



CARRIER:

United States Liability Insurance Company

Technology Professional Package Application

YOU CAN OBTAIN A QUOTE BY PROVIDING THE INFORMATION IN THE INSTANT QUOTE SECTION SUBJECT TO THE REMAINDER PROVIDED PRIOR TO BINDING.

All questions must be answered and application must be signed by the applicant. **This is an application for a claims made policy – Please read your policy carefully.** Defence costs shall be applied against the deductible.

I. INSTANT QUOTE INFORMATION

Instant quote is only available for accounts with no losses in the past five years. For accounts with losses, please complete the application in its entirety and submit details in a claim supplement.

Applicant's name: _____

Mailing Address: _____

City: _____ Province/Territory: _____ Postal code: _____

Location address: _____ Same as mailing address

City: _____ Province/Territory: _____ Postal code: _____

Web address: _____ E-mail address: _____ Phone: _____

Inspection contact name: _____ E-mail address: _____ Phone: _____

Description of operations:

What does your business do? Please check each one that applies. Select "Other" if your business description is not listed and write a short description of the services you provide.

- Cloud providers/application service providers/software as a service
What percentage of receipts are derived from this? _____ %
- Consulting/training/project management/staffing
- Data or records storage/retrieval/back-up
What percentage of receipts are derived from remote data back-up? _____ %
- Database administration
- Hardware evaluation/selection/maintenance
- Hardware manufacturing
What percentage of revenues are derived from this? _____ %
- Help desk
- Internet service provider, search engine or online publishing/sales
- Network or computer security
What percentage of revenues are derived from this? _____ %
- Software development/installation/sales
If developing packaged software, please provide number of licences _____
- Systems, network, or audio visual evaluation/design/cabling/support
- Web design/development/hosting or search engine optimization
- Other services not listed: _____

Current annual domestic revenue (Canada, United States and its territories) \$ _____

Current annual foreign revenue (outside Canada, United States and its territories) \$ _____

Total revenue \$ _____

Principals, partners, officers: providing professional services: _____ + not providing services: _____ =**Total principals:** _____

Employees providing professional services (paid on T4): Fulltime: _____ + Part time: _____ =**Total employees:** _____

Independent Contractors (paid on T4A): exclusively working for applicant: _____ + all other: _____ =**Total contractors:** _____

What is the earliest date of continuous errors and omissions liability coverage? ___ / ___ / ___ Unknown No prior coverage

Referred to as a Retroactive Date on the declarations page of your policy

Additional Interests (AI = Additional insured, LP = Loss payee, M = Mortgagee, W = Waiver of Transfer of Rights of Recovery Against Others to Us)

Name	Relationship/Interest	Address	City, Province, Postal Code	AI	LP	M	W
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

III. LOSS INFORMATION

- Have you initiated litigation against any of your clients in the past five years? Yes No
If "Yes," advise how many times you have initiated litigation in the past five years along with details for each.
- For errors and omissions, general liability and/or property, in the last five years, has any claim been made or suit brought against the insured, its predecessor(s) in business or any of its present or former owners, partners, officers, directors, employees or independent contractors? Yes No
If "Yes," please provide details on a separate supplemental claim application.
- Is any owner, partner, director, employee or independent contractor aware of any circumstance, allegation, contention or incident which may result in a claim being made against the insured, its predecessor(s) in business or any of its present or former partners, owners, officers, directors or independent contractors? Yes No
If "Yes," please provide details on a separate supplemental claim application.

IV. ELIGIBILITY CRITERIA

- Please indicate the percentage of your services that affect or enable any of the following: None
 - Credit card or other payment card transactions including POS systems _____%
 - Fund transfers, financial transactions, equity trading or loan fulfillment _____%
 - Video game development (provide title and style of games) _____%
 - Lottery, sweepstakes, gaming, online casino or other games of chance _____%
 - Firmware or embedded software _____%
 - Mechanical, electrical, chemical, civil or architectural design or engineering _____%
 - Robotics or process control of industrial equipment including HVAC systems or CAD/CAM design or control _____%
 - Physical security system installation or monitoring (including but not limited to burglar/fire alarms and camera systems) _____%
 - Global Positioning System (GPS), Geographic Information System (GIS), navigation systems development, maintenance or support _____%
 - Aircraft, air-ground equipment, military defense and/or weaponry of any kind including classified information _____%
 - Medical, dental or health care diagnosis, monitoring or treatment _____%
 - Management or use of health or medical information including electronic records _____%
 - Pharmaceutical formulation, production or prescriptions including clinical data _____%
 - 911 or other emergency response and/or dispatch _____%
 - Energy, power plant, utility or pollution monitoring, supply or distribution _____%
- Does the applicant provide government regulation compliance services? Yes No
 - If "Yes," please list applicable regulations. _____

