

## TEKPAC INFORMATION TECHNOLOGY PACKAGE POLICY APPLICATION

**THIS APPLICATION IS FOR A CLAIMS MADE ERRORS & OMISSIONS POLICY, PROPERTY INSURANCE POLICY  
AND FOR AN OCCURRENCE CGL POLICY.**

**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.**

**This TEKPAC application is for firms or individuals who generate less than \$200,000 of revenues/sales annually for services and products sold in Canada only**

**Please refer to coverage highlight sheet and indicate below which Package Policy is desired:**

- Option 1: \$100,000 Errors & Omissions \$1,000,000 CGL \$100,000 Property with \$5,000 Laptop
- Option 2: \$100,000 Errors & Omissions \$2,000,000 CGL \$100,000 Property with \$5,000 Laptop
- Option 3: \$100,000 Errors & Omissions \$1,000,000 CGL \$50,000 Property (no Laptop Coverage)
- Option 4: \$100,000 Errors & Omissions \$2,000,000 CGL \$50,000 Property (no Laptop Coverage)

### GENERAL INFORMATION

1. Name of Company: \_\_\_\_\_  
(Please show complete name as you wish it to appear on the policy)
  
2. Year Established: \_\_\_\_\_ Number of Employees: Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_
  
3. Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Web Site Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Branch Offices: \_\_\_\_\_
  
4. Total Gross Revenues for the last 12 months were under \$200,000 (CDN)  YES  NO  
 Total estimated Gross Revenues for the next 12 months is under \$200,000 (CDN)  YES  NO  
 The above declared revenues are 100% derived from services provided and products sold in Canada only.  YES  NO

**\* If you have answered NO to any of the above, please note that you do not qualify for the TEKPAC Package Policy and we would be pleased to provide you with a quotation upon receipt of our standard Infotech/CGL application.**

### PRODUCT / SERVICE INFORMATION

5. Please provide a full description of your company's main activities: \_\_\_\_\_
  
6. 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:	
Transactional: _____ % Non-Transactional: _____ %	Web Site Development _____ %
Packaged Software _____ %	Networking _____ %
Hardware Manufacturing/Distribution _____ %	Consulting/Training _____ %
Other (specify) _____ %	e-Commerce _____ %

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- 7. 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? \_\_\_\_\_
- 8. 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. \_\_\_\_\_

**PROPERTY INFORMATION**

- 9. Location:  Same as Mailing Address  Other: \_\_\_\_\_
- 10. Is the building owned by the Insured?  YES  NO
- 11. Area occupied by the Insured: \_\_\_\_\_  
Number of stories: \_\_\_\_\_ Building Age: \_\_\_\_\_  
Year Updated: Wiring \_\_\_\_\_ Plumbing: \_\_\_\_\_ Heating: \_\_\_\_\_
- 12. Please indicate the following:  
Wall Construction:  Frame  Brick & Wood Frame  Masonry  Steel  
Roof Construction:  Wood Joist  Steel Deck  Concrete  Other:
- 13. Building Occupants (describe occupancy): \_\_\_\_\_
- 14. Fire Protection:  Hydrant within 300 metres  Fire Station within 8km  Unprotected  
Fire Alarm:  None  Local  Central Station
- 15. Sprinklered:  None  Partial \_\_\_\_\_%  Yes 100%
- 16. Burglar Alarm:  None  Local  Central Station  
Please advise name of system and monitoring service: \_\_\_\_\_
- 17. Are all doors equipped with double cylinder deadbolt locks?  YES  NO  
If NO, please describe protection: \_\_\_\_\_
- 18. Loss Payee & Mailing Address: \_\_\_\_\_

**INSURANCE INFORMATION**

- 19. Is the Company currently insured under a Commercial General Liability policy?  YES  NO  
If YES, please complete the following:  
Insurer: \_\_\_\_\_ Expiry Date: \_\_\_\_\_  
Limit of Liability: \_\_\_\_\_  
Is Products Liability/Completed Operations coverage included?  YES  NO
- 20. Is the Company currently insured under an Errors and Omissions policy?  YES  NO  
If YES, please complete the following:  
Insurer: \_\_\_\_\_ Expiry Date: \_\_\_\_\_  
Limit of Liability: \_\_\_\_\_
- 21. 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: \_\_\_\_\_

**CLAIMS INFORMATION**

22. 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 full details on a separate sheet i.e. date of claim, claimant's name, nature of claim, the insurer, total amounts paid or reserved (including defense costs) and final dispositions or current status of claim.

