



[Professional Liability]

PROSURE TECHNOLOGY APPLICATION



T: 604.685.6533 TOLL FREE T: 1.877.685.6533 F: 604.685.6554 E: info@cansure.com W: www.cansure.com

PROSURE TECHNOLOGY APPLICATION

Errors & Omissions, General Liability, Cyber

PART 1 GENERAL INFORMATION

Broker: _____ Contact Person: _____ Tel: _____

Name of Applicant: _____

Mailing Address: _____ Postal Code: _____

PART 2 COMPANY DETAILS

Please provide the following details (including all trading names and subsidiaries):

Name	Date Established

Address(es) of all Companies (including subsidiaries and postal codes):

Please supply details of all principals, directors, partners:

Name	Qualifications	How long with Company?

Please state total numbers of:

Principals, Directors, Partners: _____ Qualified Staff: _____ Administration: _____ Others: _____

Do you currently have an Errors and Omissions policy in place? Yes No

If YES, please provide: Renewal Date: _____ Limit of Liability: \$ _____ Retroactive Date: _____

Do you or any of your principals, directors, partners have any association with or financial interest in any other practice, company or organization? Yes No

If YES to above, please provide details of the nature of the association, together with the name of the business and activities undertaken.

Do you use Subcontractors? Yes No

If YES, what percentage of your Gross Revenue was paid to sub-contractors in the last financial year? _____ %

What is the nature of work undertaken by sub-contractors? _____

Do you require coverage for them under this policy? Yes No

Are sub-contractors required to carry errors and omissions insurance to a similar limit? Yes No If NO, please provide details why not below:

Financial year end date (DD/MM/YYYY):	Last complete financial year	Estimate for current financial year	Estimate for next financial year
Total Gross Revenue including fee income:	\$	\$	\$
Estimated percentage split of your Gross Revenue including fee income for:			
Work carried out for Canadian clients:	%	%	%
Work carried out for US clients not subject to US law:	%	%	%
Work carried out for US clients subject to US law:	%	%	%
Work carried out for clients anywhere else in the world:	%	%	%
Operating profit:	\$	\$	\$

PART 3 BUSINESS ACTIVITIES

Split of Gross Revenue including fees in the last complete financial year. If a new start-up, please anticipate your figures:

Hardware	
Sales of own brand	%
Distribution of other brands	%
Installation	%
Maintenance	%
Software product sales	
Own shrink wrapped / off the shelf software	%
Third party shrink wrapped / off the shelf software	%
Own customizable software	%
Third party customizable software	%
Software services	
Installation including configuration (no code changes)	%
Customization (including code changes)	%
Developing bespoke applications	%
Maintenance	%
Software	
Consultancy	%
Data processing	%
Cabling	%
Project management	%
Provision of contract staff	%
Facilities management	%
Training	%
Web design	%
Internet/Application service provision (excluding web hosting)	%
Web hosting (please provide contract terms and conditions)	%
Telecommunications	%
Other work – details below	
	%
	%
	%
Total (100%):	

If there are activities in the above question where you have declared "no income" for the last financial year:

- a. Have you undertaken any of these activities in the past? Yes No
- b. Do you intend to undertake any of these activities in the future? Yes No

If **YES** to any of the above please provide full detail including nature of activities and income:

--

Please give details of your three largest contracts in the last five financial years (give details of current projects if new start-up):

Largest Contract:	
Start and end dates:	
Nature of contract:	
Name and business of client:	
Total contract value:	
Income to you:	
Second Largest Contract:	
Start and end dates:	
Nature of contract:	
Name and business of client:	
Total contract value:	
Income to you:	
Third Largest Contract:	
Start and end dates:	
Nature of contract:	
Name and business of client:	
Total contract value:	
Income to you:	

Is the failure of any of your products or services liable to result in any of the following outcomes:

- a. Loss of life or injury to a person? Yes No
- b. Destruction or damage to physical property? Yes No
- c. Immediate and large financial loss? Yes No
- d. Significant cumulative financial loss? Yes No
- e. Insignificant financial loss (more of a nuisance)? Yes No

If **YES**, to any of above please provide details:

--

Please give details of what you regard as your specialty within the industry, including your main areas of expertise and the essential purpose of any proprietary software licenced and supplied. If you are a new firm, please provide details of your anticipated specialization.

