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Application

Information Technology Insurance

Small Firm Program

Submitting Broker, please complete the following to assist us in processing this submission:

Name of Brokerage: _____

Name of Broker Contact: _____

Brokerage Address: _____ City: _____ Postal Code: _____

For renewal purposes only: Policy Number: _____ ISN (Client's Number): _____

This is an application for Errors and Omissions Insurance (*includes First Party and Third Party Cyber Liability*). Please indicate if you are also applying for the following optional coverages:

- Employment Practices (complete section B)
- Commercial General Liability Insurance (complete section C)
- Property and Crime Insurance (complete section D)

FORMAT: This application is designed for Information Technology firms whose revenues are less than \$3,250,000 per year.

QUALIFICATION FOR THIS PROGRAM: Please answer these questions. (PLEASE NOTE: A “yes” answer confirms that the statement is correct.)

1. The Applicant’s total revenues for the past year and projected revenues for the upcoming year are less than \$3,250,000 annually. YES NO
2. All of the Applicant’s physical premises are located in Canada. YES NO
3. The Applicant has been in business for a minimum of two years OR each of our principals has a minimum of five years industry experience. YES NO
4. The Applicant has been “claims-free” for the past five years. “Claims-free” means no claims that would have been covered by the proposed insurance. If in doubt, complete the CLAIMS INFORMATION section that forms part of question 32 of this application. YES NO

If your responses to ALL the above statements are “yes”, continue completing this application. If you answered “no” to any question, please complete our standard Information Technology application.

A. THE APPLICANT

Please attach the following items (if not already on file with Victor):

- (a) resumé of persons performing activities mentioned in question 7;
- (b) brochures and/or promotional literature;
- (c) sample copy of contract.

1. Name of Firm or Legal Entity: _____

2. Address: _____

Telephone: (____) _____ Facsimile: (____) _____ Website: _____

3. Applicant is: Individual Partnership Corporation Other (please explain): _____

4. Date operations began: _____

5. (a) Please indicate the total annual gross revenues from operations *in Canadian dollars* for the past two fiscal years and the total projected annual gross revenues for the next fiscal year. Also include a breakdown of revenue by territory.

Year	Revenue	% Canada	% United States	% Foreign
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(b) Please provide the top three countries where “foreign” services are performed and/or where “foreign” clients are located:

6. Please indicate the number of employees: Canada _____ United States _____ Foreign _____

7. Please provide a brief description that best describes the majority of the Applicant’s services: _____

8. Please describe the impact to the Applicant’s clients in the event of a failure of the products or services offered:

9. Does the Applicant collect, store or process private or other confidential information? YES NO

If yes, please describe:

(a) The nature of this information: _____

(b) The Applicant’s retention policy indicating the length of time such records are kept: _____

10. Does the Applicant encrypt personally identifiable data stored on laptop computers or portable media? YES NO

11. Does the Applicant perform regular backups for all valuable or sensitive data in their care? YES NO

If no, please explain: _____

12. Is the Applicant compliant with federal, provincial, territorial, or state laws or regulations, concerning the privacy of personally identifiable or other confidential information, for those areas they do business in (PIPEDA, PIPA, HIPAA, or other similar laws)? YES NO

13. In the event of a system or network interruption:

(a) What is the Applicant’s estimated daily financial loss? _____

(b) How quickly would the Applicant reach a financial loss in the event of system or network outage? _____

14. In the case of a system failure or a network intrusion, does the Applicant have a disaster recovery plan, a business continuity plan or an incident response plan? YES NO

If yes, how often are such plans tested: _____

15. Has the Applicant suffered any known intrusions of their computer systems in the past 12 months? YES NO

If yes, please confirm:

(a) How many intrusions occurred? _____

(b) The response taken by the Applicant? _____

- (c) If any damage was caused by any such intrusions, describe the damage that occurred, the value of any lost time, the lost income, extra expenses, and costs of any system repair, or data or software reconstruction.

