

Please complete this application in its entirety, as the responses given are material to the provision of terms. There is space for more details in the Additional Information Section at the end of the application. Coverage(s) may be provided on a claims-made basis.

Named Insured: _____
 Street Address: _____
 City: _____ Province: _____ Postal Code: _____
 Contact: _____ Email: _____ Phone: _____

Section 1: About Your Organization

1. What year was your organization established: _____
2. Is your organization incorporated? Yes No
3. Has your organization’s name changed, or have you purchased, merged, or consolidated with any other business in the past 3 years? If Yes, please provide details.* Yes No
4. Do you expect a material change in your operations in the next 12 months? If Yes, please provide details.* Yes No
5. Please list any subsidiaries or related entities of your organization that are controlled by or control your organization:

Entity Name	Description of Operations	Relationship to Named Insured

Section 2: Operations

1. Please describe your professional services and/or products in detail:

2. Are you involved in any other business or professional services? If Yes, please provide details.* Yes No

3. Please indicate when your fiscal year begins: _____

4. Please provide the following gross revenue reported and estimated amounts by geographic region:

Gross Revenue	Canada	United States	Rest of World
Last Completed Fiscal Year			
Current Fiscal Year			
Next Fiscal Year			

5. Please list which countries are included in Rest of World:

6. Please indicate the types of products and services provided and the percentage (%) of revenue generated for your organization:

_____ Application Service Provider (ASP)	_____ E-commerce	_____ Software Implementation / Integration
_____ Business Software as a Service	_____ Hardware Assembly	_____ Technical Research
_____ Computer Facilities Management	_____ Hardware Implementation / Integration	_____ Training and Support
_____ Computer Integrated System Design	_____ Hardware Manufacturing	_____ VoIP Systems / Telephone Systems
_____ Computer Maintenance and Repair	_____ Internet Forums / Chat Rooms	_____ Installation and Support
_____ Computer Rental and Leasing	_____ Internet Service Provider	_____ Website Development/Design
_____ Custom Software Design	_____ IT Consultants	_____ Website Hosting
_____ Data Base Management / Information Retrieval Services	_____ Network Integrator	_____ Wholesale & Distribution
_____ Data Processing Service	_____ Network Security Consulting	_____ Other:
_____ Development of Packaged Software	_____ Retail (Software/Hardware)	_____
	_____ Software Licensing	_____

*Please provide further details in the space provided under the Additional Information Section.

7. Please indicate the end-use of your products and/or services by revenue percentage (%) by the following industry categories:

<input type="checkbox"/> Aerospace / Aviation	<input type="checkbox"/> Enterprise Application Integration	<input type="checkbox"/> Oil & Gas, Nuclear, Power
<input type="checkbox"/> Architecture & Engineering	<input type="checkbox"/> Enterprise Resource Planning	<input type="checkbox"/> Payment Processors
<input type="checkbox"/> Artificial Intelligence	<input type="checkbox"/> Financial Institutions	<input type="checkbox"/> Payroll or Accounting
<input type="checkbox"/> Automotive	<input type="checkbox"/> Fire / Security / Emergency Applications	<input type="checkbox"/> Pollution or Environmental
<input type="checkbox"/> Broadcasting	<input type="checkbox"/> Government (All Levels)	<input type="checkbox"/> Privacy Applications
<input type="checkbox"/> Cloud Service Providers	<input type="checkbox"/> Healthcare / Medical / Life Sciences	<input type="checkbox"/> Railway
<input type="checkbox"/> Communications	<input type="checkbox"/> Human Resources	<input type="checkbox"/> Retail, Wholesale
<input type="checkbox"/> Content or Knowledge Management	<input type="checkbox"/> Industrial Process Control	<input type="checkbox"/> Sharing Economy
<input type="checkbox"/> Customer Relationship Management	<input type="checkbox"/> Lottery / Gambling	<input type="checkbox"/> Smart Card / Smart Chip
<input type="checkbox"/> Data Aggregators	<input type="checkbox"/> Manufacturing / Industrial	<input type="checkbox"/> Social Media
<input type="checkbox"/> Data Security / Verification	<input type="checkbox"/> Marine	<input type="checkbox"/> Supply Chain Management
<input type="checkbox"/> Entertainment / Gaming	<input type="checkbox"/> Marketing / Multimedia	<input type="checkbox"/> Utilities
	<input type="checkbox"/> Military / Law Enforcement	<input type="checkbox"/> Other, please describe below:

8. Please indicate if the failure of any of your products or services are liable to result in:

- a. Loss of life or injury to a person? If Yes, please provide details.* Yes No
- b. Destruction or damage to physical property? If Yes, please provide details.* Yes No
- c. Immediate and large financial loss? If Yes, please provide details.* Yes No
- d. Significant cumulative financial loss? If Yes, please provide details.* Yes No
- e. Insignificant financial loss? Yes No