Do you provide outsourcing services (application hosting, software-as-a-service, onlinedata storage, facilities management and web hosting). Yes No

a. Where you are responsible for hosting and storing third party data, do you comply with the relevantdata protection and data security regulations? Yes No

b. Do you have a business continuity plan to eliminate a single point of failure for outsourcing services? Yes No

c. Do you have a disaster recovery plan? Yes No

If **NO**, to any of the above please provide details:

Are any of your products or services:

a. Intended for use in aircraft, watercraft, the rail industry, military hardware or process control equipment? Yes No

b. Intended for use in nuclear, chemical oil / gas / petrochemical installations? Yes No

c. Prototypes, experimental or single product items? Yes No

d. Intended for use in surgical/medical applications? Yes No

e. Trading systems used in financial markets? Yes No

If **YES** to any of the above, please provide details:

PART 4 RISK MANAGEMENT

Are satisfactory written references obtained from former employers for at least three years prior to the engagement of any employee responsible for money, accounts or goods? Yes No

Above what amount do payments require at least a two-stage sign-off? Yes No

Do you hold client funds, or do you have client authority to agree and/or effect transfers or payments on their behalf from client funds or accounts? Yes No

If **YES**:

a. Do you ever act solely on e-mail instructions to transfer funds or make payments from clientaccounts without taking steps to independently verify the authenticity of the instructions and integrity of any bank account details provided prior to execution? Yes No

b. Do you undertake to immediately implement procedures to ensure that there is such an independent verification process in place for all future transactions? Yes No

c. What steps have you taken to ensure that the transaction has been completed successfully?

Do you carry out work only under a standard contract signed by every client? Yes No

If **YES** to above, please supply a copy of your standard form of contract, or otherwise a typical example of contract used

If **NO**, are all contracts vetted by a legally qualified person before being agreed? Yes No

When entering into contracts do you always:

- a. Exclude liability for consequential, special or indirect damages, loss of profits and liquidated damages? Yes No

- b. Cap your overall liability at a reasonable level? Yes No

- c. Work to a written specification with your clients outlining the scope of each job? Yes No

- d. Ensure that changes to the scope of work are reflected in a written variation of the contract? Yes No

If NO, to any of the above, please explain why:

Do you commit clients to contracts with third parties? Yes No

If YES, do you always obtain clients written acceptance of the terms of contracts before committing them? Yes No

If written acceptance is NOT obtained, please provide details as to why not or in what circumstances this might not happen:

Has any proposal for similar insurance made on your behalf, any predecessor or any past or present principals, directors, partners ever been declined, cancelled, refused or had special terms applied? Yes No

If YES, please provide details:

Is there any other information that you consider material to the insurance required? Yes No

If YES, please provide details:

For what limits of indemnity are quotations required?

- \$250,000 \$500,000 \$1,000,000 \$2,000,000 \$5,000,000 \$10,000,000 Other:

PART 5 CLAIMS

In respect of any of the risks to which this application relates:

- a. Has any claim been made (whether successful or not) against you, any predecessor, any past or present principals, directors, partners? Yes No

- b. Has any loss been suffered by you or any predecessor as a result of the dishonesty or malice of any past or present principals, directors, partners, employees or self-employed person? Yes No

Date of claim/loss (DD/MM/YYYY)	Brief details of each claim/loss:	Total cost of claim/loss paid	Estimated total cost of claim/loss:
		\$	\$
		\$	\$
		\$	\$
		\$	\$

c. What steps have been taken to prevent a reoccurrence?

