

## INFORMATION TECHNOLOGY PACKAGE POLICY APPLICATION

THIS APPLICATION IS FOR A CLAIMS MADE ERRORS & OMISSIONS POLICY, PROPERTY INSURANCE POLICY  
 AND FOR AN OCCURRENCE CGL POLICY.

**This TEKPAC application is for firms or individuals who generate less than \$200,000 of revenues/sales annually for services and products sold in Canada only**

**Please refer to coverage highlight sheet and indicate below which Package Policy is desired:**

- Option 1: \$100,000 Errors & Omissions \$1,000,000 CGL \$100,000 Property  
 Option 2: \$100,000 Errors & Omissions \$2,000,000 CGL \$100,000 Property

### GENERAL INFORMATION

1. Name of Company: \_\_\_\_\_  
 \_\_\_\_\_  
 (please show complete name as you wish it to appear on the policy)
2. Year established: \_\_\_\_\_ Number of Employees: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_
3. Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Web Site Address: \_\_\_\_\_
4. Branch Offices: \_\_\_\_\_  
 (if any) \_\_\_\_\_
5. Total Gross Revenues for the last 12 months were under \$200,000 (CDN)  YES  NO  
 Total estimated Gross Revenues for the next 12 months is under \$200,000 (CDN)  YES  NO  
 The above declared revenues are 100% derived from services provided and products sold in Canada only.  
 YES  NO

If you have answered NO to any of the above, please note that you do not qualify for the TEKPAC Package Policy and we would be pleased to provide you with a quotation upon receipt of our standard Infotech/CGL application.

### PRODUCT / SERVICE INFORMATION

6. Please provide a full description of your company's main activities: \_\_\_\_\_  
 \_\_\_\_\_
7. Please indicate the percentage (%) for each of the following products or services the Company provides:
- |                                     |         |                                    |         |
|-------------------------------------|---------|------------------------------------|---------|
| Systems Design or Systems Analysis  | _____ % | Data Processing                    | _____ % |
| Custom Software Design              | _____ % | Application Service Provider (ASP) | _____ % |
| Web Site Hosting:                   |         | Web Site Development               | _____ % |
| Transactional                       | _____ % | Networking                         | _____ % |
| Non-Transactional                   | _____ % | Consulting/Training                | _____ % |
| Packaged Software                   | _____ % | e-Commerce                         | _____ % |
| Hardware Manufacturing/Distribution | _____ % | Other (specify): _____             | _____ % |

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**PROPERTY INFORMATION**

8. Location:  Same as Mailing Address  Other \_\_\_\_\_
9. Is the building owned by the Insured?  YES  NO
10. Area occupied by the Insured: \_\_\_\_\_  
Number of stories: \_\_\_\_\_ Building Age: \_\_\_\_\_  
Year Updated: Wiring \_\_\_\_\_ Plumbing \_\_\_\_\_ Heating \_\_\_\_\_
11. Please indicate the following:  
Wall Construction:  Frame  Brick & Wood Frame  Masonry  Steel  
Roof Construction:  Wood Joist  Steel Deck  Concrete  Other: \_\_\_\_\_
12. Building Occupants (describe occupancy): \_\_\_\_\_
13. Fire Protection:  Hydrant within 300 metres  Fire Station within 8km  Unprotected  
Fire Alarm:  None  Local  Central Station
14. Sprinklered:  None  Partial \_\_\_\_\_%  Yes 100%
15. Burglar Alarm:  None  Local  Central Station  
Please advise name of system and monitoring service: \_\_\_\_\_
16. Are all doors equipped with double cylinder deadbolt locks?  YES  NO  
If NO, please describe protection: \_\_\_\_\_
17. Laptop Computers: \$\_\_\_\_\_ **If covered, Value, Serial Numbers, Make and Model of each laptop are required**
18. Loss Payee & Mailing Address: \_\_\_\_\_

**INSURANCE INFORMATION**

19. Is the Company currently insured under a Commercial General Liability policy?  YES  NO  
If YES, please complete the following:  
Insurer: \_\_\_\_\_ Expiry Date : \_\_\_\_\_ Limit of Liability: \_\_\_\_\_  
Is Products Liability/Completed Operations coverage included?  YES  NO
20. Is the Company currently insured under an Errors and Omissions policy?  YES  NO  
If YES, please complete the following:  
Insurer: \_\_\_\_\_ Expiry Date : \_\_\_\_\_ Limit of Liability: \_\_\_\_\_
21. Has the Company, its partners, directors or officers ever been declined, non-renewed or cancelled by any insurer for an Errors and Omissions and/or Commercial General Liability insurance?  YES  NO  
If YES, please explain: \_\_\_\_\_

**CLAIMS INFORMATION**

22. In the last five (5) years, has the Company, its partners, directors, officers or employees ever had a written demand or civil proceedings for compensatory damages made against them?  YES  NO  
If YES, please provide full details on a separate sheet ie. date of claim, claimant's name, nature of claim, the insurer, total amounts paid or reserved (including defense costs) and final dispositions or current status of claim.

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23. Is the Company, its partners, directors, officers or employees aware of any job disputes or fee disputes during the last five (5) years?  YES  NO

If YES, please describe in detail: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

24. Is the Company, its partners, directors, officers or employees aware of any other fact, situation or circumstance that may result in a written demand or civil proceedings for compensatory damages?  YES  NO

If YES, please describe in detail: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

25. In the last five (5) years, has the Company made any commercial property claims?  YES  NO

If so, please state the amount and describe in detail: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Without limitation of any other remedy available to the Insurer, it is hereby agreed that if there be knowledge of any of the matters described in the CLAIMS INFORMATION section, any written demand or civil proceedings for compensatory damages subsequently emanating therefrom is excluded from coverage under the proposed insurance.**

**WARRANTY STATEMENT**

The undersigned warrants that to the best of their knowledge, the statements set forth in this Application are true. The undersigned also warrants that they have not suppressed or misstated any material fact.

If the information provided in this Application should change between the date of the Application and the effective date of the policy, the undersigned warrants that they will immediately report such changes to the Insurer.

Signing this Application does not bind the undersigned to purchase this insurance, nor does it bind the Insurer to issue this insurance. However, should the Insurer issue a policy, this Application shall serve as the basis of such policy and will be attached to and form part thereof.

SIGNED: \_\_\_\_\_  
(Authorized Representative)

DATED: \_\_\_\_\_

NAME (Please Print): \_\_\_\_\_

TITLE/POSITION: \_\_\_\_\_