



CARRIER:

United States Liability Insurance Company

# Technology Professional Package Application

YOU CAN OBTAIN A QUOTE BY PROVIDING THE INFORMATION IN THE INSTANT QUOTE SECTION SUBJECT TO THE REMAINDER PROVIDED PRIOR TO BINDING.

All questions must be answered and application must be signed by the applicant. **This is an application for a claims made policy – please read your policy carefully.** Defence costs shall be applied against the deductible.

## I. INSTANT QUOTE INFORMATION

Instant quote is only available for accounts with no losses in the past five years. For accounts with losses, please complete the application in its entirety and submit details in a claim supplement.

Applicant's name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province/Territory: \_\_\_\_\_ Postal code: \_\_\_\_\_

Location address: \_\_\_\_\_  Same as mailing address

City: \_\_\_\_\_ Province/Territory: \_\_\_\_\_ Postal code: \_\_\_\_\_

Web address: \_\_\_\_\_ Email address: \_\_\_\_\_ Phone: \_\_\_\_\_

Inspection contact name: \_\_\_\_\_ Email address: \_\_\_\_\_ Phone: \_\_\_\_\_

### Description of operations:

What does your business do? Please check each one that applies. Select "Other" if your business description is not listed, and write a short description of the services you provide.

- Cloud providers/Application service providers/Software as a service What percentage of receipts are derived from this? \_\_\_\_\_ %
- Custom Software: development/implementation/training/configuration/integration
- Video game development
- Technology consulting/training/project manager
- IT staffing
- Data or records storage/retrieval/back-up
- Data administration/migration/analytics
- Electronics recycling/refurbishing
- Manufacturing or white labeling of any tangible technology product
- Smart phone/Computer repair
- Managed Service Provider
- Computer forensics/eDiscovery
- Audio visual design/installation/consultant
- Telecommunications consultant (including VOIP services)
- Internet/Cable service provider or installation
- Network or computer security consulting
- Systems or network design/administrator/integration/support/installation (not managed services)
- Web Services: design/development/hosting or search engine optimization
- Digital marketing/advertising
- Online Publisher/Blogger/Animation/Video Production
- Other services not listed: \_\_\_\_\_

Current annual domestic revenue (Canada, United States and its territories) \$ \_\_\_\_\_

Current annual foreign revenue (outside Canada, United States and its territories) \$ \_\_\_\_\_

Total revenue \$ \_\_\_\_\_

Principals, partners, officers: Providing professional services: \_\_\_\_\_ Not providing services: \_\_\_\_\_ = Total principals: \_\_\_\_\_

Employees providing professional services (paid on T4): Full time: \_\_\_\_\_ Part time: \_\_\_\_\_ = Total employees: \_\_\_\_\_

Independent Contractors (paid on T4A): Exclusively working for applicant: \_\_\_\_\_ All other: \_\_\_\_\_ = Total contractors: \_\_\_\_\_

What is the earliest date of continuous errors and omissions liability coverage? \_\_\_ / \_\_\_ / \_\_\_  Unknown  No prior coverage

Referred to as a Retroactive Date on the declarations page of your policy

Name	Relationship/Interest	Address	City, Province, Postal Code	AI	LP	M	W
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**III. LOSS INFORMATION**

1. Have you initiated litigation against any of your clients in the past five years?  Yes  No  
*If "Yes," advise how many times you have initiated litigation in the past five years along with details for each.*
2. In the last five years, has any claim been made or suit brought against the applicant, its predecessor(s) in business or any of its present or former owners, partners, officers, directors, employees or independent contractors?  Yes  No  
*If "Yes," please provide details on a separate supplemental claim application.*
3. Is any owner, partner, director, employee or independent contractor aware of any circumstance, allegation, contention or incident which may result in a claim being made against the applicant, its predecessor(s) in business or any of its present or former partners, owners, officers, directors or independent contractors?  Yes  No  
*If "Yes," please provide details on a separate supplemental claim application.*
4. Have any regulatory, governmental or administrative action(s) been brought against the applicant involving the use or disclosure of personal information?  Yes  No
5. Is any owner, partner, director, employee or independent contractor aware of any data breach or security breach (including a ransomware incident) that has or may result in unauthorized use or disclosure of personal information held by the applicant or held by a third party on behalf of the applicant?  Yes  No
6. Has the applicant received or is it aware of any complaint, notice or claim involving a data breach (including a ransomware incident) resulting in the unauthorized use or disclosure of personal information held by the applicant or held by a third party on behalf of the applicant?  Yes  No
7. In the past five years, has there been an unplanned outage of or unplanned inability to access the applicant's network, computer systems, email or web applications lasting more than eight hours?  Yes  No

