



[Professional Services]

TECHNOLOGY PROFESSIONALS E&O APPLICATION

TECHNOLOGY PROFESSIONALS E&O APPLICATION**PART 1 GENERAL INFORMATION**

Broker:		Broker Phone:
Broker Contact:		Broker Email:
Applicant Name(s):		
Mailing Address:		
City:	Province:	Postal Code:
Telephone No.:		Email:
Location of Branches:		
Website:		

Additional Documentation to be included with your application:

- Resumes of Directors, Officers, Partners, and Key Personal
- Standard Contract/ Terms of Engagement
- Company Brochure

PART 2 COMPANY DETAILS

Date Company Established (DD/ MM/ YY):

Is the company a Canadian registered company? ☐ Yes ☐ No

During the past three years, has the Applicant's name been changed, or has the Applicant purchased, merged, or consolidated with any other business or has the Applicant's business been purchased? ☐ Yes ☐ No

If yes to any of the above questions, please explain:

Company Structure: Sole Proprietor ☐ Corporation ☐ Partnership ☐ Joint Venture ☐ Other ☐

Number of Employees: Principles/ Directors: Professionally Qualified Architects/ Engineers:

Construction Personnel: Administrative/ Clerical/ Other: Other Technical or Qualified Staff:

Details of Directors, Officers, or Partners:

Name	Years in Position	Years Experience	Qualifications

PART 3 REVENUE BREAKDOWN

Revenue from Applicant's Operations (CDN Dollars)

	Prior Year: (MM/YY) ____/____	Last Completed Year: (MM/YY) ____/____	Estimate for Next Year: (MM/YY) ____/____
a) Total Gross Fees/ Revenues (=b+c+d+e+f)	\$	\$	\$
b) Fees for Services Rendered in Canada	\$	\$	\$
c) Fees for Services Rendered in the USA	\$	\$	\$
d) Fees for the Rest of the World (Please specify)	\$	\$	\$
e) Fees paid to Sub Consultants	\$	\$	\$
f) Other Revenue: (Please Specify – i.e. Sales)	\$	\$	\$

Date of Company Financial Year End: (DD/ MM/ YY)

Annual Payroll: \$

PART 4 COMPANY OPERATIONS

Description of Operations:

Products developed, manufactured and/or distributed:

Please show the percentage of the Applicant's receipts generated by the following types of services: (Total must equal 100%)					
Software		Hardware		Other Services	
Consulting	%	Consulting	%	Advertising/ Marketing	%
Custom Software Design	%	Design/ Analysis	%	Application Service Provider (ASP)	%
Data Processing	%	Hardware Assembly	%	Broadcasting (radio, TV, satellite, etc.)	%
Developing Package Software	%	Hardware Maintenance	%	Internet Forums, Portals, Chat Rooms	%
Implementation/ Integration	%	Hardware Manufacturing	%	Internet Service Provider (ISP)	%
Sales/ Value-Added Reseller	%	Installation/ Integration	%	Network and Communication Systems	%
Training/ Support	%	Sales/ Value-Added Reseller	%	Printing	%
Other	%	Training/ Support	%	Publishing	%
		Other	%	Website Development Design	%
				Website Hosting	%
				Other	%

Description of Other:

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Please show the end use application of the Applicant's products or services by percentage of the Applicant's receipts generated: (Total must equal 100%)					
Accounting Systems	%	Database Management	%	LAN/ Network	%
Administrative/ Office Automation	%	Decision Support	%	Marketing/ Multimedia	%
Air Traffic Control	%	E-Commerce/ Financial	%	Medical/ Life Sustaining	%
Architectural	%	Education/ Training	%	Pollution/ Environmental Applications	%
CAD/ CAM/ CASE	%	Facilities Management	%	Robotics/ Artificial Intelligence	%
Cost Estimates/ Quotes	%	Games/ Animation	%	Weapons System	%
Credit Card Processing	%	Industrial Process Control	%	Wireless Communications	%
Data Security/ Verification	%	Inventory/ Purchasing	%	Other (describe below)	%

Description of Other:

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Please indicate, by percentage, which industries the Applicant provides their services for or to whom products are sold:

Industry	Services	Percentage
		%
		%
		%

Please confirm if the Applicant is a "full service" advertising agency ("full service" means advertising and other related services such as sales promotion, style design, market research, etc.)? ☐ Yes ☐ No

If yes, does the Applicant obtain written releases for creative material or the talent (such as models, photographers, writers, artists, etc.) hired to complete services? ☐ Yes ☐ No

Does the Applicant provide broadcasting, film, or video production? ☐ Yes ☐ No

If yes, please describe:

Type of productions:

Licensing or distribution activities:

PART 5 RISK MANAGEMENT

Does the applicant have a written Quality Assurance/ Quality Control Program? ☐ Yes ☐ No

Do client deliverables undergo an internal peer review? Yes No

Does the applicant perform project file audits on a routine basis? ☐ Yes ☐ No

What percentage of the applicants' professional services are performed under the following contract types:

Client drafted agreement:	%	Purchase order:	%
Firm's letter agreement:	%	Professional Association contract:	%
Firm's standard agreement:	%	Verbal agreement:	%

Are all non-standard agreements reviewed by applicant's legal counsel or insurance broker before they are executed? ☐ Yes ☐ No

What percentage of the applicant's contracts use a limitation of liability provisions, where the firm's liability is limited to?