16. Previous Errors and Omissions Insurance

- (a) Has the Applicant ever previously purchased professional liability or errors and omissions insurance? YES NO
- (b) If yes, please provide the following details:

Insurer	Policy Period	Retroactive Date	Expiring Premium	Limit	Deductible
			\$ _____	\$ _____	\$ _____

17. Errors And Omissions Coverage Requested

Please indicate the limit(s) for which quotes are required:

- \$100,000 per claim/\$200,000 per policy period
- \$250,000 per claim/\$500,000 per policy period
- \$500,000 per claim/\$1,000,000 per policy period
- \$1,000,000 per claim/\$1,000,000 per policy period
- \$2,000,000 per claim/\$2,000,000 per policy period

B. EMPLOYMENT PRACTICES - Complete this section only if you wish to receive a quotation for this coverage

Victor offers optional coverage for Employment Practices Wrongful Act Liability, subject to a sublimit of \$250,000 per claim and per policy period. Please indicate if you wish to receive more details and a quotation for this coverage. YES NO

Answer the questions in 18 only if this is the first time you are applying for the Employment Practices Wrongful Act Liability coverage extension endorsement.

18. (a) In the past three years, has the Applicant had or does the Applicant presently have any employment-related disputes including but not limited to: complaints, charges, arbitrations, litigation, human rights complaints or other administrative proceedings or negotiated settlements, concerning issues related to hiring, termination, promotion, negligent evaluation, misrepresentation, discrimination harassment, defamation, discipline or retaliation? YES NO
- (b) Is the Applicant aware of any facts or circumstances that may result in an employment-related claim being made against the Applicant? YES NO

If the answer to any of the questions in 18 is yes, please provide details below, including dates, names, amount claimed, nature of claim, total amounts paid, reserves and insurer(s) involved:

Without limitation of any other remedy of the Insurers, it is agreed that if the answer yes is given to either of the questions in 18, any claim arising from the facts or circumstances reported therein is excluded from coverage.

C. COMMERCIAL GENERAL LIABILITY

Complete this section only if you wish to receive a quotation for this coverage.

19. Please indicate limits for which quotes are required:
- \$1,000,000 per occurrence/\$1,000,000 per policy period
 - \$2,000,000 per occurrence/\$2,000,000 per policy period
 - \$5,000,000 per occurrence/\$5,000,000 per policy period

Coverage provided includes:

- Employers' Bodily Injury Liability \$1,000,000 Limit
- Employee Benefits Liability \$1,000,000 Limit

- Tenants' Legal Liability \$500,000 Sublimit
- Landlord as an Additional Insured
- Non-owned Automobile Liability:
 - S.P.F. 6/Q.P.F. 6 \$1,000,000
 - S.E.F. 94/Q.E.F. 6-94 Legal Liability for Damage to Hired Automobiles with \$50,000 Limit/\$500 Deductible
 - S.E.F. 96/Q.E.F. 6-96 Contractual Liability
 - S.E.F. 99/Q.E.F. 6-99 Long-term Lease Exclusion

20. Please indicate the Applicant's annual payroll: \$ _____

21. Please indicate the number, location and function of any employees who are not covered under provincial Workers' Compensation Plans:

22. Please provide a complete description of any product manufactured, distributed or sold:

23. Please describe any work conducted away from the Applicant's premises in connection with repair, customer service, maintenance, or installation of products sold or distributed:

24. Please list all locations at which business is conducted, providing details indicated below:

Location/Address	Owned or Leased?	Occupancy	Square Metres
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

25. (a) Does the Applicant subcontract work to others? YES NO

If yes, please describe the services provided and the percentage of total revenue: _____

(b) Does the Applicant require subcontractors to provide evidence of professional liability insurance? YES NO

26. Please provide details (dates, nature of claim, amounts, status) of all Commercial General Liability Insurance claims that the Applicant has experienced in the past three years. Use additional pages if necessary.

D. PROPERTY AND CRIME INSURANCE

Complete this section only if you wish to receive a quotation for this coverage.

