

INFORMATION TECHNOLOGY APPLICATION

THIS APPLICATION MAY BE USED FOR A NEW BUSINESS OR RENEWAL QUOTATION FOR A CLAIMS MADE ERRORS & OMISSIONS POLICY, AN OCCURRENCE CGL POLICY AND AN EMPLOYMENT PRACTICES LIABILITY POLICY.

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.

PLEASE ENSURE THAT THE FOLLOWING ARE PROVIDED WITH THE APPLICATION:

- Resumes of key personnel if company is less than two years old
- Company promotional literature (web-site address will suffice)
- Copies of sample contracts with clients (e.g. software agreements, subscriber agreements, development agreements, license agreements)

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) _____
- D) Coverage Requested:
- | | | | |
|---------------------------------|--------------------------------------|--------------------------------------|---------------------------------------|
| Errors & Omissions: | <input type="checkbox"/> \$1,000,000 | <input type="checkbox"/> \$2,000,000 | <input type="checkbox"/> Other: _____ |
| CGL Limit of Liability: | <input type="checkbox"/> \$1,000,000 | <input type="checkbox"/> \$2,000,000 | <input type="checkbox"/> Other: _____ |
| Employment Practices Liability: | <input type="checkbox"/> \$100,000 | <input type="checkbox"/> \$250,000 | |

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 _____% U.S. _____% OTHER (please list countries): _____%
 _____%
 _____%
- E) Total Estimated Gross Revenues for next twelve (12) months or next fiscal year (in \$CDN): \$ _____
 Percentage (%) of Estimated Gross Revenues derived from:
 CANADA _____% U.S. _____% OTHER (please list countries): _____%
 _____%
 _____%

3. PRODUCT / SERVICE INFORMATION

A) Please provide a brief description of your 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	_____%
Development of Packaged Software	_____%	e-Commerce	_____%
Hardware Assembly/Manufacturing	_____%	Other (specify): _____	_____%
Hardware/Software Reselling/Distribution	_____%		

C) From the following list, which of these apply to the products/services indicated in B) 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"/> Graphics | <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 | |

D) 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? _____

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

1. _____
2. _____
3. _____
4. _____
5. _____

F) What is your average contract value? _____

G) What has been your largest contract value? _____

H) What is the average time line for a contract from start to finish? _____

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

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

4. COPYRIGHT AND TRADEMARK

- A) Does the Company incorporate any software or products designed by others into its designs? YES NO
If YES, does the Company always obtain a license to do so? YES NO
- Does the Company have written procedures to safeguard against the infringement of copyright or trademark of others? YES NO
If YES, please submit a copy.
- B) 1) Does the Company conduct a search to ensure their product(s) does not violate any copyright and/or trademark law? YES NO
If YES, is the search performed on a world-wide basis? YES NO
- 2) What methods does the Company use to conduct this search?
 Legal counsel. If so, please indicate name of legal counsel: _____
 Internet
 Other (please describe): _____
- C) Are any products or services sold, advertised as being the same as or similar to, compatible with, or exactly alike products manufactured by others? YES NO
If YES, does the Company have an agreement or permission to do so? YES NO

5. QUALITY CONTROL

- A) Does the Company require a signed final acceptance from its customers? YES NO
- B) Does the Company maintain written records of customer complaints? YES NO
- C) Please explain what service and response time the Company guarantees to its customers: _____

- D) What percentage (%) of work is sub-contracted to others? _____%
Does the applicant usually require proof of insurance from sub-contractors? YES NO
If YES, please indicate the percentages of contracts undertaken with sub-contractors, which require such proof of insurance? _____%
- E) Does the Company have a formal disaster recovery plan? YES NO
If YES, please provide details: _____

- F) Is there a formal recall program in place? YES NO
Has the Company or one of its customers ever recalled any of the Company's products? YES NO
If YES, please provide details: _____

6. 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

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- 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 consult with outside legal counsel or with in-house counsel for issues concerning:
- | | | | | | |
|-----------------------|--|-------------------|--|---------------|--|
| Errors and Omissions | <input type="checkbox"/> YES <input type="checkbox"/> NO | In-house counsel: | <input type="checkbox"/> YES <input type="checkbox"/> NO | Outside firm: | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Contractual Liability | <input type="checkbox"/> YES <input type="checkbox"/> NO | In-house counsel: | <input type="checkbox"/> YES <input type="checkbox"/> NO | Outside firm: | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Libel, slander, etc. | <input type="checkbox"/> YES <input type="checkbox"/> NO | In-house counsel: | <input type="checkbox"/> YES <input type="checkbox"/> NO | Outside firm: | <input type="checkbox"/> YES <input type="checkbox"/> NO |

If using Outside firm, please identify legal counsel _____

- C) Who has the ultimate responsibility for contract wordings in the Company?
 Name: _____ Title: _____

- D) 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
 If YES, please give full details: _____

7. INSURANCE INFORMATION

- A) 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

- B) 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

- C) 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: _____

- D) 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

- E) 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: _____

8. 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:

- 1) Date of claim
- 2) Claimant's name
- 3) Nature of claim
- 4) Amount of indemnity payment and amount of defense costs
- 5) 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) 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.

- E) 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 9., any written demand or civil proceedings for compensatory damages subsequently emanating therefrom is excluded from coverage under the proposed insurance.

9. NOTICE CONCERNING PERSONAL INFORMATION

By purchasing insurance from Creechurch International Underwriters Ltd. (Creechurch) through Lloyd's of London (Lloyd's), 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 Lloyd's 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 and Lloyd'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.

10. 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: _____
(Authorized Representative)

DATED: _____

NAME (Please Print): _____

TITLE/POSITION: _____

POUR LES RÉSIDENTS DU QUÉBEC SEULEMENT:

Je confirme que ma demande pour la présente assurance ainsi que la proposition et tout autre document et correspondance soient en anglais.

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.

NOM/NAME: _____ SIGNATURE: _____