



TEKPACPLUS INSURANCE APPLICATION

PLEASE INDICATE WHICH COVERAGE IS REQUIRED

Technology and Professional Services: \$100,000 \$250,000 \$500,000 \$1,000,000 \$2,000,000 Other: \$ _____

Technology Product Coverage: YES NO

Network Security Coverage: YES NO If YES, Section 4 must be completed

Multimedia & Advertising Coverage: YES NO If YES, Section 5 /6 must be completed

Privacy Liability Coverage including:
Notification Costs, Regulatory Defense, Credit Monitoring (Available only if Network Security Coverage is purchased) YES NO If YES, Section 7 must be completed

First Party Coverage including:
First Party Data Protection YES NO If YES, Section 4 must be completed
 \$50,000 \$100,000 \$250,000

First Party Network Business Interruption \$50,000 \$100,000 \$250,000

Cyber Extortion \$50,000

(Above coverages are not available separately)

CGL Limit of Liability: \$1,000,000 \$2,000,000 Other: \$ _____

Employment Practices Liability: \$100,000 \$250,000

1. GENERAL INFORMATION

- Name of Organization or Legal Entity (Applicant) including any subsidiaries :
_____ (please show complete name as you wish it to appear on the policy)
- Address (Not P.O. Box):

Website: _____
- Branch Offices (if any):

2. COMPANY INFORMATION

- The Applicant has continuously been in business since (Month/Year): _____
- The Company is Canadian registered? YES NO
- Number of Employees: Full-time: CND _____ U.S. _____ Other _____
Part time: CND _____ U.S. _____ Other _____
- 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): _____ %
_____ %

TEKPACPLUS INSURANCE APPLICATION

8. 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

9. Please provide a brief description of your Company's main activities:

10. 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	%
Website Development/ Transactional/E-Commerce	%	Application Service Provider (ASP)	%
Website Development / Static Content	%	Networking	%
Website Hosting/ Transactional/E-Commerce	%	Consulting/Training	%
Website Hosting/Static Content	%	Hardware Assembly	%
Development of Packaged Software	%	Hardware Manufacturing	%
Custom Software Design	%	Internet Service Provider (ISP)	%
Hardware/Software Reselling/Distribution	%	Other (specify) _____	%

11. From the following list, which of these apply to the products/services indicated in 10. 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"/> Graphic	<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	

12. 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?

13. 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. _____

14. What is your average contract value? \$ _____

15. What is the average time line for a contract from start to finish? _____

16. What has been your largest contract value and time line from start to finish? _____

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

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

19. 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

20. Does the Applicant publish, provide training and distribute written computer and information systems policies and procedures to its employees? YES NO
21. 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: _____
22. 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: _____
23. Does the Applicant utilize and regularly update Anti-Virus Software? YES NO
If YES, please list software being used: _____
24. 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?

25. Does the Applicant monitor security vulnerabilities and appropriately patch systems and applications? YES NO
26. Is all valuable/sensitive data backed-up on a daily basis? YES NO
If YES, please advise where back up data is stored: _____
27. Does the Applicant have and enforce policies concerning when internal and external communication should be encrypted? YES NO
28. 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
29. Is personally identifiable information stored on laptop computers and portable media (flash drives, back-up tapes) protected by encryption? YES NO
30. Does the Applicant have a business continuity plan, recovery plan and/or incident response plan? YES NO
31. 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:

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

TEKPACPLUS INSURANCE APPLICATION

33. 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.
-
-

34. 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

35. Does your firm consult with legal counsel for issues regarding Intellectual property? YES NO

36. 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: _____

37. Are your products or software developed internally? YES NO

38. Describe your controls and procedures that are employed to ensure your developed products or software is non-infringing:
-
-

39. If you are a reseller of software/hardware, do you always obtain a written agreement from the licensor? YES NO

40. Is it a standard procedure to obtain a hold harmless or indemnity agreement in your favour from the licensor? YES NO

41. 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

42. Does the applicant create original content, video or others materials for third parties? YES NO
If YES, please provide details: _____

43. 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

44. Does the applicant obtain final sign-off from their clients to publish original or third party content, video or other materials? YES NO

45. 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?
-
-

46. 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?
-
-

47. Do you have a policy for editing or removing infringing material from any media platform? YES NO

48. 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

49. 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 information" as 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 health' information 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

50. 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"/> | Third Party Corporate Information | <input type="checkbox"/> |
| Other (Specify): | <input type="checkbox"/> | | |

51. 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): _____

52. Has the Applicant ever been investigated in respect of the safeguards for personally identifiable information? YES NO
 If YES, please explain?

53. Has the Applicant ever received complaints about how someone's personally identifiable information is handled? YES NO

8. QUALITY CONTROL

54. Does the Applicant always document and test all products and provide user documentation for their product design and development? YES NO
55. Does the Applicant provide training to their clients on their products and services? YES NO
56. Does the Applicant have a formal quality control program in place? YES NO
57. Does the Applicant have a product recall plan in place? YES NO

9. CONTRACTUAL INFORMATION

58. 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:

59. 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

60. 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: _____

61. Who has the ultimate responsibility for contract wordings in the Company?

Name: _____ Title: _____

10. INSURANCE INFORMATION

62. 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

63. 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

64. 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: _____

65. 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

66. 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)

67. Location: Same Address as on Section Other: _____

68. 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"/> Transit:	\$ _____
<input type="checkbox"/> Property of Others:	\$ _____	<input type="checkbox"/> Other: _____	\$ _____
<input type="checkbox"/> EDP Software/Media:	\$ _____		
<input type="checkbox"/> Laptop Computers:	\$ _____		
<input type="checkbox"/> Crime: Employee Dishonesty:	\$ _____		
<input type="checkbox"/> Money Orders & Securities:	\$ _____		
<input type="checkbox"/> Other (specify):	\$ _____		
<input type="checkbox"/> Boiler & Machinery (Equipment Breakdown):	\$ _____		

(no coverage on or off premises unless reported)

Earthquake Coverage? YES

Flood? YES

69. 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

70. Please indicate the following:

Wall Construction:	<input type="checkbox"/> Frame	<input type="checkbox"/> Brick & Wood Frame	<input type="checkbox"/> Masonry	<input type="checkbox"/> Steel
Roof Construction:	<input type="checkbox"/> Wood Joist	<input type="checkbox"/> Steel Deck	<input type="checkbox"/> Concrete	<input type="checkbox"/> Other: _____
Floor Construction:	<input type="checkbox"/> Wood Joist	<input type="checkbox"/> Concrete	<input type="checkbox"/> Other: _____	

Dates and Extent of Updates: Wiring: _____

Plumbing: _____

Heating: _____

Building Occupants (describe occupancy): _____

71. Adjacent Exposing Occupancies:

North: _____ East: _____

South: _____ West: _____

72. 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

Other (please describe): _____

73. Are all doors equipped with double cylinder deadbolt locks? YES NO

If NO, please describe protection:

74. Loss Payee & Mailing Address: _____

75. Mortgagees: _____

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.

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: _____ DATE: _____
(Authorized Representative)

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