

## TEKPACPLUS APPLICATION

FOR PURPOSES OF THE *INSURANCE COMPANIES ACT (CANADA)*, THIS DOCUMENT WAS ISSUED IN THE COURSE OF LLOYD'S UNDERWRITERS AND LIBERTY MUTUAL INSURANCE COMPANY'S INSURANCE BUSINESSES IN CANADA.

ALL QUESTIONS MUST BE ANSWERED COMPLETELY. DO NOT LEAVE ANY SPACE BLANK. INDICATE N/A IF A QUESTION IS INAPPLICABLE. IF THE SPACE PROVIDED IS INSUFFICIENT TO ANSWER A QUESTION FULLY, PLEASE ATTACH DETAILS ON A SEPARATE SHEET.

**PLEASE INDICATE WHICH COVERAGE IS REQUIRED:**

<b>Technology and Professional Services:</b>	<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$250,000	<input type="checkbox"/> \$500,000	<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$2,000,000
<b>Technology Product Coverage:</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO				
<b>Network Security Coverage:</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, Section 4 must be completed				
<b>Multimedia &amp; Advertising Coverage:</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, Section 5 /6 must be completed				
<b>Privacy Liability Coverage including: Notification Costs, Regulatory Defense, Credit Monitoring (Available only if Network Security Coverage is purchased)</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, Section 7 must be completed				
<b>First Party Coverage including: First Party Data Protection</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, Section 4 must be completed				
<b>First Party Network Business Interruption</b>	<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$250,000		
<b>Cyber Extortion: (Above coverages are not available separately)</b>	<input type="checkbox"/> \$50,000				
<b>CGL Limit of Liability:</b>	<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$2,000,000	<input type="checkbox"/> Other: _____		
<b>Employment Practices Liability:</b>	<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$250,000			

### 1. GENERAL INFORMATION

A) Name of Applicant: \_\_\_\_\_  
(Please show complete name as you wish it to appear on the policy)

B) Address: \_\_\_\_\_  
Web Site Address: \_\_\_\_\_

C) Branch Offices: \_\_\_\_\_  
(if any) \_\_\_\_\_

### 2. COMPANY INFORMATION

A) The Applicant has continuously been in business since (Month/Year): \_\_\_\_\_

B) The Company is Canadian registered?  YES  NO

C) Number of Employees: Full-time: CND \_\_\_\_\_ U.S. \_\_\_\_\_ Other \_\_\_\_\_  
Part time: CND \_\_\_\_\_ U.S. \_\_\_\_\_ Other \_\_\_\_\_

D) Total Gross Revenues for the last twelve (12) months or last fiscal year (in \$CDN): \$ \_\_\_\_\_  
Percentage (%) of Gross Revenues derived from: Canada \_\_\_\_\_% U.S. \_\_\_\_\_%  
Other (list countries with percentages) \_\_\_\_\_

E) Total Estimated Gross Revenues for next twelve (12) months or next fiscal year (in \$CDN): \$ \_\_\_\_\_  
Percentage (%) of Gross Revenues derived from: Canada \_\_\_\_\_% U.S. \_\_\_\_\_%

Other (list countries with percentages) \_\_\_\_\_

**3. PRODUCT / SERVICE INFORMATION**

A) Please provide a brief description of your company's main activities: \_\_\_\_\_

B) Please indicate the percentage for each of the following products or services the Company provides (total must equal 100%):

Systems Design or Systems Analysis	%	Data Processing	%
Web Site Development/ Transactional/E-Commerce	%	Application Service Provider (ASP)	%
Web site Development / Static Content	%	Networking	%
Web Site Hosting/ Transactional/E-Commerce	%	Consulting/Training	%
Web Site Hosting/Static Content	%	Hardware Assembly	%
Development of Packaged Software	%	Hardware Manufacturing	%
Custom Software Design	%	Internet Service Provider (ISP)	%
Hardware/Software Reselling/Distribution	%	Other	%

C) From the following list, which of these apply to the products/services indicated in B) above?