Are you after full inquiry:

- d. Aware of any circumstance which is likely give rise to a claim or loss against you, any predecessor or any past or present principals, directors, partners? Yes No

- e. Aware of any shortcoming in your work for a client which is likely to give rise to a claim against you? This includes: Yes No
 - i. A shortcoming known to you, but not your client, which you cannot reasonably put right? Yes No

 - ii. A complaint from your client about your work or anything you have supplied which cannot be immediately resolved? Yes No

 - iii. An escalating level of complaint from your client on a particular project? Yes No

 - iv. A client withholding payment due to you after any complaint? Yes No

If **YES** to any of the above, please provide details:

Do you have any grounds, after reasonable enquiry, for suspecting that any past or present principal, director, partner, employee or self-employed person has acted dishonestly or maliciously?

If **YES** to above, please provide details:

PART 6 GENERAL LIABILITY

Only complete if GCL required, if not required, please tick here:

Do you undertake any work of a manual nature (such as installation, construction, alteration, maintenance or repair work), either through your own direct employees or through any subcontractors engaged by you? (For the avoidance of doubt, this does NOT include the installation of IT hardware or software but DOES include the type of work expected of an electrical contractor e.g. re-wiring an office). Yes No **If YES, please provide details below:**

Do you manufacture any products or do you supply any products that are manufactured by others? (This is not applicable to Technology Consultants or Technology Contractors, unless the failure of the product to perform its intended function could result in loss of life, bodily injury or destruction of or damage to physical property): Yes No **If YES, please provide details below:**

Do you carry out any work in the USA and if so, does this represent more than 20% of your total Gross Revenue? **If YES, provide details:** Yes No

Do you perform work above two stories in height (other than interior remodeling)? Yes No

If YES, what percentage of your Gross Revenue _____ % Maximum Height: _____ (in metres)

Do you perform any work below ground level? Yes No

If YES, what percentage of your Gross Revenue: _____ % Maximum Height: _____ (in metres)

Have you or will you perform work in connection with: gas stations, refineries, chemical plants, airports, public utilities, railroads, or hospitals? **If YES, please provide details:** Yes No

Have there been any Liability claims made against you in the last 5 years? **If YES, please detail below:** Yes No

PART 7 CYBER EXTENSION

Only complete if cyber extension required. If **NOT REQUIRED**, please tick here:

Please provide a financial value for your IT network (including but not limited to hardware, software, cabling and firmware): \$

Please estimate the total number of Personally Identifiable Information records, including employees and customers, that your company holds: #

Note: *Personally Identifiable Information relates to records/data that can be used to uniquely identify, contact, or locate a single person or can be used with other sources to uniquely identify a single individual.*

Do you see any of the above changing substantially in the next 12 months? **If YES, please provide details below:** Yes No

Please highlight which bands of Personally Identifiable Records you hold:

Low Sensitivity e.g. name, email address Yes No

Moderate Sensitivity e.g. home address, protected health information, telephone numbers, insurance policy number, date of birth, Individual tax number, driver's licence number, passport number Yes No

High Sensitivity e.g. banking or saving account number, debit card number, credit card number Yes No

Please estimate what proportion of the total number of Personally Identifiable Information records which you hold that include a High Sensitivity element: %

How fast are you likely to incur a loss of profit as a result of an IT network compromise and a total system downtime?

Level 1: 48 hours+ **Level 2:** 24 - 48 hours **Level 3:** 12 - 24 hours **Level 4:** 1 - 12 hours **Level 5:** Immediately

In the event of your IT network being subjected to a non-scheduled closure and total downtime, please estimate your maximum daily loss of profit (net profit before tax): \$

Do you have a disaster recovery plan which protects you against any sudden or unexpected failure of your IT network and security breach/data compromise? Yes No

If NO, please advise how you would deal with such an event in a time critical manner:

if YES, please advise:

a. Is the backup system managed by a third party?

