

**INSTRUCTIONS**

Complete all sections in full. This application covers Technology Errors & Omissions, Cyber & Privacy Liability, and Media Liability. Attach supporting documents where indicated. Completion of this application does not bind coverage.

**SECTION A — APPLICANT DETAILS**

LEGAL NAME OF APPLICANT <input style="width: 95%; height: 20px;" type="text"/>	OPERATING / TRADE NAME (IF DIFFERENT) <input style="width: 95%; height: 20px;" type="text"/>
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BUSINESS ADDRESS <input style="width: 95%; height: 20px;" type="text"/>	CITY <input style="width: 95%; height: 20px;" type="text"/>	PROVINCE / STATE <input style="width: 95%; height: 20px;" type="text"/>	POSTAL / ZIP <input style="width: 95%; height: 20px;" type="text"/>
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PRIMARY CONTACT NAME <input style="width: 95%; height: 20px;" type="text"/>	TITLE <input style="width: 95%; height: 20px;" type="text"/>	PHONE <input style="width: 95%; height: 20px;" type="text"/>	EMAIL <input style="width: 95%; height: 20px;" type="text"/>
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WEBSITE URL(S) <input style="width: 95%; height: 20px;" type="text"/>	YEAR ESTABLISHED <input style="width: 95%; height: 20px;" type="text"/>	FINANCIAL YEAR END (MM/DD) <input style="width: 95%; height: 20px;" type="text"/>	TOTAL EMPLOYEES (#) <input style="width: 95%; height: 20px;" type="text"/>
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CORPORATE STRUCTURE

Sole Proprietor  
  Partnership  
  Corporation  
  LLP  
  Non-Profit  
  Other (describe below)

IF 'OTHER', DESCRIBE CORPORATE STRUCTURE

**AUTHORIZED CONTACTS**

AUTHORIZED OFFICER / SIGNATORY <input style="width: 95%; height: 20px;" type="text"/>	EMAIL <input style="width: 95%; height: 20px;" type="text"/>
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DESIGNATED BREACH RESPONSE CONTACT EMAIL

**SUBSIDIARIES**

SUBSIDIARY NAME	COUNTRY OF DOMICILE	DATE ACQUIRED / INCORPORATED	COVERAGE REQUIRED?
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>

**FUNDING (IF APPLICABLE)**

FUNDING ROUND	DATE	AMOUNT RAISED (\$)	LEAD INVESTOR
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>

**SECTION B — REVENUE & FINANCIAL**

	LAST COMPLETE FY	CURRENT FY ESTIMATE	NEXT FY ESTIMATE
Canada / domestic revenue (\$)	<input type="text"/>	<input type="text"/>	<input type="text"/>
USA revenue (\$)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other territory revenue (\$)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total gross revenue (\$)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Profit / (Loss) (\$)	<input type="text"/>	<input type="text"/>	<input type="text"/>

OTHER TERRITORY — DESCRIBE COUNTRY / REGION	% OF REVENUE — B2B	% OF REVENUE — DIRECT TO CONSUMER

% OF TOTAL REVENUE SUBJECT TO USA JURISDICTION UNDER CONTRACT	CURRENT YEAR PAYROLL (\$)

**BUSINESS CHANGES (PAST 12 MONTHS, OR ANTICIPATED NEXT 12 MONTHS)**

- Any significant change in the nature or size of the applicant's business?  Yes  No
- Any merger, acquisition, consolidation, or divestment completed or contemplated?  Yes  No
- Any plans to introduce new products or services, or enter new markets or territories?  Yes  No
- Any change in ownership, corporate structure, or key personnel?  Yes  No

IF YES TO ANY — PROVIDE FULL DETAILS

**SECTION C — PRODUCTS & SERVICES**
**BUSINESS DESCRIPTION**

Describe products and services — include primary activities, target customers, and any proprietary technology.