23. 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: \_\_\_\_\_

24. 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: \_\_\_\_\_

25. In the last five (5) years, has the Company made any commercial property claims?  YES  NO

If so, please state the amount and describe in detail: \_\_\_\_\_

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

**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.

**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:**

**YOUR TEKPAC POLICY INCLUDES:**

**OPTION 1  
(Minimum Retained Premium of \$500 applies)**

<p><b>Errors &amp; Omissions</b> Form: TEKPAC E&amp;O Wording – Claims Made Coverage</p>	<p><b>Limit of Insurance:</b> \$100,000 per claim/aggregate including defense costs Excludes: Intellectual Property Coverage Services/Products rendered to the aeronautical, automotive, nautical and/or railway industries</p>	<p><b>Deductible:</b> \$2,500 any one claim</p>	<p><b>Includes:</b> Canada only coverage Retroactive date of Policy Inception</p> <p><b>Additional Exclusions:</b> War &amp; Terrorism Exclusion Mould Exclusion</p> <p>Note that a separate asbestos exclusion will apply. Asbestos was previously excluded by definition of "pollutants"</p>
<p><b>Commercial General Liability</b> Form: CGL-Occurrence Wording including endorsements</p>	<p><b>Limit of Insurance:</b> \$1,000,000 per occurrence \$1,000,000 Aggregate \$1,000,000 Personal Injury \$1,000,000 Products/Completed Operations \$100,000 Tenant's Legal Liability \$25,000 Medical Payment (any one person/per accident) \$1,000,000 Non-owned Automobile</p>	<p><b>Deductible:</b> \$1,000 payable on Property Damage, Tenant's Legal Liability and Non-Owned Automobile</p>	<p><b>Includes:</b> Canada only coverage</p> <p><b>Additional Exclusions:</b> War &amp; Terrorism Exclusion Mould Exclusion Asbestos Exclusion</p>
<p><b>Property Insurance</b> Form: 010304 including forms and endorsements</p>	<p><b>Limit of Insurance:</b> \$100,000 Property of Every Description (POED) Plus Extensions:</p> <ul style="list-style-type: none"> <li>➢ Breakdown Coverage \$5,000 Limit</li> <li>➢ Newly Acquired Contents \$100,000 for 90 days</li> <li>➢ Insured Property in Transit or Temporarily Off the Premises \$10,000 Limit</li> <li>➢ Parcel post \$5,000 Limit</li> <li>➢ Valuable Papers \$10,000 Limit</li> <li>➢ Accounts Receivable \$10,000 Limit</li> <li>➢ Extra Expense and Expediting Expense, Including loss due to Civil Action For 30 Days \$10,000 Limit</li> <li>➢ Damage to Building by Theft \$5,000 Limit</li> <li>➢ Pollution Clean-up and Removal \$10,000 Limit</li> <li>➢ Tenants' Leasehold Interest-Rents \$10,000 Limit</li> <li>➢ Glass for tenants \$1,000 limit for any one plate, subject to a \$5,000 limit per occurrence</li> </ul>	<p><b>Deductible:</b> \$1,000 for all coverages \$2,500 sewer back-up</p>	<p><b>Includes:</b> Replacement Cost Sewer Back-up Coverage Plate or Thermopane Glass Coinsurance Waiver 5% or \$10,000 Portable computers \$5,000 total limit Debris Removal 25% Maximum \$25,000 Limit</p> <p><b>Additional Exclusions:</b> Mould Exclusion War &amp; Terrorism Exclusion Electronic Data and Media Clarification</p>