<input type="checkbox"/> Administrative (sales data, lists, etc)	<input type="checkbox"/> Communications: Utilities/Info Services
<input type="checkbox"/> Accounting (payroll, receivables, payables)	<input type="checkbox"/> Fund Transfer
<input type="checkbox"/> Financial (savings, checking, loan, dividend accounts)	<input type="checkbox"/> Medical
<input type="checkbox"/> Inventory Control	<input type="checkbox"/> Educational
<input type="checkbox"/> Credit Card Processing	<input type="checkbox"/> Facilities Management
<input type="checkbox"/> Data Security/Verification	<input type="checkbox"/> Office Automation
<input type="checkbox"/> Scientific	<input type="checkbox"/> Database
<input type="checkbox"/> Graphics	<input type="checkbox"/> LAN/Network
<input type="checkbox"/> Architectural (model building/projection)	<input type="checkbox"/> Telecommunications
<input type="checkbox"/> CAD/CAM: Manufacturing/Engineering tools	<input type="checkbox"/> Other (specify)
<input type="checkbox"/> CASE: Application development tools	

D) What is the worst thing that could happen to your customer's operations if your Company's products/services were to fail or stop working? \_\_\_\_\_

E) List your three (3) largest customers, description of the products/services provided to them and the duration of the project (including the percentage of total revenue for each customer):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

F) What is your average contract value? \_\_\_\_\_

G) What is the average time line for a contract from start to finish? \_\_\_\_\_

H) What has been your largest contract value and time line from start to finish? \_\_\_\_\_

I) Has the Company, for any reason, discontinued any products or services in the past three (3) year?  YES  NO  
If YES, please explain: \_\_\_\_\_

J) Please list any new products and/or services to be launched in the next twelve (12) months: \_\_\_\_\_

K) Do you employ sub-contractors?  YES  NO  
If YES:  
1) What is the average number of sub-contractors you employ within a year? \_\_\_\_\_

2) Do you require proof of insurance?

YES  NO

**4. COMPUTER NETWORK SECURITY**

A) Does the Applicant publish, provide training and distribute written computer and information systems policies and procedures to its employees?  YES  NO

B) Does the Applicant use commercially available firewall protection systems to prevent unauthorized access to internal networks and computer systems?  YES  NO  
If YES, please list software being used: \_\_\_\_\_

C) Does the Applicant use intrusion detection software to detect unauthorized access to internal networks and computer systems?  YES  NO  
If YES, please list software being used: \_\_\_\_\_

D) Does the Applicant utilize and regularly update Anti-Virus Software?  YES  NO  
If YES, please list software being used: \_\_\_\_\_

E) Do you have a procedure in place to perform software updates within your network?  YES  NO  
If YES, what is the time line between a new software release and the implementation within your network?  
\_\_\_\_\_

F) Does the Applicant monitor security vulnerabilities and appropriately patch systems and applications?  YES  NO

G) Is all valuable/sensitive data backed-up on a daily basis?  YES  NO  
If YES, please advise where back up data is stored: \_\_\_\_\_

H) Does the Applicant have and enforce policies concerning when internal and external communication should be encrypted?  YES  NO

I) Does the Applicant terminate all associated computer access and user accounts as part of the regular exit process when an employee leaves the company?  YES  NO

J) Is personally identifiable information stored on laptop computers and portable media (flash drives, back-up tapes) protected by encryption?  YES  NO

K) Does the Applicant have a business continuity plan, recovery plan and/or incident response plan?  YES  NO

L) Has the Applicant suffered any known intrusions (i.e., unauthorised access) of its Computer Systems in the most recent past twelve (12) months?  YES  NO  
If YES, please confirm how many intrusions occurred? \_\_\_\_\_  
Describe the response taken by the Applicant to the intrusions: \_\_\_\_\_  
\_\_\_\_\_

If any damage was caused by any such intrusions, including lost time, lost business income, or costs to repair any damage to systems or to reconstruct data or software, describe the damage that occurred, and state value of any lost time, income and the costs of any repair or reconstruction:  
\_\_\_\_\_  
\_\_\_\_\_

M) Have you undergone any business mergers or acquisitions that resulted in the integration or merger of your computer network within the past 3 years?  YES  NO  
If YES, please provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- N) Do you provide remote access to your computer network?  YES  NO  
If YES, is remote access restricted to a (VPN) Virtual Private Network?  YES  NO  
If NO, describe the extent to which remote access is allowed to your computer network.
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- O) Does the applicant accept credit cards for goods sold or services rendered?  YES  NO  
If YES, is the applicant compliant with applicable data security standards e.g. Payment Card Industry (PCI) Data Security Standard (DSS)?  YES  NO