**REVENUE BY PRODUCT / SERVICE — MUST TOTAL 100%**

Packaged / shrink-wrap software (own)		IT & business process outsourcing	
Packaged / shrink-wrap software (third party)		Managed services (MSP)	
Custom / bespoke software development		Web design & development	
Software maintenance & support		Web / application hosting	
SaaS / cloud-based software delivery		Internet / ISP / email services	
IF 'OTHER' — DESCRIBE IT consulting & advisory		Telecommunications services	
Systems implementation / integration		Media content, data sales & licensing	
Hardware sales & distribution		Advertising & referral revenues	
Hardware installation & maintenance		Other (describe below)	
Data / transaction processing			

**SECTION C — PRODUCTS & SERVICES (continued)**

**SECTOR BREAKDOWN — % OF REVENUE BY CLIENT INDUSTRY**

Financial services		Healthcare	
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Government & public sector		Aerospace & defence	
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Products & services — does the applicant:		Education	
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Provide outsourcing, application hosting, SaaS, or online data storage services to clients?  Yes  No

Provide managed services (MSP) — if yes, complete the MSP supplementary?  Yes  No

Sell, distribute, or install any tangible hardware products?  Yes  No

Provide services involving hardware installation at third-party premises?  Yes  No

Develop or licence any proprietary software products?  Yes  No

Provide data processing or transaction processing services to clients?  Yes  No

IF YES TO ANY — PROVIDE FULL DETAILS, SPECIFYING WHICH ITEM(S) APPLY

Are any products or services intended for use in, or connected to, any of the following?  Yes  No

Aircraft, watercraft, rail, military hardware, or process control equipment?  Yes  No

Nuclear, chemical, oil & gas, or petrochemical installations?  Yes  No

Surgical, medical, or clinical applications?  Yes  No

Financial trading systems or market infrastructure?  Yes  No

Autonomous or semi-autonomous vehicles or systems?  Yes  No

IF YES TO ANY — PROVIDE FULL DETAILS (THESE REPRESENT HIGHER-RISK EXPOSURES)

**SECTION D — CLIENT PROFILE & CONTRACTS**

**FOUR LARGEST CLIENT ENGAGEMENTS — PAST 2 YEARS**

CLIENT NAME / INDUSTRY	PRODUCT / SERVICE PROVIDED	ANNUAL REVENUE (\$)	CONTRACT DURATION

APPROXIMATE TOTAL NUMBER OF ACTIVE CLIENTS

LARGEST SINGLE CLIENT AS % OF TOTAL REVENUE

WORST REASONABLY FORESEEABLE IMPACT ON A CLIENT IF PRODUCTS/SERVICES FAILED COMPLETELY OR WERE UNAVAILABLE FOR AN EXTENDED PERIOD

Client contracts — does the applicant:

- Use written contracts, purchase orders, or terms & conditions for all client engagements?  Yes  No
- Include a clearly defined scope of work in all contracts?  Yes  No
- Include a cap on total liability to the client?  Yes  No
- Include a full disclaimer / exclusion of consequential or indirect damages?  Yes  No
- Include dispute resolution provisions?  Yes  No
- Require written client sign-off on all scope changes or variations?  Yes  No
- Have contracts reviewed by legal counsel prior to execution?  Yes  No
- Commit clients to contracts with third parties on their behalf?  Yes  No

IF NO TO ANY PROTECTIVE PROVISION — DESCRIBE CIRCUMSTANCES AND ARRANGEMENTS

Does the applicant use subcontractors or independent contractors to deliver any products or services?  Yes  No

TYPES OF WORK PERFORMED BY SUBCONTRACTORS% SUBCONTRACTED

SUBS REQUIRED TO CARRY OWN E&O?

**SECTION E — CYBER & DATA SECURITY**
**DATA HELD / PROCESSED — SELECT RECORD COUNT RANGE**

TYPE OF PERSONAL DATA HELD / PROCESSED	<10K	10K–100K	100K–500K	500K–1M	>1M
Social insurance / government ID numbers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consumer financial / banking information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Payment card data (credit / debit)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protected health information (PHI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biometric information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee / HR records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other sensitive personal information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DESCRIBE ANY OTHER SENSITIVE OR CONFIDENTIAL DATA HELD / PROCESSED

**DATA BACKUP PROCEDURES**

Include: frequency, storage method (online / offline / air-gapped), encryption status, and how often tested for recoverability.

**SECTION E — CYBER & DATA SECURITY (continued)**

**CONFIRM ALL — tick to confirm YES to each statement. Indicate any NO answers in the field provided.**

- Multi-factor authentication (MFA) is enabled for all remote access to the network and all email accounts.
  - Critical security patches and updates are applied as soon as possible; no end-of-life or unsupported software is in use.
  - All endpoints (desktops, laptops, servers) are protected with anti-virus, anti-malware, or endpoint detection software.
  - Remote access to the network is only permitted via a VPN or equivalent secure connection.
  - Incoming emails are scanned for malicious attachments and links.
  - A firewall is in place at the network perimeter.
  - User access rights are restricted to the minimum necessary for each role (principle of least privilege).
  - A network intrusion detection system is in place to provide alerts on unauthorized access.
  - Centralized log collection and monitoring is in place for network activity and access.
- Confirmed — all statements above apply to this organisation.

IF ANY STATEMENT ABOVE DOES NOT APPLY — EXPLAIN HERE

Security testing — does the applicant conduct any of the following?

- |  |  |
|--|--|
| Internal vulnerability scanning?                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| External vulnerability scanning against internet-facing systems? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Penetration testing by qualified third parties?                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Regular review of security logs and alerts?                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |

FOR EACH CONDUCTED — INDICATE FREQUENCY (CONTINUOUS / MONTHLY / QUARTERLY / ANNUALLY)

Data storage — does the applicant store data in the following, and is it encrypted?

- |  |  |
|--|--|
| Laptops / portable devices — encrypted at rest?                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Portable / removable media (USB, external drives) — encrypted? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Backup tapes or offline backup media — encrypted?              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Cloud storage or databases — encrypted at rest and in transit? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

IF ANY STORED DATA IS NOT ENCRYPTED — DESCRIBE WHICH AND WHY

**SECTION F — PRIVACY, PAYMENT CARDS & eCRIME**

Has the applicant designated a Chief Privacy Officer or equivalent role?  Yes  No

Has the applicant designated a Chief Information Security Officer or equivalent?  Yes  No

IF NO TO EITHER — DESCRIBE WHO IS RESPONSIBLE FOR PRIVACY AND SECURITY

Does the applicant require third parties with whom it shares personal/confidential data to carry their own liability coverage and indemnify the applicant for losses arising from their misuse of that data?  Yes  No

**PAYMENT CARDS**

Does the applicant accept payment cards for goods or services?  Yes  No

Is the applicant compliant with applicable PCI-DSS standards?  Yes  No  N/A

Is payment card data encrypted at point of sale and through transmission to the processor?  Yes  No  N/A

IF NOT PCI COMPLIANT — DESCRIBE CURRENT STATUS AND ESTIMATED COMPLETION DATE

**CONFIRM ALL — tick to confirm YES to each statement. Indicate any NO answers in the field provided.**

- All employees responsible for disbursing or transmitting funds receive annual anti-fraud training (social engineering, phishing, BEC).
  - Before processing any fund transfer request, instructions are verified via a method independent of the original channel of communication.
  - All fund transfer requests require review and approval by a supervisor or next-level approver.
  - Any vendor or supplier request to change account details is independently verified with a known contact before any changes are made.
  - Payments above a defined threshold require at least two-stage sign-off.
- Confirmed — all statements above apply to this organisation.

IF ANY STATEMENT ABOVE DOES NOT APPLY — EXPLAIN HERE

**SECTION G — BUSINESS CONTINUITY & INCIDENT RESPONSE**

- Disaster recovery plan (DRP) — covering IT systems and infrastructure?  Yes  No
- Business continuity plan (BCP) — covering broader operations?  Yes  No
- Incident response plan (IRP) — covering network intrusions, ransomware, and data breaches?  Yes  No

FOR EACH IN PLACE — PROVIDE DATE LAST TESTED AND ANY RELEVANT DETAILS

RECOVERY TIME OBJECTIVE (RTO) — STATED

RECOVERY TIME OBJECTIVE (RTO) — TESTED / DEMONSTRATED

Does the applicant provide outsourcing or hosting services to clients?  Yes  No

If yes — does the BCP/DRP include recovery time objectives for restoring client-facing services, and have these been tested?  Yes  No  N/A

**SECTION H — MEDIA LIABILITY & INTELLECTUAL PROPERTY**

MEDIA ACTIVITIES (CHECK ALL THAT APPLY)

- |   |  |
|---|--|
| <input type="checkbox"/> Website / online content | <input type="checkbox"/> Social media                    |
| <input type="checkbox"/> Digital advertising      | <input type="checkbox"/> Email marketing                 |
| <input type="checkbox"/> Audio / video streaming  | <input type="checkbox"/> Print materials                 |
| <input type="checkbox"/> Television / radio       | <input type="checkbox"/> User-generated content platform |
| <input type="checkbox"/> Other (describe below)   |  |

IF 'OTHER' — DESCRIBE MEDIA ACTIVITIES

Media & IP controls — does the applicant:

- Have a formal review process to screen published / broadcast / digital content for IP and privacy compliance?  Yes  No
- Have content reviews conducted by, or under supervision of, qualified legal counsel?  Yes  No
- Have procedures to monitor and renew all third-party IP licences used in products or services?  Yes  No
- Have procedures to respond promptly to allegations of IP infringement?  Yes  No
- Allow user-generated content to be displayed on its website(s) or platforms?  Yes  No

IF NO TO ANY CONTROL ITEM — DESCRIBE ARRANGEMENTS IN PLACE

In the past 5 years, has the applicant:

- Sent or received a cease and desist letter relating to intellectual property?  Yes  No
- Received notification of an actual or potential IP infringement claim?  Yes  No
- Received a complaint alleging trademark, copyright, defamation, or invasion of privacy?  Yes  No

IF YES TO ANY — PROVIDE FULL DETAILS

Does the applicant intend to introduce new products, or market existing products in a new business sector or territory, in the next 12 months?  Yes  No

IF YES — DESCRIBE PLANS

**SECTION I — PRIOR INSURANCE & CLAIMS HISTORY**

**CURRENT / PRIOR INSURANCE**

COVERAGE	INSURER	EFFECTIVE DATE	LIMIT (\$)	DEDUCTIBLE (\$)	RETROACTIVE DATE

*Coverage types: Technology E&O / Cyber & Privacy / General Liability / Directors & Officers / Legal Expenses.*

Has any coverage ever been declined, cancelled, non-renewed, or had special terms applied?  Yes  No

IF YES — PROVIDE FULL DETAILS

- In the past 5 years, has the applicant, or any past or present principal, director, officer, or employee:
- Had a written demand or civil proceedings for damages made against them?  Yes  No
  - Received any claims or complaints relating to privacy, data breach, or network security?  Yes  No
  - Been subject to any government action, investigation, or regulatory inquiry regarding privacy or data?  Yes  No
  - Received a complaint or demand relating to IP infringement, defamation, or invasion of privacy?  Yes  No
  - Notified consumers or any third party of a data breach incident?  Yes  No
  - Experienced an actual or attempted ransomware attack or extortion demand?  Yes  No
  - Experienced an unexpected outage of a system or application lasting more than 4 hours?  Yes  No
  - Suffered any loss arising from the dishonesty or malice of any employee or contractor?  Yes  No

**SECTION I — CLAIMS HISTORY (continued)**

If YES to any — complete the table below for each matter. Attach additional sheets if required.

DATE	DESCRIPTION OF CLAIM / INCIDENT	AMOUNT CLAIMED (\$)	STATUS	AMOUNT PAID (\$)	STEPS TO PREVENT RECURRENCE

Is the applicant currently aware of any of the following:

- Any act, error, omission, or circumstance that might reasonably give rise to a claim?  Yes  No
- Any known shortcoming in work delivered to a client that could result in a claim?  Yes  No
- Any complaint, dispute, or escalating client issue that has not been fully resolved?  Yes  No
- Any client withholding payment in connection with a dispute or complaint?  Yes  No
- Any grounds to suspect that any employee or contractor has acted dishonestly or maliciously?  Yes  No

IF YES TO ANY — PROVIDE FULL DETAILS, SPECIFYING WHICH ITEM(S) APPLY

**SECTION J — COVERAGE REQUESTED**
**COVERAGE LIMITS REQUESTED**

COVERAGE	LIMIT REQUESTED (\$)	DESIRED EFFECTIVE DATE	RETROACTIVE DATE

Coverage types: Technology E&O / Cyber & Privacy Liability / Media Liability.

**SECTION K — DECLARATION**
**IMPORTANT NOTICE**

The undersigned declares that the statements and information contained in this application, and any supplementary materials submitted in connection with it, are true, accurate, and complete in all material respects. The applicant understands and agrees that this application shall form the basis of and be incorporated into any policy issued. The applicant acknowledges that the insurer will rely upon the representations made herein when underwriting and issuing coverage. Any material misrepresentation, misstatement, or failure to disclose relevant information may render the policy void from inception or result in the denial of coverage, subject to applicable law.

The applicant further acknowledges that defence expenses incurred shall reduce the limits of liability available to pay judgements or settlements, and shall be applied against the deductible amount.

FULL NAME (PRINT)

TITLE / POSITION

DATE (MM / DD / YYYY)

SIGNATURE OF AUTHORIZED REPRESENTATIVE