9. What is the worst-case scenario for your client if your product and/or services were to fail? _____

10. What steps do you take to avoid the worst-case scenario described in 9. from occurring? _____

11. What redundancy plans do you have in place in case the worst-case scenario in 9. occurs? _____

12. Do you have a formal customer-dispute resolution process? Yes No

13. Have any products or services been discontinued in the past 12 months? If Yes, please provide details.* Yes No

14. Please list any new products or services that you will be bringing to market in the next 12 months: _____

15. Please indicate which third-party service providers or hosting facilities you use: _____

16. Please indicate what type of material and content you disseminate online: _____

17. Do your employees drive their own vehicles on your business? Yes No

18. If Yes to 17., do they report this activity to their automobile insurer? Yes No

19. If Yes to 17., are they required to carry a minimum of \$1m Automobile Third Party Liability on their policy? Yes No

20. If Yes to 17., do you require them to provide proof of their automobile insurance? Yes No

Section 3: Staffing

1. Please provide the following information for all directors, partners, and/or principals (use Additional Information Section if necessary):

Name	Position/Title	Qualifications	Years of Relevant Experience

*Please provide further details in the space provided under the Additional Information Section.

2. Please indicate the full time equivalent (FTE) number of employees by the following:

Administrative	Professional Staff	Other: _____
Directors / Partners / Principals	Sales and Representatives	Other: _____

3. Please indicate the number of independent contracted professionals and/or sub-contractors and their professions:

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4. What services are contracted out to the independent contractors and/or sub-contractors? _____

- 5. Do you assume liability for the individuals noted in 4. above through their contracts? Yes No
- 6. Do you require all independent contractors and/or sub-contractors to carry their own professional liability? Yes No
- 7. Do you conduct employment reference checks on all employees and independent contractors? Yes No
- 8. Do you have a written procedural manual for employees to follow? Yes No
- 9. Do you have a formal training and onboarding program for new hires? Yes No
- 10. Are all your employees covered by Provincial Workers' Compensation Plans? Yes No
- 11. Do you provide written warnings to employees to create a record of performance issues? Yes No
- 12. Do you consult a lawyer prior to dismissing any employee? Yes No
- 13. Do you have a current copy of the Employment Standards Act accessible for staff? Yes No

Section 4: Contracts

1. Please provide the following details for your 5 largest customer contracts:

Client Name	Service Provided	Contract Value	Duration in Yrs.

- 2. Do you use a standard written contract, approved by legal counsel, detailing the services you are providing? Yes No
- 3. When you are required to use your client's contracts, do you have them reviewed by legal counsel? Yes No
- 4. When you are required to use your client's contracts, do you ever accept liability for consequential damages or for a loss of profits? Yes No
- 5. What percentage (%) of your contracts do not use your standard written contract? _____
- 6. Does your standard written contract include:
 - a. A hold harmless or indemnity agreement in your favour? Yes No
 - b. A hold harmless or indemnity agreement in your customer's favour? Yes No
 - c. Any limitation of liability clause(s)? Yes No
 - d. Any guarantees or warranties? Yes No
 - e. Any acceptance for consequential damages? Yes No
- 7. Do you obtain client acceptance and sign-off at the completion of project stages and final completion? Yes No
- 8. Do you obtain all change orders and mid-term changes in writing from your clients? Yes No

Section 5: Intellectual Property

- 1. Do you have written policies in place to protect against the infringement of copyright and trademarks of others? Yes No
- 2. Do these policies include copyright and trademark searches conducted by legal counsel or a search firm, including looking for domain names and product and/or service designs, names, or logos? Yes No
- 3. Do these policies include the acquisition of all rights, licenses, releases and consent for all content, products, or services used or created by or for you by third parties? Yes No
- 4. Are all employees and contractors required to sign agreements that they will not use any previous employer's trade secrets or intellectual property? Yes No

*Please provide further details in the space provided under the Additional Information Section.

5. Are any of your products or services advertised as being, same as, compatible with, or exactly like a third party's product or service? Yes No
6. Are any of your products or services advertised as being superior to or comparable to a third party's product or service? Yes No
7. Do you obtain a license for software or products designed by others used in your products or services? Yes No