**OPTION 2  
(Minimum Retained Premium of \$500 applies)**

<p><b>Errors &amp; Omissions</b></p>	<p>Same as Option 1</p>		
<p><b>Commercial General Liability</b></p>	<p><b>Limit of Insurance:</b> \$2,000,000 per occurrence \$2,000,000 Aggregate \$2,000,000 Personal Injury \$2,000,000 Products/Completed Operations \$100,000 Tenant's Legal Liability \$25,000 Medical Payment (any one person/per accident) \$1,000,000 Non-Owned Automobile</p>	<p><b>Deductible:</b> \$1,000 payable on Property Damage/Tenant's Legal Liability and Non-owned Automobile</p>	
<p><b>Property Insurance</b></p>	<p>Same as Option 1</p>		

**OPTION 3**  
(Minimum Retained Premium of \$500 applies)

<b>Errors &amp; Omissions</b>	Same as Option 1		
<b>Commercial General Liability</b>	Same as Option 1		
<b>Property Insurance</b> Form: 010304 including forms and endorsements	<b>Limit of Insurance:</b> \$50,000 Property of Every Description (POED) Plus Extensions: <ul style="list-style-type: none"> <li>➤ EDP Breakdown Coverage \$5,000 Limit</li> <li>➤ Newly Acquired Contents \$50,000 for 90 days</li> <li>➤ Insured Property in Transit or Temporarily Off the Premises \$10,000 Limit</li> <li>➤ Parcel post \$5,000 Limit</li> <li>➤ Valuable Papers \$10,000 Limit</li> <li>➤ Accounts Receivable \$10,000 Limit</li> <li>➤ Extra Expense and Expediting Expense, Including loss due to Civil Action For 30 Days \$10,000 Limit</li> <li>➤ Damage to Building by Theft \$5,000 Limit</li> <li>➤ Pollution Clean-up and Removal \$10,000 Limit</li> <li>➤ Tenants' Leasehold Interest-Rents \$10,000 Limit</li> <li>➤ Glass for tenants \$1,000 limit for any one plate, subject to a \$5,000 limit per occurrence</li> </ul>	<b>Deductible:</b> \$1,000 for all coverages except \$2,500 sewer back-up	<b>Includes:</b> Replacement Cost Sewer Back-up Coverage Plate or Thermopane Glass Coinsurance Waiver 5% or \$10,000 Debris Removal 25% Maximum \$25,000 Limit  <b>Additional Exclusions:</b> Mould Exclusion War & Terrorism Exclusion Electronic Data and Media Clarification Portable Computers

**OPTION 4**  
(Minimum Retained Premium of \$500 applies)

<b>Errors &amp; Omissions</b>	Same as Option 1		
<b>Commercial General Liability</b>	Same as Option 2		
<b>Property Insurance</b> Form: 010304 including forms and endorsements	<b>Limit of Insurance:</b> \$50,000 Property of Every Description (POED) Plus Extensions: <ul style="list-style-type: none"> <li>➤ EDP Breakdown Coverage \$5,000 Limit</li> <li>➤ Newly Acquired Contents \$50,000 for 90 days</li> <li>➤ Insured Property in Transit or Temporarily Off the Premises \$10,000 Limit</li> <li>➤ Parcel post \$5,000 Limit</li> <li>➤ Valuable Papers \$10,000 Limit</li> <li>➤ Accounts Receivable \$10,000 Limit</li> <li>➤ Extra Expense and Expediting Expense, Including loss due to Civil Action For 30 Days \$10,000 Limit</li> <li>➤ Damage to Building by Theft \$5,000 Limit</li> <li>➤ Pollution Clean-up and Removal \$10,000 Limit</li> <li>➤ Tenants' Leasehold Interest-Rents \$10,000 Limit</li> <li>➤ Glass for tenants \$1,000 limit for any one plate, subject to a \$5,000 limit per occurrence</li> </ul>	<b>Deductible:</b> \$1,000 for all coverages except \$2,500 sewer back-up	<b>Includes:</b> Replacement Cost Sewer Back-up Coverage Plate or Thermopane Glass Coinsurance Waiver 5% or \$10,000 Debris Removal 25% Maximum \$25,000 Limit  <b>Additional Exclusions:</b> Mould Exclusion War & Terrorism Exclusion Electronic Data and Media Clarification Portable Computers