



Application

Information Technology Insurance for the Vancouver Island Advanced Technology Centre (VIATeC)

This is an application for Errors and Omissions Insurance. Please indicate if you are also applying for the following optional coverages:

- Commercial General Liability Insurance Property and Crime Insurance

FORMAT: This application is designed for Information Technology firms whose revenues are less than \$1,000,000 per annum.

Please answer these questions. (PLEASE NOTE: A “yes” answer confirms that the statement is correct.)

1. Our firm’s total revenues for the past year and projected revenues for the upcoming year are less than \$1,000,000 annually. YES NO
2. Our revenues emanating from the U.S.A. and other countries are less than 50% of total revenues. YES NO
3. All of our firm’s physical premises are located in Canada. YES NO
4. Our firm has been in business for a minimum of two years OR each of our principals has a minimum of five years industry experience. YES NO
5. Our firm has been “claims free” for the past five years. “Claims free” means no claims that would have been covered by the proposed insurance. If in doubt, complete the CLAIMS INFORMATION section that forms part of question 22 of this application. YES NO
6. Our firm always uses written agreements with clients outlining the scope of services that we will provide. YES NO
7. We can confirm that **NONE** of our firm’s products or services have end use applications in the following areas: YES NO

<ul style="list-style-type: none"> Aerospace Air Traffic Control Artificial Intelligence Systems Credit Card Processing Nuclear Hardware Design or Manufacturing Funds Transfer Industrial Process Control 	<ul style="list-style-type: none"> Internet Access Service Provision (ISP, ASP) Life Sustaining Medical Medical Diagnostic Mission Critical Systems Online Application Service Provision Robotics Web Hosting
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If your responses to ALL the above statements are “yes”, continue completing this application. If you answered “no” to any question, please provide a detailed explanation.

NOW TELL US ABOUT YOUR FIRM

- Please attach the following items (if not already on file with ENCON):
- (a) résumés of persons performing activities mentioned in question 6;
 - (b) brochures and/or promotional literature;
 - (c) sample copy of contract.

1. Applicant's name:
2. Address:
Telephone: _____ Facsimile: _____ Email: _____
3. Applicant is: Individual Partnership Corporation Other
4. Our firm was established in: _____
5. (a) Please indicate the total annual gross revenues from operations *in Canadian dollars* for the past three years. Also include a breakdown of revenue by territory.

Year	Revenue	% Canada	% United States	% Foreign
- (b) Please indicate the total projected annual gross revenues from operations *in Canadian dollars* for the next fiscal year. Also include a breakdown of revenue by territory.

Year	Revenue	% Canada	% United States	% Foreign
6. The following is a brief description that best describes the majority of our services:
7. What is the worst thing that could happen to our customers' operations if our products or services were to fail or not meet their expectations?

PREVIOUS ERRORS AND OMISSIONS INSURANCE

8. (a) Have you ever previously purchased professional or errors and omissions liability insurance? YES NO
- (b) If yes, please provide the following details:

Insurer	Policy Period	Retroactive Date	Expiring Premium	Limit	Deductible

ERRORS AND OMISSIONS COVERAGE REQUESTED

9. Please indicate the limit(s) for which quotes are required:

<input type="checkbox"/> \$100,000 per claim/\$200,000 Aggregate	<input type="checkbox"/> \$1,000,000 per claim/\$1,000,000 Aggregate
<input type="checkbox"/> \$250,000 per claim/\$500,000 Aggregate	<input type="checkbox"/> \$2,000,000 per claim/\$2,000,000 Aggregate
<input type="checkbox"/> \$500,000 per claim/\$1,000,000 Aggregate	
10. ENCON offers optional coverage for Employment Practices Wrongful Act Liability, subject to a sublimit of \$250,000 per claim and in the aggregate. Please indicate if you wish to receive more details and a quotation for this coverage. YES NO

EMPLOYMENT PRACTICES

ENCON offers optional coverage for Employment Practices Wrongful Act Liability, subject to a sublimit of \$250,000 per claim and in the aggregate. Please indicate if you wish to receive more details and a quotation for this coverage. YES NO

Answer the questions in 11 only if this is the first time you are applying for the **Employment Practices Wrongful Act Liability** coverage extension endorsement.

11. (a) In the past three years, has the Applicant had or does the Applicant presently have any employment-related disputes including but not limited to: complaints, charges, arbitrations, litigation, human rights complaints or other administrative proceedings or negotiated settlements, concerning issues related to hiring, termination, promotion, negligent evaluation, misrepresentation, discrimination harassment, defamation, discipline or retaliation? YES NO
- (b) Is the Applicant aware of any facts or circumstances that may result in an employment-related claim being made against the Applicant? YES NO

If the answer to any of the questions in 11 is “yes”, please provide details below, including dates, names, amount claimed, nature of claim, total amounts paid, reserves and insurer(s) involved.

Without limitation of any other remedy of the Insurers, it is agreed that if the answer “yes” is given to either of the questions in 11, any claim arising from the facts or circumstances reported therein are excluded from coverage.

COMMERCIAL GENERAL LIABILITY QUESTIONS

Complete this section only if you wish to receive a quotation for this coverage.

