

INTELLECT TECHNOLOGY

GENERAL & PROFESSIONAL SERVICES LIABILITY NEW BUSINESS APPLICATION



Along with this application, we ask that you attach copies of the following information:

1. Loss runs for the last five years
2. Your most recent annual report or audited financial statements
3. Copy of Standard Contracts and/or Agreements used with clients
4. Latest edition of your Internet and Network Security Policy (if applying for Network Security & Privacy Breach Liability)
5. Latest edition of your Privacy Policy (if applying for Network Security & Privacy Breach Liability)

COVERAGE REQUESTED

Current Policy Term: _____

Requested Effective Date: _____

Request for the following Coverages:

- General Liability
- Professional Services Liability
- Network Security & Privacy Breach Liability
- E-Media Liability

GENERAL INFORMATION

Name of Insured (Include names of all subsidiary companies to be insured): _____

Principal Address (street, city, province and postal code): _____

Branch Address (street, city, province and postal code): _____

Website Address: _____

Date firm established: _____

Named Insured is:

- Corporation
- Partnership
- Joint Venture
- Individual
- Other (Please describe): _____

GENERAL INFORMATION *(cont'd)***REVENUE**

	Canada	U.S.	Foreign	Total
Last year:	\$ _____	\$ _____	\$ _____	\$ _____
Projected current year:	\$ _____	\$ _____	\$ _____	\$ _____
Projected next year:	\$ _____	\$ _____	\$ _____	\$ _____

1. Please list the countries that account for your foreign revenues: _____

EMPLOYEES

Canada	U.S.	Foreign	Professional	Sales
_____	_____	_____	_____	_____
Representatives	Clerical	Other		
_____	_____	_____		

ACQUISITIONS & DIVESTURES

1. Have any operations or portions thereof, been sold during the past three (3) years? Yes No

If yes, were the liabilities retained? Yes No

2. Have there been any acquisitions of, or mergers with any companies in the past three (3) years? Yes No

If yes, please describe: _____

PRODUCTS & SERVICES

1. Provide a full description of operations (attach additional sheet(s) if required): _____

2. Describe the end user of the products/services: _____

3. Please select all of the following products and services currently generating revenue for the organization:

Application Services Provider	% _____	E-Commerce	% _____
Data Processing Services	% _____	Custom Software Development	% _____
Computer Facilities Management	% _____	Network Security Consulting	% _____

GENERAL INFORMATION *(cont'd)*

Computer Integrated System Design	% _____	Training and Education	% _____
Computer Maintenance and Repair	% _____	Web development	% _____
Computer Rental and Leasing	% _____	Business Software as a Service	% _____
Information Retrieval Services (Data Base Management)	% _____	VoIP systems/Telephone systems/ install support	% _____
Internet Service Provider	% _____	Manufacturing	% _____
Network Integrator	% _____	Wholesale	% _____
Prepackaged Software	% _____	Distribution	% _____
Web hosting	% _____	Retail	% _____
Technology Consultants	% _____	Assembly	% _____
Software Licensing	% _____	Other	% _____
Technical Research	% _____		

4. Please indicate the principal market(s) for your products or services and revenue split for each:

Aerospace or Avionics	% _____	Enterprise Resource Planning	% _____
Customer Relationship Management	% _____	Supply Chain Management	% _____
Enterprise Application Integration	% _____	Fire, Security or Emergency Applications	% _____
Electronic Security Advice/Products	% _____	Privacy Applications	% _____
Process Control (monitoring or safety critical)	% _____	Oil & Gas/Power/Nuclear Energy	% _____
Pollution or Environmental	% _____	Municipal or Provincial Government	% _____
Federal Government	% _____	Anti Terrorism Applications	% _____
Military / Defence	% _____	Banking of Financial Transactions	% _____
Content or Knowledge Management	% _____	Smart Card / Smart Chip	% _____
Payroll or Accounting	% _____	Human Resources	% _____
Entertainment or Gaming	% _____	eBusiness Consulting Services	% _____

5. How many customers represent more than 10% of the total revenue? _____

6. Please list the top 5 customers, annual revenue generated, and a brief description of the products or services provided:

Customer	Annual Revenue	Contract (Years/Months)	Product/Service
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

GENERAL INFORMATION *(cont'd)*

7. What would be the largest financial loss, and nature of loss, suffered by any customer should the product and/or service fail?