**IV. ELIGIBILITY CRITERIA**

8. Please indicate if your services, applications or software affect, enable or involve any of the following:
  - Fund transfers, financial transactions, equity/stock trading, loan fulfillment, cryptocurrency or NFTs.  Yes  No
  - Lottery, sweepstakes, gaming, online casino or coupon redemption  Yes  No
  - Radio frequency ID systems or embedded systems  Yes  No
  - Robotics or process control of industrial equipment including SCADA and Manufacturing Execution Systems  Yes  No
  - CAD/CAM or 3-D rendering, including 3-D printing  Yes  No
  - Physical security system installation or monitoring (burglar/fire alarms, access control and CCTV systems)  Yes  No
  - Geographic Information System (GIS), navigation systems, telematics, or transportation  Yes  No
  - Aircraft, air-ground equipment, military defense and/or weaponry of any kind including homeland security  Yes  No
  - 911 or other emergency response and/or dispatch  Yes  No
  - Energy, power plant, utility or pollution monitoring, supply or distribution  Yes  No
  - Social networking  Yes  No
  - Gig economy/Referral service  Yes  No
  - Mechanical, electrical, chemical, civil or architectural design or engineering  Yes  No
  - Voting, voter registration or election results  Yes  No
9. Does the applicant provide government regulation compliance services?  Yes  No  
 If "Yes," please list applicable regulations: \_\_\_\_\_
10. Is the applicant a construction project manager, general contractor or licensed electrician?  Yes  No
11. Does the applicant provide services that involve cell tower site selection, underground cabling or outdoor distributed antenna systems?  Yes  No

12. Do you have medical or pharmaceutical clients, or do you provide medical, health care, or wellness related services or software?  Yes  No
- If "Yes," please provide the percentage of your services or software that affect or enable any of the following:
- Medical or health care diagnosis, monitoring or treatment \_\_\_\_\_%
- Management, training, implementation, storing of electronic medical records \_\_\_\_\_%
- Pharmaceutical formulation, production or prescriptions including clinical data \_\_\_\_\_%
- Work for hospitals \_\_\_\_\_%
- Other health care or wellness related services (please explain below) \_\_\_\_\_%

If you are considered a business associate under HIPAA, do you have agreements in place with all clients and follow all other HIPAA requirements?  N/A  Yes  No

## V. MEDIA LIABILITY

13. Are written releases obtained with respect to creative material or talent from employees, models, freelancers, photographers, writers, composers, artists, illustrators, musicians and actors?  Yes  No
14. Is sign off by clients obtained for media materials or advertisements prior to use?  Yes  No
15. Does the applicant have a procedure in place for responding to allegations that content created, displayed, or published by the applicant is libelous, infringing, or in violation of a third party's privacy rights?  Yes  No

## VI. PRIVACY AND NETWORK SECURITY

16. Does the applicant collect, store, or transmit Personally Identifiable Information or sensitive personal information in electronic or non-electronic form?  Yes  No

**Personally Identifiable Information** means information concerning an individual that is considered non-public information including but not limited to health, financial or medical information including electronic medical records, social security numbers, financial or bank account information, driver license numbers, credit card numbers, biometric information, and user names and passwords.

**Sensitive Personal Information** means any information that could be deemed sensitive in nature such as sexual orientation, religious affiliation, ethnic origin, geolocation, etc.

- a. If "Yes," how many records in total? \_\_\_\_\_
- b. If "Yes," please provide details regarding the type of personal information: \_\_\_\_\_
- c. If "Yes," what percentage of this information is of minors? \_\_\_\_\_

