ Outsourcing						
Data Storage/ Retrieval						
Application Service Providers						
Website Development						
Custom Software Development						
Computer Consulting						
Web Hosting Services						
Internet Service Provider						
Prepackaged Software Sales						
Other – describe: _____						
Total						

What is the Applicant's average contract value? $ _____   Largest contract value? $ _____

Current Number of CDN Employees: _____   Current Number of US Employees: _____

Is the Company (partners, directors, officers or employees) aware of any disputes or fee disputes since the last application for insurance was completed? ☐ YES ☐ NO   (If YES, please describe): _____

Is the Company (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): _____

Additional Insured(s) (If applicable): _____

NEW THIS YEAR, ENHANCED WORDING AVAILABLE FOR "CYBER LIABILITY" PLEASE CONFIRM:

Does the Company store any medical/health information for clients? ☐ YES ☐ NO

▪ If yes, does the Company follow the minimum standards under the HIPAA (encryption 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

Is all sensitive data encrypted while standing and during transmission? ☐ YES ☐ NO

▪ 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

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.

Name and Title of Applicant: _____

Signature: _____   Date: _____

Brokerage: _____

Broker Contact Name: _____   Signature: _____

Broker Telephone: _____   Broker fax: _____   Broker Email: _____