8. Have any products or services been discontinued in the past three years? Yes No

9. Describe any future products and/or services that are under development and expected to go to marketing within the next few years: _____

CUSTOMER CONTRACTS & AGREEMENTS

1. What is the dollar value of the largest contract or agreement? \$ _____

2. What is the length of the largest contract, agreement or purchase order (year/months)? _____

3. What is the dollar value of a typical contract or agreement? \$ _____

4. What is the length of a typical contract or agreement (year/month)? _____

5. What is the average length of an installation or integration (month/years)? _____

6. Do all of the contracts or agreements limit liability to the cost of the products or services? Yes No

If no, please explain: _____

7. a) Is liability ever accepted for consequential damages? Yes No

If yes, please explain: _____

b) Is liability ever accepted for liquidated damages? Yes No

If yes, please explain: _____

INDIVIDUAL CONTRACTED WORKERS *(DO NOT INCLUDE WORK GENERATED BY SUBCONTRACTING FIRMS):*

1. Are any individuals hired to perform work on a contract basis? Yes No

2. Do individuals work under your direction? Yes No

3. Are background checks performed on these individuals? Yes No

4. Does your company intend to assume liability for their work performed on your behalf? Yes No

If no, is evidence of professional liability insurance for those individuals obtained? Yes No

If yes, please advise for which products and/or services: _____

GENERAL INFORMATION *(cont'd)*

SUBCONTRACTED WORK

1. Are subcontractors hired to develop, manufacture, assemble, implement or support the product or service? Yes No

If yes, please advise for which products and/or services: _____

2. What percentage of work is generated by subcontractors? % _____

3. Are Certificates of Insurance required from all subcontractors? Yes No

If yes, for what limit of liability:

General Liability (including Products): \$ _____

Professional Liability: \$ _____

4. Does your company intend to assume liability for their work performed on your behalf? Yes No

If no, is evidence of professional liability insurance for those individuals obtained? Yes No

If yes, what limit of liability is required? \$ _____

QUALITY CONTROL

1. Does the quality control policy include the following?

- Alpha testing
- Beta testing
- Customer acceptance procedures
- Documented and practiced quality control program
- Policy for documenting & responding to customer inquiries, complaints, requests
- Product recall plan

COMMERCIAL GENERAL LIABILITY APPLICATION

IF COVERAGE IS REQUIRED FOR INTELLECT PROFESSIONAL SERVICES LIABILITY ONLY, PLEASE REFER TO THE INTELLECT PROFESSIONAL SERVICES LIABILITY APPLICATION.

LIMIT OF INSURANCE *(EACH CLAIM /AGGREGATE CLAIM):*

\$1,000,000 \$2,000,000 \$5,000,000 Other \$ _____

DEDUCTIBLE *(EACH CLAIM):*

\$2,500 \$5,000 \$10,000 \$25,000 \$50,000 \$100,000 Other \$ _____

1. Can the end user alter the product manufactured by the insured? Yes No

2. Are there any safety devices or labels that would prevent alteration? Yes No

If yes, provide detail: _____

COMMERCIAL GENERAL LIABILITY APPLICATION *(cont'd)*

3. List all Applicants' products and name of manufacturer (if insufficient space, attach a complete product list):

Products

Manufactured By

4. Are any of the above listed products or component parts used by the Applicant manufactured outside Canada? Yes No

If yes, provide details:

U.S. Other (specify) _____

5. If others manufacture the Applicants products, does the Applicant package, label, later or test the products in any way?

Yes No

APPLICANT HISTORY:

1. In the past five years have there been any:

Claims?

Yes No

Product Recalls?

Yes No

If yes, please provide details: _____

PROFESSIONAL SERVICES COVERAGE LIABILITY APPLICATION

IF COVERAGE IS NOT REQUIRED FOR INTELLECT PROFESSIONAL SERVICES LIABILITY,
PLEASE DO NOT COMPLETE THIS SECTION.

LIMIT OF INSURANCE (EACH CLAIM /AGGREGATE CLAIM):

\$250,000 \$500,000 \$1,000,000 \$2,000,000 \$5,000,000 Other \$ _____

DEDUCTIBLE (EACH CLAIM):

\$5,000 \$10,000 \$25,000 \$50,000 \$100,000 Other \$ _____

REQUESTED RETROACTIVE DATE: _____

Has continuous coverage been maintained since this date:

Yes No

PROFESSIONAL SERVICES COVERAGE LIABILITY APPLICATION *(cont'd)*

CONTRACTS:

1. What percentage of projects are assumed using a standard contract

0% 1% to 24% 25% to 49% 50% to 74% 74% to 99% 100%

2. Is the standard contract reviewed and accepted by legal counsel?

Yes No

3. Are amendments ever made to the standard contract?

Yes No

If yes, what percentage of the time?

