Technology Errors & Omissions Application

SIGNAL UNDERWRITING

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 your 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 Installation and Support
____ Computer Maintenance and Repair	____ Internet Forums / Chat Rooms	____ Website Development/Design
____ Computer Rental and Leasing	____ Internet Service Provider	____ Website Hosting
____ Custom Software Design	____ IT Consultants	____ Wholesale & Distribution
____ Data Base Management / Information Retrieval Services	____ Network Integrator	____ Other:
____ Data Processing Service	____ Network Security Consulting	
____ 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:

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

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 O No O
b. Destruction or damage to physical property? If Yes, please provide details.* Yes O No O
c. Immediate and large financial loss? If Yes, please provide details.* Yes O No O
d. Significant cumulative financial loss? If Yes, please provide details.* Yes O No O
e. Insignificant financial loss? Yes O No O

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 O No O
13. Have any products or services been discontinued in the past 12 months? If Yes, please provide details.* Yes O No O
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 O No O
18. If Yes to 17., do they report this activity to their automobile insurer? Yes O No O
19. If Yes to 17., are they required to carry a minimum of $1m Automobile Third Party Liability on their policy? Yes O No O
20. If Yes to 17., do you require them to provide proof of their automobile insurance? Yes O No O

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:

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

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 O	No O
3. When you are required to use your client's contracts, do you have them reviewed by legal counsel?	Yes O	No O
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 O	No O
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 O	No O
b. A hold harmless or indemnity agreement in your customer's favour?	Yes O	No O
c. Any limitation of liability clause(s)?	Yes O	No O
d. Any guarantees or warranties?	Yes O	No O
e. Any acceptance for consequential damages?	Yes O	No O
7. Do you obtain client acceptance and sign-off at the completion of project stages and final completion?	Yes O	No O
8. Do you obtain all change orders and mid-term changes in writing from your clients?	Yes O	No O

Section 5: Intellectual Property

1. Do you have written policies in place to protect against the infringement of copyright and trademarks of others?	Yes O	No O
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 O	No O
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 O	No O
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 O	No O

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

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 O No O
3. Do you share private or personal information of customers with third parties? If Yes, please provide details.* Yes O No O
4. Do you have an anti-virus program in place? Yes O No O
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 O No O
7. Do you have commercially available firewalls in place for all internet points of presence to prevent unauthorized access to internal networks? Yes O No O
8. If Yes to 7., do your firewalls use intrusion detection software? Yes O No O
9. Have you suffered any network or cyber intrusion in the past 12 months? If Yes, please provide details.* Yes O No O
10. Do you encrypt personally identifiable data stored on laptops and portable media? Yes O No O
11. Do you enforce policies on when internal and external communications need to be encrypted? Yes O No O
12. Do you provide remote access to your computer network? Yes O No O
13. If Yes to 12., do you only provide access through a Virtual Private Network (VPN)? Yes O No O
14. Has the Remote Desktop Protocol (RDP) port been closed/disabled on all computers? Yes O No O
15. Has the Server Message Block (SMB) port been closed/disabled on all computers? Yes O No O
16. If you have a secure area of your website, do you use Multi-Factor Authentication (MFA) or layered security for this area? Yes O No O
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 O No O
18. Do you have a written network and physical security policy? Yes O No O
19. Have you passed an outside network security process and practice audit in the past 2 years? Yes O No O
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 O No O
22. If Yes to 19, please attached a copy of the audit to this application. Audit Attached O
23. Are all security threats and incidents logged and investigated? Yes O No O
24. Do you have a written disaster-recovery, incident-response and business-continuity plans? Yes O No O
25. If Yes to 24., do you test your plans annually? Yes O No O
26. Do you have a process in place to test or audit your system security controls on a regular basis? Yes O No O
27. Do you back up network data and configuration files, key servers, and applications daily? Yes O No O
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 O No O

*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 O	No O
31. Are your back ups encrypted?	Yes O	No O
32. Do you follow Microsoft Patch Tuesday patches within 30 days?	Yes O	No O
33. Do you conduct monthly vulnerability scans to ensure properly patched systems and applications?	Yes O	No O
34. Do you have a process to patch the most commonly exploited CVE's published within 30 days?	Yes O	No O

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 O	No O
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 O	No O
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 O	No O
4. Are you aware of any incidents or circumstances that could potentially give rise to a claim? If Yes, please provide details.*	Yes O	No O

Section 8: Prior Insurance

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

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.

Additional Information Section

Please use this space to provide any additional information from the questions above, from the addenda or anything you feel is material to your operations:

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