

## TEKPACPlus INFORMATION TECHNOLOGY APPLICATION

**This TEKPACPlus Application is for Information Technology firms with annual sales of up to \$1,000,000. TEKPACPlus allows you to choose various coverage options. Please indicate below which limits are required (limits shown are the maximum offered under this package):**

Errors & Omissions (Claims Made):	<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 (Occurrence):	<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$2,000,000		
Commercial Property:	<input type="checkbox"/> No	<input type="checkbox"/> Yes (If Yes, complete Section 5)		
Employment Practices Liability*	<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$250,000		

\*Please note that EPL coverage is not available in Quebec at this time.

**In addition, please ensure that the following are provided with this application:**

Copies of sample contracts with clients (e.g. software agreements, license agreements, etc.)

**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.**

### 1. GENERAL INFORMATION

- A) Name of Company: \_\_\_\_\_  
 \_\_\_\_\_  
 (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) Company Structure:  Sole Proprietor  Corporation  Partnership  Joint Venture  Franchise  
 Other \_\_\_\_\_
- B) Year established \_\_\_\_\_ Company is Canadian registered  YES  NO
- C) Number of Employees: Full-time Cdn \_\_\_\_\_ US \_\_\_\_\_ Part-time Cdn \_\_\_\_\_ US \_\_\_\_\_
- D) Total Gross Revenues for the last twelve (12) months or last fiscal year (in \$CDN): \$ \_\_\_\_\_  
 Percentage (%) of Gross Revenues derived from:
- |               |           |                        |        |
|---------------|-----------|------------------------|--------|
| Canada _____% | US _____% | Other Countries: _____ | _____% |
|               |           | _____                  | _____% |
|               |           | _____                  | _____% |

**TEKPACPlus INFORMATION TECHNOLOGY PACKAGE POLICY APPLICATION**

E) Total Estimated Gross Revenues for next twelve (12) months or next fiscal year (in \$CDN): \$ \_\_\_\_\_

Percentage (%) of Estimated Gross Revenues derived from:

Canada \_\_\_\_\_%    US \_\_\_\_\_%    Other Countries: \_\_\_\_\_%  
 \_\_\_\_\_%    \_\_\_\_\_%    \_\_\_\_\_%  
 \_\_\_\_\_%    \_\_\_\_\_%    \_\_\_\_\_%

**3. PRODUCT / SERVICE INFORMATION**

A) Please provide a brief description of the Company's main activities: \_\_\_\_\_  
 \_\_\_\_\_

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

Systems Design or Systems Analysis	_____%	Data Processing	_____%
Custom Software Design	_____%	Application Service Provider (ASP)	_____%
Web Site Hosting	_____%	Web Site Development	_____%
Transactional	_____%	Networking	_____%
Non-Transactional	_____%	Consulting/Training	_____%
Packaged Software	_____%	e-Commerce	_____%
Hardware Assembly/Manufacturing	_____%	Other (specify) _____	_____%
Hardware/Software Reselling/Distribution	_____%		

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

D) List the Company's five (5) largest customers and describe the products/services provided (including % of total revenue for each):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**4. 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: \_\_\_\_\_

Do the Company's contracts contain the following clauses? Please attach a sample copy(ies):

- 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

B) Does the Company ever assume liability for any loss, over and above the replacement of the products or services or the refund of any fees paid?  YES  NO

**5. 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: \_\_\_\_\_

**6. INSURANCE INFORMATION**

- A) 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: \_\_\_\_\_  
 Premium: \_\_\_\_\_
- B) 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: \_\_\_\_\_  
 Premium: \_\_\_\_\_  
 Is Products Liability/Completed Operations coverage included?  YES  NO
- C) Is the Company currently insured under a Commercial Property policy?  YES  NO  
 If YES, please complete the following:  
 Insurer: \_\_\_\_\_ Policy Period: \_\_\_\_\_  
 Policy Number: \_\_\_\_\_ Limit of Liability: \_\_\_\_\_  
 Premium: \_\_\_\_\_
- D) Has the Company, its partners, directors or officers ever been declined, non-renewed or cancelled by any insurer for Errors and Omissions, Commercial General Liability and/or Commercial Property insurance?  YES  NO  
 If YES, please explain: \_\_\_\_\_

**7. 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:  
 Insurer  
 Date of claim  
 Claimant's name  
 Nature of claim  
 Amount of indemnity payment and amount of defense costs  
 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 Commercial Property Claims experience for past five (5) years: \$ \_\_\_\_\_  
 Description and 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 the following 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.

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 7, any written demand or civil proceedings for compensatory damages subsequently emanating therefrom is excluded from coverage under the proposed insurance.

**8. 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:

- the communication with underwriters;
- the underwriting of policies;
- the evaluation of claims;
- the detection and prevention of fraud;
- the analysis of business results;
- 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.

**9. 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.

**QUEBEC RESIDENTS ONLY:**

I hereby confirm my request that the present document and any other document and correspondence pertaining to the present insurance be in the English language.

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

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

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

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