**5. INTELLECTUAL PROPERTY**

- A) Does your firm consult with legal counsel for issues regarding Intellectual property?  YES  NO
- B) Do you employ an internal or external legal counsel to conduct the search to ensure that your products or software do not infringe upon the rights of others?  YES  NO  
If an external firm, please identify: \_\_\_\_\_
- C) Are your products or software developed internally?  YES  NO
- D) Describe your controls and procedures that are employed to ensure your developed products or software is non-infringing: \_\_\_\_\_  
\_\_\_\_\_
- E) If you are a reseller of software/hardware, do you always obtain a written agreement from the licensor?  YES  NO
- F) Is it a standard procedure to obtain a hold harmless or indemnity agreement in your favour from the licensor?  YES  NO
- G) Do you have a written procedure in place to disallow the use of intellectual property content from a previous employer?  YES  NO  
If YES, do you require a signed statement from every employee or sub-contractor evidencing the above requirement?  YES  NO

**6. MULTIMEDIA & ADVERTISING**

- A) Does the applicant create original content, video or others materials for third parties?  Yes  NO  
If YES, please provide details: \_\_\_\_\_
- B) Does the Applicant display, provide access to or distribute music, video, or other content created or supplied by third parties?  YES  NO  
If YES, do you receive written approval or the rights to use material from a third party?  YES  NO
- C) Does the applicant obtain final sign-off from their clients to publish original or third party content, video or other materials?  YES  NO
- D) Have you ever received a complaint, letter or notice concerning the content from any media platform?  YES  NO  
If YES, how did you respond to the complaint and what actions were taken to resolve the issue?  
\_\_\_\_\_  
\_\_\_\_\_
- E) What is your policy and procedure to verify that your content will not offend a third party or infringe upon a third party's material? \_\_\_\_\_  
\_\_\_\_\_
- F) Do you have a policy for editing or removing infringing material from any media platform?  YES  NO
- G) Does the applicant have a review process in place to screen material displayed on its website for copyright/trademark infringement and slander/libel?  YES  NO

**7. PRIVACY & REGULATORY ISSUES**

- A) Does the Applicant collect, process, or maintain private or personal information as part of its business activities?  YES  NO
- If YES:
- 1) Do you comply with the federal *Personal Information Protection and Electronic Documents Act*, S.C. 2000, c.5, (PIPEDA) and other similar provincial Acts and regulations, and in the United States, non-public personal informationas defined in the Gramm-Leach Bliley Act of 1999, or as amended?  YES  NO
- 2) If the information is medical related, do you comply with the protected healthinformation as defined in provincial legislation in Canada, or, in the United States, the *Health Insurance Portability and Accountability Act* of 1996, as amended?  YES  NO
- 3) Does the Applicant have written procedures in place to comply with laws governing the handling and/or disclosure of such information?  YES  NO
- 4) Does the Applicant have an appointed privacy officer?  YES  NO
- 5) Does the Applicant have a legally reviewed privacy policy?  YES  NO
- 6) Does the Applicant share private or personal information gathered from customers (by the Applicant or others) with third parties?  YES  NO
- B) Identify which Personal Identifiable Information (PII) is being held:
- |                         |                          |                                |                                |
|-------------------------|--------------------------|--------------------------------|--------------------------------|
| Social Security Numbers | <input type="checkbox"/> | Bank Account Information       | <input type="checkbox"/>       |
| Credit Card Information | <input type="checkbox"/> | Individual Names and Addresses | <input type="checkbox"/>       |
| Employee Information    | <input type="checkbox"/> | Email addresses                | <input type="checkbox"/>       |
| Personal Health Data    | <input type="checkbox"/> | Other (Specify):               | <input type="checkbox"/> _____ |
- C) Provide the number of records maintained by the Applicant containing the above information (approx.):  
 0  2,500  2,500  5,000  5,000  10,000  10,000  20,000  > 20,000\*\*  
\*\* If number is greater than 20,000 enter estimated number of PII records maintained here): \_\_\_\_\_
- D) Has the Applicant ever been investigated in respect of the safeguards for personally identifiable information?  YES  NO  
If YES, please explain? \_\_\_\_\_
- E) Has the Applicant ever received complaints about how someone's personally identifiable information is handled?  YES  NO

**8. QUALITY CONTROL**

- A) Does the applicant always document and test all products and provide user documentation for their product design and development?  YES  NO
- B) Does the applicant provide training to their clients on their products and services?  YES  NO
- C) Does the applicant have a formal quality control program in place?  YES  NO
- D) Does the applicant have a product recall plan in place?  YES  NO