Section 6: Network Security

1. If you store any of the following data types on your network or on your hosting providers services, please indicate the estimated total volume of each including records held, processed, and collected:
- a. Bank Records (customers and/or employees) _____
 - b. Credit and/or Debit Card Details _____
 - c. Credit Histories / Scores / Ratings _____
 - d. Health Information and/or Medical Records _____
 - e. Personal Contact Details (addresses, emails, phone numbers, etc.) _____
 - f. Personally Identifiable Data (SIN, Drivers License Numbers, etc.) _____
 - g. Trade Secrets, Intellectual Property _____
2. If Yes to 1.b., are you compliant with Payment Card Industry (PCI) Data Security Standard (DSS)? Yes No
3. Do you share private or personal information of customers with third parties? If Yes, please provide details.* Yes No
4. Do you have an anti-virus program in place? Yes No
5. If Yes to 4., please provide the name of the anti-virus program used: _____
6. If Yes to 4., do you enforce software updates and patches to the anti-virus program and other core software? Yes No
7. Do you have commercially available firewalls in place for all internet points of presence to prevent unauthorized access to internal networks? Yes No
8. If Yes to 7., do your firewalls use intrusion detection software? Yes No
9. Have you suffered any network or cyber intrusion in the past 12 months? If Yes, please provide details.* Yes No
10. Do you encrypt personally identifiable data stored on laptops and portable media? Yes No
11. Do you enforce policies on when internal and external communications need to be encrypted? Yes No
12. Do you provide remote access to your computer network? Yes No
13. If Yes to 12., do you only provide access through a Virtual Private Network (VPN)? Yes No
14. Has the Remote Desktop Protocol (RDP) port been closed/disabled on all computers? Yes No
15. Has the Server Message Block (SMB) port been closed/disabled on all computers? Yes No
16. If you have a secure area of your website, do you use Multi-Factor Authentication (MFA) or layered security for this area? Yes No
17. Are you compliant with all federal, provincial, territorial, or local laws and/or regulations where you operate concerning confidential and personal information such as PIPEDA, PIPA, HIPAA, and similar laws? Yes No
18. Do you have a written network and physical security policy? Yes No
19. Have you passed an outside network security process and practice audit in the past 2 years? Yes No
20. If Yes to 19., please provide the company and the date completed: _____
21. If Yes to 19., have you adequately responded to all recommendations? Yes No
22. If Yes to 19, please attached a copy of the audit to this application. Audit Attached
23. Are all security threats and incidents logged and investigated? Yes No
24. Do you have a written disaster-recovery, incident-response and business-continuity plans? Yes No
25. If Yes to 24., do you test your plans annually? Yes No
26. Do you have a process in place to test or audit your system security controls on a regular basis? Yes No
27. Do you back up network data and configuration files, key servers, and applications daily? Yes No
28. If No to 27., how often do you back up your network data? _____
29. Do you keep you back ups disconnected from your network? Yes No

*Please provide further details in the space provided under the Additional Information Section.

- 30. Do you use multiple back up methods such as cloud storage and local back ups? Yes No
- 31. Are your back ups encrypted? Yes No
- 32. Do you follow Microsoft Patch Tuesday patches within 30 days? Yes No
- 33. Do you conduct monthly vulnerability scans to ensure properly patched systems and applications? Yes No
- 34. Do you have a process to patch the most commonly exploited CVE's published within 30 days? Yes No

Section 7: Claims History

- 1. Have you ever had a claim against your organisation's insurance policies? If Yes, please provide details including date of loss, amount paid or held in reserve, and description of allegation.* Yes No
- 2. Have you ever been served with a cease-and-desist order or been named as a defendant in a suit claiming the infringement of a patent, copyright, trademark? Yes No
- 3. Have you ever breached a license agreement or misappropriated another's trade dress, style of doing business or were a party to the theft of proprietary information or trade secret? Yes No
- 4. Are you aware of any incidents or circumstances that could potentially give rise to a claim? If Yes, please provide details.* Yes No

Section 8: Prior Insurance

- 1. Have you ever been declined coverage, cancelled or non-renewed for insurance requested in this application? Yes No

2. Please provide details of your expiring insurance policy:

Coverage	Insurer	Limit	Aggregate	Deductible	Retroactive Date	Premium
General Liability						
Errors & Omissions						

Section 9: Requested Insurance Coverage

1. Please indicate the coverage limit, aggregate, retroactive date, and deductible are requested:

Coverage	Limit	Aggregate	Deductible	Retroactive Date
General Liability				
Errors & Omissions				

Privacy Policy

By signing this form, you are consenting to the collection, use, disclosure, and retention of your personal information for the purposes of underwriting and rating, policy issuance, processing and remitting premium, reporting claims, complying with applicable laws and governing bodies, reporting and monitoring results and fraud and criminal prevention. Please see www.signalunderwriting.com/privacy-statement for our External Privacy Policy.

Declarations

I/We, the undersigned, do declare and warrant that all statements and responses provided in this application and the attached addenda are to the best of my/our knowledge are true. Further, I/we warrant that no information has been withheld, suppressed or misstated any material facts that the underwriters may come to rely upon. I/We will notify the underwriters as soon as practicable if anything material is to change. I/We hereby agree and accept that this Declaration shall be the basis of such contract and will form part of the policy. Signing this application does not bind the underwriters or insurers to complete the insurance, nor does it bind the me/us to purchase the quoted coverage.

For British Columbia residents: SIGNAL Underwriting Inc. operates as SIGNAL Underwriting Services in British Columbia.

For Quebec and New Brunswick residents: Signing this Declaration confirms your request that all documentation and correspondence pertaining to the insurance coverage be in the English language.

Name (please print)	Title	Date

Signature _____

*Please provide further details in the space provided under the Additional Information Section.