27. Property Description and Protection Information

Construction

1. Fire Resistive
2. Non-Combustible with Masonry Walls
3. Non-Combustible with Non-masonry Walls
4. Masonry
5. Masonry Veneer
6. Frame and all Other

Public Protection

- Less than 305 metres (1,000 feet) to a hydrant
- Greater than 305 metres (1,000 feet) to a hydrant, but less than 8 kilometres (5 miles) to a fire hall
- Greater than 8 kilometres (5 miles) to a fire hall

Percentage of Building Sprinklered: _____%

Occupancy (other than by client): _____

Year Built: _____ How many mortgages are on this property? _____

If built before 1965, indicate the latest year each of the following systems was "completely" updated:

Roof: _____ Plumbing: _____ Sprinklers: _____ Heating: _____ Electrical: _____ Air Conditioning: _____

Building Type: High Rise Enclosed Mall Strip Plaza Stand-alone Other _____

Heat: Forced Air Gas Electric Oil Other _____

Air Conditioning: Central Air Roof Top Other _____

Alarms: No Alarm Protection ULC Approved Monitoring System

Local Burglar Alarm ULC Approved Central Station

Other, please describe: _____

Details for physical protection for all windows, doors and other openings: _____

28. Type of Property and Coverage Particulars

Property (Main) Deductible \$1,000 Optional Deductible Requested: \$ _____

	Automatic	Limit Required
Building Replacement Value	NIL	\$ _____
Business Contents (Excluding Laptop Computers)	\$30,000	\$ _____
Laptop Computers/Miscellaneous Property Broad Form	\$5,000	\$ _____*

*Attach schedule including make, serial number and value of each item if higher limits are required.

Extensions: Business Contents (Excluding Laptop Computers) Temporarily off Premises or in Transit

\$25,000 (Automatic) Optional Limits \$30,000 \$35,000

	Automatic	Limit Required
Accounts Receivable	\$25,000	\$ _____
Valuable Papers and Records (Data Files)	\$25,000	\$ _____
Professional Fees	\$25,000	\$ _____
Extra Expense	\$25,000	\$ _____
Equipment Breakdown Deductible (same as property)	\$1,000	\$ _____

Limit Required

Business Income (Optional): Extended Business Income \$ _____

Extended Rental Income \$ _____

Crime: Loss of money inside/outside the premises \$2,500 Automatic OR
Optional Higher Limits \$5,000 10,000

29. Please provide details (dates, nature of claim, amounts, status) of all Property and Crime Insurance claims that the Applicant has experienced in the past three years. Use additional pages if necessary.

E. KNOWLEDGE OF PRIOR ERRORS AND OMISSIONS OR CLAIMS

Applies to all coverages requested.

If you are renewing your policy with Victor, do not answer questions 30, 31 and 32.

30. Is the Applicant, or any director, officer, employee or partner of the Applicant, aware of any error, omission, negligent act, unresolved contract job dispute or circumstance(s) that may result in a claim being made against you? YES NO
31. Has any claim, as would be covered by the proposed insurance, been made against the Applicant in the last five years? YES NO
32. If the answer to any of the above questions is yes, please provide details below, including dates, names, amount claimed, nature of claim, total amounts paid, reserves and insurer(s) involved.

CLAIMS INFORMATION

APPLICANT’S CONSENT TO THE TRANSMISSION OF THE INFORMATION CONTAINED IN THE APPLICATION FORM

I hereby acknowledge that the information collected in the Application form is acquired by my insurance broker to be transmitted to Victor Insurance Managers Inc. for the sole purpose of obtaining an insurance policy, and will be kept confidential.

Moreover, I authorize Victor Insurance Managers Inc., its insurers or service providers to:

- conduct verification, using outside sources, of the information contained in the Application form, in attached documentation and in subsequently provided documentation;
- in the event of a claim, transmit the submitted and verified information to loss adjusters, lawyers or other similar offices for the purposes of investigating, defending, negotiating or settling any claims, as required.

For more information on Victor’s privacy policy, please contact privacypolicyinquiries@victorinsurance.com.

DECLARATIONS AND SIGNATURE

The undersigned Applicant for this insurance declares that, to the best of their knowledge and belief, the statements set forth herein are true and correct, and that reasonable efforts have been made to obtain sufficient information to facilitate the proper and accurate completion of this Application form. The undersigned agrees that, if any significant change in the condition of the Applicant is discovered between the date of this Application form and the effective date of the policy, which would render this Application form inaccurate or incomplete, notice of such change will be reported immediately in writing to the Insurance Manager.

Although the signing of this Application form does not bind the Applicant to purchase the insurance, the undersigned Applicant further agrees that this form and the information furnished pursuant hereto shall be the basis of the contract should a policy be issued and this form will become part of the policy.

Name of Applicant (please print)

Title/Position

Signature of Applicant

Date (dd/mm/yyyy)