



MISCELLANEOUS ERRORS & OMISSIONS MEDIATECH INSURANCE APPLICATION

THIS APPLICATION IS FOR A CLAIMS MADE POLICY

1. APPLICANT INFORMATION

1. Name of Organization or Legal Entity (Applicant) including any subsidiaries:

(please show complete name as you wish it to appear on the policy)

2. Address (Not P.O. Box):

Website:

3. Coverage Requested:

Errors & Omissions:

\$1,000,000

\$2,000,000

Other: \$

Deductible:

\$1,000

Other: \$

4. Company Structure: Sole Proprietor Corporation Partnership Joint Venture Franchise Other

5. Date established _____ Company is Canadian registered? YES NO

6. Number of Employees: Professional: _____ Administrative: _____

7. Total Payroll: \$ _____

8. Please describe in detail the services provided:

9. Is the Applicant engaged in any business or profession other than as described in 8. above? YES NO

If YES, please explain and include the estimated income:

10. Is the Applicant controlled, owned or associated with any other company, firm or corporation? YES NO

If YES, please explain:

11. Please provide the following information:

FULL NAME OF ALL PRINCIPALS/PARTNERS/EMPLOYEES	PROFESSIONAL QUALIFICATIONS	DATE QUALIFIED	HOW LONG IN PRACTICE?	HOW LONG AS PRINCIPAL/PARTNER?

(Attach separate sheet if necessary)

Please provide résumés for all individuals noted above:

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- 12. To what professional association(s) does the Applicant belong?
13. Estimated gross revenue for the last twelve (12) months or last fiscal year:
14. Does the Applicant have clients that are domiciled outside of Canada?
15. What percentage (%) of the Applicant's gross revenues emanate from these clients?
16. Does the Applicant use a written contract with clients?
17. What percentage (%) of the Applicant's business involves subcontracting of work to others?
18. Is proof of Professional Liability coverage required from sub-contractors?

2. PRIVACY

- 19. Do you collect, process or maintain private or personal information as part of your business activities?
20. Provide the number of records maintained by the Applicant containing the above information (approx.):
21. Do you comply with the protected health information as defined in provincial legislation in Canada?
22. Do you have written procedures in place to comply with laws governing the handling and/or disclosure of such information?
23. Do you have a legally reviewed privacy policy?
24. Do you share private or personal information gathered from customers (by the Applicant or others) with third parties?
25. Have you ever been investigated in respect to safeguards for personally identifiable information?
26. Have you ever received a complaint about mishandling of someone's personally identifiable information?

43. Is the Applicant, its partners, directors or officers aware of any situation which might give rise to an Employment Practices claim?
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 such fact, circumstance or situation, any claim of action subsequently emanating therefrom is excluded from coverage under the proposed insurance.

5. NOTICE CONCERNING PERSONAL INFORMATION

By purchasing insurance from Beazley Canada Limited, a customer provides Beazley 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 Beazley's related or affiliated companies and service providers.

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

6. WARRANTY STATEMENT

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

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 he or she will immediately report such changes to the Insurer.

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

SIGNED: _____ DATE: _____
(Authorized Representative)

NAME (Please Print): _____ TITLE/POSITION: _____