% _____

If yes, who approves these changes? _____

4. Are contracts entered into for a fixed period of time?

Yes No

5. Do sales and marketing staff receive formal training regarding standard provisions in the contract or agreements?

Yes No

6. Please indicate which of the following provisions are included in the standard customer contracts or agreements (check all that apply):

- Disclaimer of Warranties
- Arbitration Clause
- Conditions of Product/Service Acceptance
- Exclusive Remedy
- Force Majeure
- Integration Provisions (performance milestones/testing)
- Limitation of Liabilities
- Liquidated Damages
- Project phases or milestones, including testing
- Conditions Voiding Warranty
- Delivery

QUALITY ASSURANCE:

1. How long are contracts and significant documents retained in the records? _____

2. Do products or system development procedures include the following? (check all that apply)

- Contract/statement of work that outlines responsibilities of all parties
- Written proposal/request from customer to confirm customer performance expectations are achieved
- Written contract of specifications of products and services provided and signed by the customer
- Written agreement outlining the scope of the project or services
- Systems development methodology

3. Do customer sign-off procedures include the following?

Performance milestones and interim changes are documented and acknowledged in writing

Yes No

Final testing is performed with customer and final acceptance is acknowledged in writing by the customer

Yes No

PROFESSIONAL SERVICES COVERAGE LIABILITY APPLICATION *(cont'd)*

CUSTOMER SERVICE:

1. Are customers provided with support services? Yes No

2. Describe customer support services, training and support: _____

3. Are records kept of customer inquiries or problems? Yes No

If yes, how long are they retained? _____

4. Indicate which of the following processes are used for responding to customer complaints and elevating those complaints to the next level:

- Database used to record complaints and identify trends
- Reports backed up to systems development and implementation
- Rating system to determine when higher level response is necessary
- None

5. Are customers informed of problems discovered after the product is delivered? Yes No

If yes, please describe: _____

6. Are all customer data and information backed up and stored off-site? Yes No

INTELLECTUAL PROPERTY:

1. Are there written procedures to safeguard against the infringement of copyright or trademark of others? Yes No

If yes, please submit a copy.

2. Are searches conducted for your products with respect to the potential infringement of the intellectual property rights of others? Yes No

If yes, are these searches performed on a worldwide basis? Yes No

3. What methods are used to conduct these searches?

- Legal Counsel
- Internet
- Other

4. Are any products or services sold or advertised as being the same or comparable with another product manufactured /sold by others? Yes No

If yes, is there written permission or agreement to do so? Yes No

PROFESSIONAL SERVICES COVERAGE LIABILITY APPLICATION *(cont'd)*

5. Is any software or products designed by others incorporated in your designs? Yes No
 If yes, is a written license to do always obtained? Yes No
6. Are all employees of the company required to sign a statement that each individual will not use any previous employer's trade secrets or other intellectual property? Yes No
 If no, what controls are in place to prevent potential infringement of trade secrets or intellect property of third parties?
-
-

7. Is written permission acquired to link to or frame other sites? Yes No
8. Is clearance obtained from outside or in-house legal counsel before products or services are released? Yes No

NETWORK SECURITY & PRIVACY BREACH COVERAGE LIABILITY APPLICATION

IF COVERAGE IS NOT REQUIRED FOR INTELLECT NETWORK SECURITY & PRIVACY BREACH LIABILITY, PLEASE DO NOT COMPLETE THIS SECTION.

