



## TEKPACPLUS INFORMATION TECHNOLOGY RENEWAL INSURANCE APPLICATION

This TekpacPlus application is for Information Technology firms with annual sales of up to \$2,000,000. 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):  \$250,000  \$500,000  \$1,000,000  \$2,000,000  
 CGL Limit of Liability (Occurrence):  \$1,000,000  \$2,000,000  
 Commercial Property:  Not required  If required, please see Section 3  
 Employment Practices Liability \*  \$100,000  \$250,000  
 (\* not available in Quebec)

### 1. GENERAL INFORMATION & COMPANY 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 & Website: Complete if any changes in Mailing Address or Web Site:  
 \_\_\_\_\_  
 \_\_\_\_\_
- Total Gross Revenues for the last twelve (12) months or last fiscal year (in \$CDN): \$ \_\_\_\_\_  
 Percentage (%) of Gross Revenues derived from: CDA \_\_\_\_\_ % USA \_\_\_\_\_ % ROW \_\_\_\_\_ %
- Total Estimated Gross Revenues for next twelve (12) months or next fiscal year (in \$CDN): \$ \_\_\_\_\_  
 Percentage (%) of Gross Revenues derived from: CDA \_\_\_\_\_ % USA \_\_\_\_\_ % ROW \_\_\_\_\_ %

### 2. PRODUCT / SERVICE INFORMATION

- Provide a brief description of the Company's main activities if they differ from last year's application on file:  
 \_\_\_\_\_  
 \_\_\_\_\_
- Please indicate the percentage (%) for each of the following products or services the Company provides:
 

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

**3. PROPERTY INFORMATION**

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If no changes are required, our quote will be provided based on the expiring limits. If changes are required, please complete the TekpacPlus Property Addendum?  YES  NO

**4. CLAIMS INFORMATION**

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7. 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:

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8. 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:

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9. Is the Company, its partners, directors or officers aware of any situation that may give rise to an Employment Practices claim?  YES  NO

If YES, please describe in detail:

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

**5. NOTICE CONCERNING PERSONAL INFORMATION**

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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**

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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: \_\_\_\_\_