Yes No

b. How regularly is it tested?

c. When was it last tested?

d. How long did it take to switch to this back up system?

In addition to the previous questions, please confirm that you are able to comply with the statements made below. If, for whatever reason, you are unable to confirm compliance with the below statements, please provide an explanation to accompany this signed and dated document. Signing of the Declaration will constitute compliance with the below statements.

Cyber Extension Statement of Fact

- a. You have a Chief Security Officer (CSO) or someone responsible for data security.
- b. You adhere to and comply with the following data security law where relevant: the federal Personal Information Protection and Electronic Documents Act (PIPEDA) and similar provincial Acts and regulation, and in the United States, "non-public personal information" as defined in the Gramm-Leach Bliley Act of 1999, or as amended; Payment Card Industry (PCI) Data Security Standards.
- c. If the data held is medically related, you comply with the 'protected health' information as defined in the provincial legislation in Canada, or, in the United States, the Health Insurance Portability and Accountability Act of 1996, as amended.
- d. You ensure that all Personally Identifiable Information records are backed up and held at a secondary location.
- e. You have firewalls protecting all external IT network gateways.
- f. You use encryption tools to ensure the integrity and confidentiality of all Personally Identifiable Information records including those on removable media.
- g. You use anti-virus software and anti-spyware.
- h. You have a vulnerability assessment program that monitors for IT network security and data security breaches and ensure timely updates of antivirus and anti-spyware signatures and critical security patches.
- i. You have an internet and email usage policy written into all employment contracts which is clearly communicated to all employees.
- j. You implement a data protection policy for the handling of data including Personally Identifiable Information records which is clearly communicated to all employees.
- k. All Personally Identifiable Information records, including those contained in a physical form (paper, disks, CDs, hard drives), disposed of or recycled by a confidential and secure means which is recognized throughout the organization.
- l. You have a privacy policy on your website.
- m. You have a specific policy for managing all 'opt-in'/'opt-out' marketing requests including the use/storage of cookies on a browser system/device.
- n. You have a procedure for responding to allegations that content created, displayed or published is libelous, infringing intellectual property rights, or in violation of a third party's privacy rights.
- o. You have a "take-down" policy which allows you remove any third-party content applied to any of your message boards, chatrooms or forums on your websites (including websites you may host for third-parties).
- p. You obtain written warranties and indemnities from third parties for content they have created for you (including advertising agents).
- q. Your business has never been declined for a Cyber and Data Security insurance policy, or had an existing policy cancelled.
- r. You have never experienced an event that did or may have given rise to a claim or circumstance under a cyber and data security policy, including but not limited to hacking incident, virus or malicious code attack, cyber extortion attempt, breach of secure data, wrongful disclosure of personal data or interference with rights of privacy?

AGREED

NOT AGREED (If **NOT AGREED**, please provide further information below or in a separate document accompanying this application)

NOTICE TO APPLICANT:

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the Applicant may be sought in connection with this Applicant for Insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of Insurance. The policy may be deemed to be void and claims may be denied where:

- 1) An Applicant for a contract:
 - a) Gives false or erroneous information to the prejudice of the insurer, or
 - b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
- 2) The Insured contravenes a term of the Contract or commits a fraud; or
- 3) The Insured willfully makes a false statement in respect of a claim under the contract.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE, I AM AUTHORIZED TO CONTRACT ON BEHALF OF THE INSURED, AND I APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THESE STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT.

Applicant's Signature:

Position:

Please print name:

Date:

BROKER DECLARATION

How long have you known this Applicant?

Is this account new or renewal to you?

Have you personally viewed the Applicant's operations?

What is the condition of facilities and equipment?

What is the applicant's attitude toward risk management and insurance?

Do you recommend this Applicant?

Broker's Signature:

Position:

Please print name:

Date: