



COMPREHENSIVE TECHNOLOGY & CYBER LIABILITY PACKAGE RENEWAL APPLICATION

THIS IS A RENEWAL APPLICATION FOR A CLAIMS MADE POLICY WITH DEFENCE COSTS INCLUDED IN THE LIMIT OF LIABILITY. **PLEASE ONLY COMPLETE SECTIONS THAT APPLY TO THE COVERAGE BEING REQUESTED.**

All questions must be answered completely. If there is no answer, write "none" or "n/a" in the space provided. Where space provided is insufficient to fully answer, please use and attach separate sheet(s).

Coverage Requested

	Yes / No	Limit	Retention
• Professional Services, Technology Services and Technology Products Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____
• Media and Advertising Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____
• PCI DSS Assessment	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____
• Network Security and Privacy Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____
• Network Extortion Threat	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____
• Breach Event Services and Expenses	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____
• Commercial General Liability (Occurrence)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____

General Information

1. (a) Name of Applicant: _____
 (b) Mailing Address: _____
 Location Address (if different than above): _____
 (c) Applicant is: Sole Proprietor Corporation Partnership Other: _____
 (d) Total Annual Payroll: \$ _____
2. (a) During the past year, has the Applicant's name changed, or has the Applicant purchased, merged or consolidated with any other business? Yes No
 If Yes, provide full details: _____

- (b) In the next 12 months, does the Applicant intend to merge or consolidate with any other business? Yes No
 If Yes, provide full details: _____

Business Activities / Details

3. (a) Last completed Fiscal Year is from: _____ to _____
(Month/Year) (Month/Year)
- (b) Gross Revenue by type of operations:

Description of Operations	Last Year's Gross Revenue	Current Year Gross Revenue	Projected Next Year's Gross Revenue
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
APPLICANTS TOTAL GROSS REVENUE	\$	\$	\$

- (c) Has there been any changes to the services the Applicant provides since the date of the last Application? Yes No

If Yes, provide full details: _____

- (d) For the Total Last Year's Gross Revenue indicated in (b) above, indicate the approximate percentage derived from each of the following (must total 100%):

Operations / Sales	Canada	U.S.A.	Foreign / International
Operation / Sales:	%	%	%
Online Sales:	%	%	%
Other – specify:	%	%	%

- (e) For the Total Last Year's Gross Revenue indicated in (b) above, indicate the approximate percentage derived from each of the following services (must total 100%):

Service	%	Service	%
Back-up Services / Archiving		Internet Site Design / Content Provider	
Cloud Computing		LAN / WAN Administration	
Computer Facilities Management		Network & Communication Systems	
Consumer PC Repair Services		Network Securities Integration / Consulting	
Custom Software Developer		Online Service Provider / Access Provider / Web-Site Hosting	
Customer Relationship Management (CRM)		Outsourcing / Contract Worker Provider	
Data Entry Processing		Packaged Software Development	
Document / Data Conversion		Social Media Consultant	
Domain Name Registration		Software - Installation / Maintenance	
E-Commerce		Software - Application Service Provider	
EDP Audits / Information Systems Audits		Software - Consultant	
Emergency Notification Software		Systems Analysis	
Hardware Design / Manufacturing		System Support & Maintenance	
Hardware Sales / Support		Telecommunications Consultant	
Hardware Installation / Maintenance		Training / Education / User Support	
Internet Marketing / Data Mining		Other: _____	
Internet Service Provider (ISP)		Other: _____	

- (f) For the Total Last Year's Gross Revenue indicated in (b) above, indicate the approximate percentage generated by the following end uses or applications (must total 100%):

End Use	%	End Use	%
Accounting / Payroll Processing		Fund Transfer	
Automation / Robotics / Industrial Process Control		Gaming	
Automotive		Government	
Aerospace / Aviation		Inventory / Purchasing	
Billing Systems		Marine	
CAD / CAM		Medical / Healthcare / Medical Diagnostic	
Credit Card Processing		Military / Law Enforcement / Weapons Systems / Anti-Terrorism Applications	
Data Security / Verification / Privacy Applications		Multimedia / Entertainment / Information / Broadcasting / Communications	
Decision Support Systems		Utilities / Nuclear / Oil & Gas	

Facilities Management / Process Control		Wireless Communications / Alarm Systems	
Financial Analysis		Other: _____	
Fire / Security / Emergency Applications		Other: _____	

4. Describe any products or services which the Applicant has discontinued within the past twelve months: _____

5. Provide the following information (at the time of completing this Application):

	Canada	U.S.A.	Foreign / International
Total Number of Employees			
Total Number of Customers			
Percentage of Online Customers	%	%	%

6. Indicate the Applicant's three largest projects during the last twelve months including: the client's name; nature of services provided and the gross revenues generated from those services (if more space is required, complete and attach a separate sheet):

Client	Product / Service Description	Gross Revenue	Contract Duration
		\$	
		\$	
		\$	

Contractual Information

7. Has there been any changes to the Applicants standard written contract describing the services being provided? Yes No
 If Yes, attach a copy of the standard written contract and explain the changes.

Quality Control

8. Has there been any changes to the Applicants quality control, testing or monitoring of products and services since the date of the last Application? Yes No
 If Yes, provide full details: _____

9. Has there been any changes to the use of independent contractors since the date of the last Application? Yes No
 If Yes, provide full details: _____

Media and Advertising – complete this section only if this coverage is being requested.

10. (a) Provide the following details on the websites the Applicant administers:

Website Address*	Type of Content on the Website	Avg Views per Month

*If a website is not yet online, attach a description.

- (b) Do any of the websites contain blogs, chat rooms or forums? Yes No

If Yes, provide full details: _____

11. (a) Indicate the type of content utilized by the Applicant (check all that apply):

Content		Content	
Adult	<input type="checkbox"/>	Gambling / Gaming	<input type="checkbox"/>
Advertising	<input type="checkbox"/>	Games	<input type="checkbox"/>
Applicant Information	<input type="checkbox"/>	Legal	<input type="checkbox"/>
Children's Interest	<input type="checkbox"/>	Medical	<input type="checkbox"/>
Commentary / Editorial	<input type="checkbox"/>	Music	<input type="checkbox"/>
Customer Application	<input type="checkbox"/>	News	<input type="checkbox"/>
Downloadable Business Software	<input type="checkbox"/>	Sports	<input type="checkbox"/>
Downloadable Consumer Software	<input type="checkbox"/>	Travel	<input type="checkbox"/>
Film / Video	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>
Financial	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>

- (b) Has there been any changes to the use of content since the date of the last Application? Yes No

If Yes, provide full details: _____

Technology Products – complete this section only if this coverage is being requested.

12. (a) Is the Applicant involved in product design, development or manufacturing? Yes No

- (b) Are products manufactured by a third party? Yes No

If Yes, provide the following information:

Origins of Materials Used	Origin of Principal Components	Major Clients

13. Has there been any changes to the Applicant's quality control, testing or monitoring of technology products since the date of the last Application? Yes No

If Yes, provide full details: _____

Network Security and Privacy & Breach Event Services Coverages – complete this section only if these coverages are being requested.

14. (a) Has there been any changes to the Applicant's network security and privacy breach policies and procedures since the date of the last Application? Yes No

If Yes, provide full details: _____

- (b) Indicate the types of private and sensitive information that the Applicant receives, stores, uses or processes:

- (i) financial account payment information:

(A) credit card or debit account number: Yes No

(B) chequing, banking or automated clearing house information: Yes No

- (C) financial data: Yes No
- (ii) government issued identification information: Yes No
- (iii) name, address, contact information: Yes No
- (iv) medical or health related information: Yes No
- (v) information on children who use the Applicants website: Yes No
- If Yes, are there controls in place to obtain parental permission: Yes No
- (vi) trade secrets or intellectual property information: Yes No
- (vii) third party corporate information: Yes No
- (c) (i) Provide the number of records maintained by the Applicant containing the information noted in (c) above:
- 0-5,000 5,000-10,000 10,000-25,000 25,000-50,000
- 50,000-100,000 If above 100,000, provide amount: _____

15. Has there been any changes to the Applicant's premises, facilities or security monitoring since the date of the last Application? Yes No
- If Yes, provide full details: _____

16. Are any of the following network system functions outsourced to a third party?
- (i) Hosting Facility Yes No
- (ii) Co-location Facility Yes No
- (iii) Management Security Services Provided Yes No
- (iv) Data Storage Facility Yes No
- (v) Other (provide details): _____
- If Yes, provide details: _____

17. If the Applicant accepts credit or payment card transactions for the payment of goods or services, is the Applicant compliant with applicable data transaction compliance standards (i.e. Payment Card Industry Data Security Standard compliance)? Yes No

Commercial General Liability – complete this section only if this coverage is being requested.

18. (a) Does the Applicant install, service, demonstrate products or provide maintenance service? Yes No
- (b) If the Applicant retails, wholesales, imports or distributes any product, are their agreements in place with the dealer, manufacturer or distributor which contain a hold harmless clause in the Applicants favour? Yes No
- (c) Are independent contractors or subcontractors used to develop, manufacture, assemble, implement or support the product? Yes No
- If Yes, provide details on the product or service provided: _____

Watercraft and Aircraft Liability / Non-owned Automobile Liability

19. (a) Does the Applicant own or lease any watercraft or aircraft? Yes No
- (b) Number of volunteers, members or employees using their own vehicles for company business (occasional or full-time use): _____
- (c) How many vehicles are hired, borrowed or leased each year on a short-term basis for business purposes?

Canada: _____

United States: _____

Past Activities

20. Since the date of the last Application, has the Applicant, or any of the Applicant's employees, been investigated by, or suspended from practice by, any governing body of his/her profession? Yes No

If Yes, explain: _____

21. (a) Has any claim been made against the Applicant which has not already been reported to Trisura Guarantee Insurance Company? Yes No

(b) Does the Applicant, any of the Applicant's employees or any other person have knowledge or information of any fact, circumstance or situation which could reasonably give rise to a claim and which has not already been reported to Trisura Guarantee Insurance Company? Yes No

If Yes to (a) or (b) above, please provide the Date of Claim, Claimant's Name, Nature of Claim, Amount of Damages sought and current status of Claim.

FALSE INFORMATION

Any person who, knowingly and with intent to defraud any insurance company or other person, files an Application for insurance containing any false information, or conceals information concerning any fact material thereto for the purpose of misleading any insurance company or other person, commits a fraudulent insurance act which is a crime.

DECLARATIONS AND SIGNATURE

The undersigned authorized representative of the Applicant:

- (i) declares, after inquiry, that the statements and representations set forth in this Application, and all materials submitted to or requested by the Insurer in conjunction with this Application, are true;
- (ii) acknowledges that these statements, representations, and materials are relied on by the Insurer and that they shall be deemed material to the acceptance of the risk assumed by the Insurer under the insurance applied for, should the insurance be effected;
- (iii) agrees that if the information supplied in connection with this Application changes between the date of this Application and the effective date of any insurance effected pursuant to this Application, the undersigned will immediately notify the Insurer of such changes, and the Insurer may withdraw or modify any outstanding indications, quotations and/or authorization or agreement to effect the insurance; and
- (iv) acknowledges that any personal information provided in connection with the insurance applied for, including but not limited to the information contained in this Application, has been collected in accordance with all applicable privacy legislation. The undersigned confirms that all necessary consents have been obtained for the collection, use, and disclosure of such information for the purposes of any investigation and inquiry in connection with this Application for insurance and, if applicable, investigating and settling claims, detecting and preventing fraud, and acting as required or authorized by law.

Signing of this Application does not obligate the Applicant or the Insurer to effect the insurance, but it is agreed that all materials submitted to or requested by the Insurer in conjunction with this Application are hereby incorporated by reference into this Application and made a part hereof. Terms and conditions, including limits of coverage, offered by the Insurer may differ from those applied for by the Applicant. It is further agreed that this Application and all materials submitted to or requested by the Insurer in conjunction with this Application are the basis of and are deemed attached to and incorporated into any policy effected pursuant to this Application.

PLEASE NOTE: COVERAGE CANNOT BE BOUND UNLESS THIS APPLICATION HAS BEEN FULLY COMPLETED AND DULY SIGNED AND DATED.

Applicant	Date
Signature	Title