A specific dollar amount which is less than the applicant's insurance limit:	%
A specific dollar amount equal to the applicant's insurance limit:	%
A specific dollar amount that limits the applicant's liability to the amount of fees paid by the client for their services:	%

Does the applicant have;

An in-house continuing education program for professional employees? ☐ Yes ☐ No

Procedures to elevate and screen potential new clients? ☐ Yes ☐ No

Procedures for monitoring and collecting outstanding fees? ☐ Yes ☐ No

PART 6 INTELLECTUAL PROPERTY - *Applies to all coverages requested*

Does the Applicant incorporate any software or products designed by others into their designs? ☐ Yes ☐ No

If yes, does the Applicant always obtain a license to do so? ☐ Yes ☐ No

For the Applicant's products, does the Applicant conduct a search with respect to the potential infringement of the intellectual property rights of others:

☐ Yes ☐ No

If yes, what methods does the Applicant utilize to conduct this search (Internet, legal counsel, etc.)?

Are any products or services sold or advertised as being the same as, compatible with or exactly like another product manufactured by others?

☐ Yes ☐ No

If yes, does the Applicant have an agreement of clearance with the product's owner? ☐ Yes ☐ No

What controls or safeguards does the Applicant have in place to prevent a loss relating to infringement of trade secrets or proprietary information of third parties?

PART 7 CYBER PRE-QUALIFICATION

Insured regularly backs up critical data to a "cold" or "offline" location that would be unaffected by an issue with their live environment, and they test to ensure those backups are recoverable? ☐ Yes ☐ No

Insured uses multi-factor authentication (MFA) for cloud-based services (such as cloud-based email accounts) and for all remote access to their network:

☐ Yes ☐ No

Insured does not allow remote access into their environment without a virtual private network (VPN): ☐ Yes ☐ No

Insured regularly (at least annually) provides cyber security awareness training, including anti-phishing, to all individuals who have access to their organization's network or confidential/personal data? ☐ Yes ☐ No

Insured has a Business Continuity Plan in place that has been successfully tested to confirm that following an unexpected interruption of your computer systems, all revenue-earning operations can be fully resumed within 12 hour. Yes No

PART 8 INSURANCE HISTORY & REQUIREMENTS

Please provide details of your current **Errors & Omissions** insurance policy:

Effective Date: (MM/DD/YYYY)	Retro Date: (MM/DD/YYYY)	Limit:	Deductible:	Premium:	Insurer:
		\$	\$	\$	

Please provide details of your required **Errors & Omissions** insurance policy:

Effective Date: (MM/DD/YYYY)	Retro Date: (MM/DD/YYYY)	Limit:	Deductible:	Premium:	Insurer:
		\$	\$	\$	

Please provide details of your required **Commercial General Liability** insurance policy:

Effective Date: (MM/DD/YYYY)	Limit:	Deductible:	Premium:	Insurer:
	\$	\$	\$	

PART 9 CLAIMS HISTORY

- a) Are you aware of any loss or damage, whether insured or not, that has occurred to any of the Companies to be insured (or to any existing or previous business of the partners or directors of any Companies to be insured) within the last 5 (five) years, or: ☐ Yes ☐ No
- b) Are you aware of any circumstances which may give rise to a claim against any of the Companies to be insured or any partners or directors thereof, or: ☐ Yes ☐ No
- c) Have any claims or cease and desist orders been made against any of the Companies to be insured, or any partners or directors thereof, or: ☐ Yes ☐ No
- d) Have any partners or directors of the Companies to be insured been found guilty of any criminal, dishonest or fraudulent activity or been investigated by any regulatory body? ☐ Yes ☐ No

If the answer to the above is "Yes", then please attach full details including an explanation of the background of events, the maximum amount involved/claims, the status of the claim(s) or circumstance(s) and any reserve(s) or payment(s) made by Insurers, and the dates of all developments and payments.

TYPE OF LOSS	DATE OF LOSS	DESCRIPTION OF LOSS	\$ RESERVE OR LOSS AMOUNT PAID BY INSURER	\$ RETAINED LOSS OR DEDUCTIBLE PAID BY YOU
			\$	\$
			\$	\$
			\$	\$

*Please attach any available insurance company loss reports with this application

NOTICE TO APPLICANT:

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the Applicant may be sought in connection with this Applicant for Insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of Insurance. The policy may be deemed to be void and claims may be denied where:

- 1) An Applicant for a contract:
 - a) Gives false or erroneous information to the prejudice of the insurer, or
 - b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
- 2) The Insured contravenes a term of the Contract or commits a fraud; or
- 3) The Insured willfully makes a false statement in respect of a claim under the contract.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE, I AM AUTHORIZED TO CONTRACT ON BEHALF OF THE INSURED, AND I APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THESE STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT.

Applicant's Signature:	Position:
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Please print name:	Date:
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BROKER DECLARATION

How long have you known this Applicant?	<hr/>
Is this account new or renewal to you?	<hr/>
Have you personally viewed the Applicant's operations?	<hr/>
What is the condition of facilities and equipment?	<hr/>
What is the applicant's attitude toward risk management and insurance?	<hr/>
Do you recommend this Applicant?	<hr/>
Broker's Signature:	Position:
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Please print name:	Date:
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