

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 YES NO
- Social Networking Sites YES NO
- Credit Card Processing or Fund Transfers YES NO

- The Banking / Investment Industry 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 \$150,000 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 assume liability for any loss, over and above the replacement of the products, services, or the refund of fees? 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
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
ERRORS & OMISSIONS : <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	
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>		<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
SPF6 – STANDARD NON-OWNED AUTOMOBILE : (\$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

For purposes of the Insurance Companies Act (Canada), any document would be issued in the course of Lloyd's Underwriters' insurance business in Canada.

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 contravenes a term of the contract or commits a fraud; or (c) the Insured willfully makes a false statement in respect of a claim, a claim will become invalid and the Insured's right of recovery is forfeited. 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.

I have provided personal information in this document and otherwise and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker or insurance company to collect, use and disclose any of this personal information, subject to the law and my broker's or insurance company's policy regarding personal information, for the purpose of communicating with me, assessing my application for insurance and underwriting my 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.

Printed Name: _____

Position Held: _____

Applicant's Signature: _____

Date: _____

Brokerage: _____

Broker Name: _____

Broker Email: _____

Broker phone: _____

Leon Levi
Commercial Account Executive
T: 416-388-8918
T: Tel: 905-752-3600 ext 513
• 1-855-752-3600 ext. 513
T: Fax: 905-752-3688
llevi@insureitgroup.com
https://torontoinsurancesolutions.com