12. Please indicate limits for which quotes are required: \$1,000,000 per occurrence/\$1,000,000 aggregate
 \$2,000,000 per occurrence/\$2,000,000 aggregate
 \$5,000,000 per occurrence/\$5,000,000 aggregate

Coverage provided includes:

- Employers’ Liability \$250,000 Limit
- Employee’s Benefits Liability \$250,000 Limit
- Tenants’ Legal Liability \$1,000,000 Sublimit
- Landlord as an Additional Insured
- Non-owned Automobile Liability:
 - S.P.F./Q.P.F. 6 Limit equal to the Commercial General Liability policy limit, but not exceeding \$2,000,000
 - S.E.F./Q.E.F. 94 Legal Liability for Damage to Hired Automobiles with \$50,000 Limit/\$500 Deductible
 - S.E.F./Q.E.F. 96 Contractual Liability
 - S.E.F./Q.E.F. 99 Long-Term Lease Exclusion

13. Please indicate your firm’s: (a) total number of employees:
 (b) annual payroll: \$

14. (a) Indicate the number, location, and function of any employees who are not covered under Provincial Workers Compensation Plans.

- (b) Indicate the number, location, and function of any employees who are domiciled in the United States.

15. Provide a complete description of any products manufactured, distributed, or sold.

16. Describe any work conducted away from the Applicant’s premises in connection with repair, service, maintenance, or installation of products sold or distributed.

17. List all locations at which business is conducted, providing details indicated below:

Location/Address	Owned or Leased?	Occupancy	Square Metres
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18. Provide details (dates, nature of claim, amounts, status) of all Commercial General Liability Insurance claims that you have experienced in the past three years. Use additional pages if necessary.

PROPERTY AND CRIME INSURANCE QUESTIONS

Complete this section only if you wish to receive a quotation for this coverage.

Construction

1. Fire Resistive
2. Non-Combustible with Masonry Walls
3. Non-Combustible with Non-Masonry Walls
4. Masonry
5. Masonry Veneer
6. Frame and all Other

Public Protection

- Less than 305 meters (1,000 feet) to a hydrant
- Greater than 305 meters (1,000 feet) to a hydrant, but less than 8 kilometers (5 miles) to a fire hall
- Greater than 8 kilometers (5 miles) to a fire hall

Percentage of Building Sprinklered: _____ %

Occupancy (other than by client): _____

Year Built: _____

How many mortgages are on this property? _____

If built before 1965, indicate the latest year each of the following systems was "completely" updated:

Roof: _____ Plumbing: _____ Sprinklers: _____ Heating: _____ Electrical: _____ Air Conditioning: _____

Building Type: High Rise Enclosed Mall Strip Plaza Standalone Other

Heat: Forced Air Gas Electric Oil Other

Air Conditioning: Central Air Roof Top Other

Alarms: No Alarm Protection ULC Approved Monitoring System

Local Burglar Alarm ULC Approved Central Station

Other, Please describe: _____

Details for physical protection for all windows, doors and other openings:

Type of Property:

Property (Main) Deductible \$1,000 Optional Deductibles Available

Building Replacement Value Automatic NIL Total Limit Required: \$

Business Contents (Excluding Laptop Computers) Automatic \$30,000 Total Limit Required: \$

Laptop Computers/Miscellaneous Property Broad Form Automatic \$5,000 Total Limit Required: \$

**Attach schedule including make, serial number and value of each item if higher limits are required.*

Extensions: Business Contents (Excluding Laptop Computers) Temporarily Off Premises or in Transit

\$25,000 (Automatic) Optional Limits \$30,000 \$35,000

	Automatic	Limit Required
Accounts Receivable	\$25,000	\$
Valuable Papers and Records (Data Files)	\$25,000	\$
Professional Fees	\$25,000	\$
Extra Expense	\$25,000	\$

Equipment Breakdown Deductible (same as property) \$1,000 \$

Business Income (Optional): Extended Business Income Total Limit Required: \$
Extended Rental Income Total Limit Required: \$

Crime: Loss of money inside/outside the premises \$2,500 Automatic **Optional \$5,000/\$10,000**

19. Provide details (dates, nature of claim, amounts, status) of all Property and Crime Insurance claims that you have experienced in the past three years. Use additional pages if necessary.

KNOWLEDGE OF PRIOR ERRORS AND OMISSIONS OR CLAIMS

Applies to all coverages requested.

If you are renewing your policy with ENCON, do not answer questions 20, 21 and 22.

20. Are you aware of any error, omission, negligent act, unresolved contract job dispute or circumstance(s) that may result in a claim being made against you? YES NO

21. Has any claim, as would be covered by the proposed insurance, been made against you in the last five years? YES NO

22. If the answer to any of the above questions is “yes”, please provide details below, including dates, names, amount claimed, nature of claim, total amounts paid, reserves and insurer(s) involved.

CLAIMS INFORMATION

APPLICANT’S CONSENT TO THE TRANSMISSION OF THE INFORMATION CONTAINED IN THE APPLICATION FORM

I hereby acknowledge that the information collected in the Application form is acquired by my insurance broker to be transmitted to ENCON Group Inc. for the sole purpose of obtaining an insurance policy, and will be kept confidential.

Moreover, I authorize ENCON Group Inc., its insurers or service providers to:

- conduct verification, using outside sources, of the information contained in the Application form, in attached documentation and in subsequently provided documentation;
- in the event of a claim, transmit the submitted and verified information to loss adjusters, lawyers or other similar offices for the purposes of investigating, defending, negotiating or settling any claims, as required.

For more information on ENCON’s privacy policy, please contact privacy-officer@encon.ca.

DECLARATIONS AND SIGNATURE

I/We hereby declare that the above statements and particulars are true to the best of my/our knowledge and that I/we have not suppressed or misstated any material facts and I/we agree that this application shall be the basis of the contract with the insurance company.

It is understood and agreed that the completion of this application does not bind the insurance company to sell nor the Applicant to purchase the insurance.

Name of Applicant (please print)

Title/Position

Signature of Applicant

Date