V. DATA BREACH EXPENSE AND REGULATORY DEFENSE

- Does the applicant provide services to hospitals? Yes No
- Does the applicant maintain personal information on individuals other than applicant's employees? Yes No

**Personal information means electronic and non-electronic information concerning an individual including but not limited to health, financial or medical information, social security numbers, financial or bank account information, driver license numbers, credit card numbers and e-mail addresses.*

8. Have any regulatory, governmental or administrative action(s) been brought against the applicant involving the use or disclosure of personal information? Yes No
9. Is the applicant aware of any data breach that has or may result in unauthorized use or disclosure of personal information held by the applicant or personal information held by a client of the applicant? Yes No
10. Has the applicant received or is it aware of any complaint, notice or claim involving a data breach resulting in the unauthorized use or disclosure of personal information held by the applicant or personal information held by a client of the applicant? Yes No
11. If the applicant provides services that are involved in credit card or other payment card transactions, is the applicant compliant with Payment Card Industry Data Security Standards (PCI DSS)? Yes No
- a. If "No," please explain: _____

VI. HIRED AND NON-OWNED AUTO LIABILITY Not Applicable

12. Does organization have a commercial automobile policy in place? Yes No
13. Does organization own any autos or lease any autos in excess of 30 days? Yes No
14. Do you provide any off-site "at home" or "at office" computer repair or other related computer services, e.g., "Geek Squad"? Yes No
15. Maximum number of days in a given year the applicant, including their partners and their employees rents a vehicle for business purposes _____
16. Please indicate the number of employees using their personal automobiles for business purposes, i.e., going to clients offices: _____
17. Do any of these employees visit more than one client per day on a regular basis? Yes No
- a. If "Yes," please explain. _____

VII. PROPERTY INFORMATION

Business Personal Property Limit: \$ _____	Business Income Limit: \$ _____ <input type="checkbox"/> With extra expense <input type="checkbox"/> Without extra expense
What year was the building constructed? _____	Type of Burglar Alarm <input type="checkbox"/> Local <input type="checkbox"/> Central Station <input type="checkbox"/> None
Is the premises residential or commercial? <input type="checkbox"/> Residential <input type="checkbox"/> Commercial	Are there functioning and operational smoke and/or heat detectors? <input type="checkbox"/> Yes <input type="checkbox"/> No

VIII. ADDITIONAL APPLICANT INFORMATION

18. What year did the business start? _____
19. Provide years of experience: _____
20. Please provide all industry-specific certifications or designations

Designation	Title	Description

21. Please list any involvement in professional trade associations/groups

Name of Group	Purpose	Position(s) Held

22. How often do you use written contracts:
- a. With guarantee/warranty wording Always Sometimes Never
 - b. With heightened standard of care terms (such as "best services," "best practices," etc.) Always Sometimes Never
 - c. With indemnification clause in favor of you (applicant) Always Sometimes Never
 - d. With wording for project phasing (such as sign-off on milestones, payment terms, etc.) Always Sometimes Never
 - e. With limitation of damages clauses (dollar value, no consequential damages, exculpatory and/or no damages for delay) Always Sometimes Never
 - f. With a formal change order process with sign-off by both parties Always Sometimes Never

23. Form of business: Individual Corporation Partnership LLC Other _____

24. Subsidiaries:

Street Address	City, Province/Territory, Postal Code	Area (Sq. Ft.)	Years Owned	Coverage Desired
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

25. List any prior policies:

Carrier Name	Limit	Policy Period	Retroactive Date	Premium	Deductible

If your province/territory requires a countersignature from your authorized retail agent or broker, please provide below.

Agency name: _____ Agent's signature: _____
 (Required in Prince Edward Island and Saskatchewan)

The signer of this application acknowledges and understands that the information provided in this Application is material to the Insurer's decision to provide the requested insurance and is relied on by the Insurer in providing such insurance. The signer of this Application represents that the information provided in this Application is true and correct in all matters. The signer of this Application further represents that any changes in matters inquired about in this Application occurring prior to the effective date of coverage, which render the information provided herein untrue, incorrect or inaccurate in any way will be reported to the Insurer immediately in writing. The Insurer reserves the right to modify or withdraw any quote or binder issued if such changes are material to the insurability or premium charged, based on the Insurer's underwriting guides. The Insurer is hereby authorized, but not required, to make any investigation and inquiry in connection with the information, statements and disclosures provided in this Application. The decision of the Insurer not to make or to limit any investigation or inquiry shall not be deemed a waiver of any rights by the Insurer and shall not estop the Insurer from relying on any statement in this Application in the event the Policy is issued. It is agreed that this Application shall be the basis of the contract should a policy be issued and it will become a part of the Policy.

Applicant's Signature: _____ Title: _____
 (Principal, Partner or Officer)

Print name: _____ Date: _____

Issued or made by United States Liability Insurance Company, Canada Branch in the course of its business in Canada.