



Application CTCA Liability Insurance Program

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

QUALIFICATION FOR THIS PROGRAM: First, decide if the Small Firm Program is right for you. 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. are less than 35% 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 5 years industry experience. YES NO
5. Our firm has been "claims free" for the past 5 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 21 of this application. YES NO
6. For contracts exceeding \$50,000 in value, our firm will always require customers to sign written agreements 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

Aerospace	Internet Access Service Provision (ISP, ASP)
Air Traffic Control	Life Sustaining Medical
Artificial Intelligence Systems	Medical Diagnostic
Credit Card Processing	Mission Critical Systems
Data/Systems Security	Nuclear
Hardware Design or Manufacturing	On-line Application Service Provision
Funds Transfer	Robotics
Industrial Process Control	Web Hosting

If your responses to ALL the above statements are "yes", continue completing this application. If you answered "no" to any question, please complete our standard Information Technology E&O application (and Commercial Liability Application Addendum if you also wish to receive a quote for this coverage).

NOW TELL US ABOUT YOUR FIRM

1. Applicant's name: _____
2. Address: _____

- Telephone: (____) _____ Facsimile: (____) _____ E-mail: _____
3. Applicant is: Individual Partnership Corporation Other
4. Our firm was established in: _____
5. Total revenues for the last 12 months: \$ _____ CAN
6. Total anticipated revenues for the next 12 months: \$ _____ CAN
7. Percentage of revenues emanating from the U.S.A.: Last 12 months: _____% Next 12 months: _____%

8. The following is a brief description that best describes the majority of our services: _____

9. 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 & OMISSIONS INSURANCE

10. (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 & OMISSIONS LIMIT OF LIABILITY

11. Please indicate the limit(s) for which quotes are required:
- \$500,000 per claim/\$500,000 Aggregate
 - \$1,000,000 per claim/\$1,000,000 Aggregate
 - \$2,000,000 per claim/\$2,000,000 Aggregate

COMMERCIAL GENERAL LIABILITY QUESTIONS

(Only complete this section if a quote for this coverage is required.)

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

Metres	Location/Address	Owned or Leased?	Occupancy	Square
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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 U.S.A.

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.

COMMERCIAL GENERAL LIABILITY LIMITS

17. Please indicate limits for which quotes are required: 0 \$1,000,000 per occurrence/\$1,000,000 aggregate
0 \$2,000,000 per occurrence/\$2,000,000 aggregate

Coverage provided includes: Non-Owned Automobile Liability S.P.F. 6
Tenant Legal Liability Limit: \$500,000.

18. Please indicate if the "Package of Additional Coverages" Endorsement is required. The applicable additional premium is \$150. This package includes the following coverages: YES NO

- Employers' Liability \$250,000 Limit
- Employee Benefits Liability \$250,000 Limit
- Landlord as an Additional Insured
- Non-Owned Automobile Liability:
 - S.E.F./Q.E.F. 94 Legal Liability for Damage to Hired Automobiles with \$50,000 limit, \$500 deductible
 - S.E.F. 96 Contractual Liability
 - S.E.F. 99 Long-term Lease Exclusion

KNOWLEDGE OF PRIOR ERRORS & OMISSIONS OR CLAIMS (applies to all coverages requested)

19. 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

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

21. If the answer to either of the two questions above 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