**9. CONTRACTUAL INFORMATION**

- A) What percentage (%) of projects is undertaken using a standard contract or formal letter of agreement?  
 None  1%-25%  25%-50%  50%-75%  75%-100%
- If None please fully describe the terms under which work is accepted: \_\_\_\_\_

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- B) Do the Company's contracts contain the following clauses?
- Disclaimer of Warranty?  YES  NO
  - Exclusive Remedy?  YES  NO
  - Limitation of Warranty?  YES  NO
  - Limitation of Liability?  YES  NO
  - Conditions of Product Acceptance?  YES  NO
  - Hold Harmless or Indemnity Agreements?  YES  NO
  - Specific Description of Services/Products Supplied?  YES  NO
  - Force Majeure?  YES  NO
  - Final Acceptance and / or Sign-Off?  YES  NO
  - Acceptance of Liquidated Damages or Penalties?  YES  NO

C) Does the Company consult with outside legal counsel or with in-house counsel for issues concerning:  
 Contractual Liability:  YES  NO In-house counsel:  YES  NO Outside firm:  YES  NO  
 If using an outside firm, please identify legal counsel: \_\_\_\_\_

D) Who has the ultimate responsibility for contract wordings in the Company?  
 Name: \_\_\_\_\_ Title: \_\_\_\_\_

**10. INSURANCE INFORMATION**

A) Is the Company currently insured under a Commercial General Liability policy?  YES  NO  
 If YES, please complete the following:  
 Insurer: \_\_\_\_\_ Policy Period: \_\_\_\_\_  
 Policy Number: \_\_\_\_\_ Limit of Liability: \_\_\_\_\_

Is Products Liability/Completed Operations coverage included?  YES  NO

B) During the last five (5) years, has the Company carried CGL insurance?  YES  NO  
 If YES, please complete the following for all previous CGL policies:

INSURER	TERM	LIMIT	DEDUCTIBLE	PREMIUM

C) Is the Company currently insured under an Errors and Omissions policy?  YES  NO  
 If YES, please complete the following:  
 Insurer: \_\_\_\_\_ Policy Period: \_\_\_\_\_  
 Policy Number: \_\_\_\_\_ Limit of Liability: \_\_\_\_\_

D) During the last five (5) years, has the Company carried Errors and Omissions insurance?  YES  NO  
 If YES, please complete the following for all previous Errors & Omissions policies:

INSURER	TERM	LIMIT	DEDUCTIBLE	PREMIUM

E) 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 explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**11. PROPERTY INFORMATION (FOR EACH ADDITIONAL LOCATION, PLEASE PHOTOCOPY AND COMPLETE)**

A) Location:  Same Address as on Section 1  Other: \_\_\_\_\_

B) Please indicate Coverage and Limits required:

	Amount of Insurance		Amount of Insurance
<input type="checkbox"/> *Building:	\$ _____	<input type="checkbox"/> Gross Earnings:	\$ _____
<input type="checkbox"/> Tenant's Improvements:	\$ _____	<input type="checkbox"/> Profits:	\$ _____
<input type="checkbox"/> Equipment:	\$ _____	<input type="checkbox"/> Professional Fees:	\$ _____
<input type="checkbox"/> Stock:	\$ _____	<input type="checkbox"/> Extra Expense:	\$ _____
<input type="checkbox"/> Office Equipment (non EDP):	\$ _____	<input type="checkbox"/> Rental Income:	\$ _____
<input type="checkbox"/> Computer (EDP) Hardware:	\$ _____	<input type="checkbox"/> Other: _____	\$ _____
<input type="checkbox"/> Property of Others:	\$ _____		
<input type="checkbox"/> EDP Software/Media:	\$ _____		
<input type="checkbox"/> Laptop Computers*/ Portable Projectors*:	\$ _____		

(no coverage on or off premises unless reported)  
\* If covered, Value, Make, Model, and Serial Numbers of each laptop and/or projector must be attached

Flood Coverage?  YES Earthquake Coverage?  YES

C) Is the \*building owned by the Insured?  YES  NO

**\* Building coverage not available for residential buildings with home offices**

Area occupied by the Insured: \_\_\_\_\_

Number of stories: \_\_\_\_\_

Building age: \_\_\_\_\_

Basement?  YES  NO

D) Please indicate the following:

Wall Construction:  Frame  Brick & Wood Frame  Masonry  Steel  
 Roof Construction:  Wood Joist  Steel Deck  Concrete  Other: \_\_\_\_\_  
 Floor Construction:  Wood Joist  Concrete  Other: \_\_\_\_\_