17. Does the applicant buy, rent, share or sell Personally Identifiable or Sensitive Personal Information?  Yes  No
18. Does the applicant regularly provide cyber security awareness training to their employees?  Yes  No
19. Does the applicant change default passwords on all hardware and software products?  Yes  No
20. Are back-ups stored offsite and off network?  Yes  No
21. Does the applicant proactively address system vulnerabilities, including regularly updating operating systems, anti-virus, endpoint protection and other critical security patches?  Yes  No
22. Does applicant block unnecessary outbound connections from their network?  Yes  No
23. Does the applicant have a disaster recovery and business continuity plan in place that is designed to avoid business interruption due to IT systems failure?  Yes  No
- a. If "Yes," is this plan regularly tested and updated?  Yes  No
- b. If "Yes," how long does it take the applicant to fully restore their systems? \_\_\_\_\_
24. Do you use endpoint protection across your business?  Yes  No
25. Does the applicant store or have access to or knowledge of client passwords?  Yes  No
26. Multi-factor Authentication (MFA):
- a. If the applicant provides managed services, are each client's master password in any multi-tenant system unique to that client and not re-used?  N/A  Yes  No
- b. Is multi-factor authentication enabled on email, web applications, and non-corporate devices?  N/A  Yes  No
- c. Does the applicant require multi-factor authentication for all remote access to the network provided to employees, contractors, or any other third party?  N/A  Yes  No
- d. Is multi-factor authentication enabled on remote access, management and monitoring tools?  N/A  Yes  No
- e. Does the applicant keep multi-factor authentication enabled on clients' systems when working in their environment?  N/A  Yes  No
- If "N/A" or "no" for any of the above, please provide details: \_\_\_\_\_

**VII. HIRED AND NON-OWNED AUTO LIABILITY**  N/A

- 27. Does the organization have a commercial automobile policy in place?  Yes  No
- 28. Does the organization own any autos or lease any autos in excess of 30 days?  Yes  No
- 29. Maximum number of days in a given year the applicant, including their partners and their employees, rents a vehicle for business purposes: \_\_\_\_\_
- 30. Please indicate the number of employees using their personal automobiles for business purposes (e.g., visiting clients' offices): \_\_\_\_\_

**VIII. PROPERTY INFORMATION**

- 31. Business personal property limit \$ \_\_\_\_\_ Business income/Extra expense limit \$ \_\_\_\_\_
- 32. Do you have property anywhere else that needs to be scheduled, such as a server located away from the office?  Yes  No
  - a. If "Yes," please provide location address: \_\_\_\_\_
  - b. If "Yes," please provide location property limit: \_\_\_\_\_

**IX. ADDITIONAL APPLICANT INFORMATION**

- 33. What year did the business start? \_\_\_\_\_ Provide years of experience: \_\_\_\_\_
- 34. Please provide all industry-specific certifications or designations

Designation	Title	Description/Purpose
_____	_____	_____
_____	_____	_____

- 35. Please list any involvement in professional trade associations/groups

Name of Group	Purpose	Position(s) Held
_____	_____	_____

- 36. Does the applicant have any subsidiaries?  Yes  No
  - a. If "Yes," name(s) of any subsidiaries: \_\_\_\_\_
  - b. If "Yes," are all subsidiaries' revenue and services disclosed on this application?  Yes  No
- 37. Is the applicant controlled, owned, affiliated or associated with any other firm, corporation or company?  Yes  No
- 38. Is any director, officer or partner either affiliated with, employed by or associated with any other firm, corporation or company?  Yes  No

If "Yes," to either question 36 or 37, please provide name(s) and relationship(s).

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

If your province/territory requires a countersignature from your authorized retail agent or broker, please provide below.

Agency name: \_\_\_\_\_ Agent's signature: \_\_\_\_\_  
 (Required in Prince Edward Island and Saskatchewan)

The signer of this application acknowledges and understands that the information provided in this Application is material to the Insurer's decision to provide the requested insurance and is relied on by the Insurer in providing such insurance. The signer of this Application represents that the information provided in this Application is true and correct in all matters. The signer of this Application further represents that any changes in matters inquired about in this Application occurring prior to the effective date of coverage, which render the information provided herein untrue, incorrect or inaccurate in any way will be reported to the Insurer immediately in writing. The Insurer reserves the right to modify or withdraw any quote or binder issued if such changes are material to the insurability or premium charged, based on the Insurer's underwriting guides. The Insurer is hereby authorized, but not required, to make any investigation and inquiry in connection with the information, statements and disclosures provided in this Application. The decision of the Insurer not to make or to limit any investigation or inquiry shall not be deemed a waiver of any rights by the Insurer and shall not estop the Insurer from relying on any statement in this Application in the event the Policy is issued. It is agreed that this Application shall be the basis of the contract should a policy be issued and it will become a part of the Policy.

Applicant's Signature: \_\_\_\_\_ Title: \_\_\_\_\_  
 (Principal, Partner or Officer)

Print name: \_\_\_\_\_ Date: \_\_\_\_\_