Dates and Extent of Updates: Wiring: \_\_\_\_\_  
 Plumbing: \_\_\_\_\_  
 Heating: \_\_\_\_\_

E) Building Occupants (describe occupancy):

Adjacent Exposing Occupancies:  
 North: \_\_\_\_\_ East: \_\_\_\_\_  
 South: \_\_\_\_\_ West: \_\_\_\_\_

F) Fire Protection:  Hydrant within 300 metres  Fire Station within 8km  Unprotected (no hydrants)  
 Fire Alarm:  None  Local  Central Station

Sprinklered:  None  Partial \_\_\_\_\_%  Located in: \_\_\_\_\_  Yes 100%

Burglar Alarm:  None  Local  Central Station  Line Security  
 Digital Dealer

Please describe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

G) Are all doors equipped with double cylinder deadbolt locks?  YES  NO

If NO, please describe protection: \_\_\_\_\_  
 \_\_\_\_\_

H) Loss Payee & Mailing Address: \_\_\_\_\_

I) Mortgagees: \_\_\_\_\_

**12. CLAIMS INFORMATION**

A) In the last five (5) years, has the Company, its partners, directors, officers or employees ever had a written demand or civil proceedings for compensatory damages made against them?  YES  NO

If YES, please provide the following details on a separate sheet:

- 1) Date of claim:
- 2) Claimant's name:
- 3) Nature of claim:
- 4) Amount of indemnity payment and amount of defense costs:
- 5) Final dispositions or current status of claim:

B) Is 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 in detail: \_\_\_\_\_  
\_\_\_\_\_

C) 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: \_\_\_\_\_  
\_\_\_\_\_

D) List the Commercial Property Claims experience for the past five (5) years: \$ \_\_\_\_\_  
Description & Year: \_\_\_\_\_  
\_\_\_\_\_

E) Has the Company, its partners, directors or officers ever had an Employment Practices Liability claim (whether insured or not)?  YES  NO

If YES, please provide details on a separate sheet.

F) Is the Company, its partners, directors or officers aware of any situation, which might give rise to an Employment Practices claim?  YES  NO

If YES, please describe in detail: \_\_\_\_\_  
\_\_\_\_\_

For example, but not by way of limitation, an employment practices claim would result from a current or former employee's dissatisfaction with an employment relationship or application process by complaining of discrimination, harassment or unfair treatment.

G) Has the Applicant ever received, or is there currently pending, any claims or complaints with respect to allegations of or injury to privacy, identify theft, theft of information, breach of information security, software copyright infringement or content infringement or been required to provide notification to individuals due to an actual or suspected disclosure of personal information?  YES  NO

If YES, provide details of such claim, allegation or incident, including costs, losses or damages incurred or paid, and any amounts paid as a loss under any insurance policy. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Without limitation of any other remedy available to the Insurer, it is hereby agreed that if there be knowledge of any of the matters described in Section 10, any written demand or civil proceedings for compensatory damages subsequently emanating therefrom is excluded from coverage under the proposed insurance.**

**13. NOTICE CONCERNING PERSONAL INFORMATION**

By purchasing insurance from Creechurch International Underwriters Ltd. (Creechurch), a customer provides Creechurch with his or her consent to the collection, use and disclosure of personal information, including that previously collected, for the following purposes:

- i the communication with underwriters;
- i the underwriting of policies;
- i the evaluation of claims;
- i the detection and prevention of fraud;
- i the analysis of business results;
- i purposes required or authorized by law.

For the purposes identified above, personal information may be disclosed to Creechurch's related or affiliated companies and service providers.

Further information about Creechurch's personal information protection policy may be obtained by contacting their privacy officer at 416-601-2155.

**14. WARRANTY STATEMENT**

The undersigned warrants that to the best of their knowledge, the statements set forth in this Application are true. The undersigned also warrants that they have not suppressed or misstated any material fact.

If the information provided in this Application should change between the date of the Application and the effective date of the policy, the undersigned warrants that they will immediately report such changes to the Insurer.

Signing this Application does not bind the undersigned to purchase this insurance, nor does it bind the Insurer to issue this insurance. However, should the Insurer issue a policy, this Application shall serve as the basis of such policy and will be attached to and form part thereof.

SIGNED: \_\_\_\_\_  
(Authorized Representative)

DATED: \_\_\_\_\_

NAME (Please Print): \_\_\_\_\_

TITLE/POSITION: \_\_\_\_\_