NETWORK SECURITY & PRIVACY BREACH - LIMIT OF INSURANCE *(EACH CLAIM /AGGREGATE CLAIM):*

\$250,000 \$500,000 \$1,000,000 \$2,000,000 \$5,000,000 Other \$ _____

DEDUCTIBLE *(EACH CLAIM):*

\$5,000 \$10,000 \$25,000 \$50,000 \$100,000 Other \$ _____

REQUESTED RETROACTIVE DATE: _____

Has continuous coverage been maintained since this date: Yes No

PRIVACY BREACH EXPENSE - LIMIT OF INSURANCE *(EACH CLAIM /AGGREGATE CLAIM):*

\$25,000 \$50,000 \$100,000 \$250,000 \$500,000 Other \$ _____

BUSINESS INTERRUPTION - LIMIT OF INSURANCE *(EACH CLAIM /AGGREGATE CLAIM):*

\$25,000 \$50,000 \$100,000 \$250,000 \$500,000 Other \$ _____

DIGITAL ASSETS - LIMIT OF INSURANCE *(EACH CLAIM /AGGREGATE CLAIM):*

\$25,000 \$50,000 \$100,000 \$250,000 \$500,000 Other \$ _____

NETWORK SECURITY & PRIVACY BREACH COVERAGE LIABILITY APPLICATION *(cont'd)*

CYBER EXTORTION - LIMIT OF INSURANCE *(EACH CLAIM /AGGREGATE CLAIM):*

\$25,000 \$50,000 \$100,000 \$250,000 \$500,000 Other \$

NETWORK SECURITY:

Please have a Senior IT member (such as Chief Information Officer or Chief Security Officer) complete this section.

1. Is there a written and formalized network and physical security policy statement? Yes No

If yes, please provide a copy.

2. Is a Chief Security Officer currently employed? Yes No

If no, what position is responsible for the management of, and compliance with, the network security policies?

3. Has there been a third party audit of the network security process and practices? Yes No

If yes, please name security firm: _____

Date of last assessment: _____

Please provide a copy of the audit and all recommendations, including response to the recommendations.

4. Is all sensitive data encrypted while standing and during transmission? Yes No

If yes, please name encryption technologies used: _____

5. Is there a virus protection program in place? Yes No

6. Are there firewalls in place? Yes No

If yes, do firewalls have an Intrusion Detection system? Yes No

7. Are all security threats and incidents logged and investigated? Yes No

8. Is there a disaster recovery and business continuation plan? Yes No

9. Are documented procedures in place for users and password management? Yes No

If yes are they monitored for compliance? Yes No

10. Are users required to use non – trivial password of at least six characters? Yes No

11. How are unused computers, auxiliary equipment and other electronic equipment disposed of? _____

Are all associated computer access and user accounts terminated when an employee leaves the company? Yes No

NETWORK SECURITY & PRIVACY BREACH COVERAGE LIABILITY APPLICATION *(cont'd)*

13. Does Application outsource any of the following critical network systems functions (check all that apply):

- Hosting Facility
- Co-Location Facility
- Managed Security Services Provided (MSSP)
- Data Storage Facility
- Other - Please give details:

14. What would be the maximum estimated daily financial loss in the event of a system interruption including web downtime?

15. What would be the maximum estimated cost to restore or recollect your company's digital assets (software, electronic data, customer lists and/or information ect.) in the event of a computer attack or network breach?

16. Is there a physical security program in place to prohibit and track unauthorized access to your computer systems? Yes No

17. Are certificates of insurance required from all subcontractor, vendors, and any independent contractors for Network Security and Privacy Breach Liability Insurance? Yes No

If yes, for what limits? _____

PRIVACY BREACH LIABILITY AND PRIVACY BREACH EXPENSE:

1. Is there a Chief Privacy Officer? Yes No

If no, what position is responsible for the management of, and compliance with your privacy policies?

2. Within the past two years, has an outside privacy audit been passed or has a privacy certification been received? Yes No

Date Completed: _____

If yes, please provide a copy of the audit and all recommendations, including response to recommendations.

3. Within the last year, has an internal audit or assessment to determine compliance with your privacy policies been conducted? Yes No

If yes, have all recommendations been resolved? Yes No

Please provide a copy of the audit and all recommendations, including response to recommendations.

4. Please detail which of the following data types you store on your network or on your hosting provider's site (check all that apply):

- | | |
|---------------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> Social Security Numbers | <input type="checkbox"/> Email addresses |
| <input type="checkbox"/> Individual names and addresses | <input type="checkbox"/> Bank records/details (Customers and/or employees) |
| <input type="checkbox"/> Credit/debit card details | <input type="checkbox"/> Medical records/Health Information |
| <input type="checkbox"/> Credit history and rating | <input type="checkbox"/> Trade Secrets/Intellectual property of others |
| <input type="checkbox"/> Other: please describe _____ | |
-

NETWORK SECURITY & PRIVACY BREACH COVERAGE LIABILITY APPLICATION *(cont'd)*

5. Approximately how many private individuals do you hold sensitive data on?

- 0 0 1 to 1,000 0 1,001 to 5,000 0 5,001 to 10,000 10,001 to 25,000
 25,000 to 50,000 > 50,000

6. What percentage of these individual reside in the United States?

- 0% <25% 26% to 50% 51% to 75% >75%

7. Is any of the information regulated by HIPPA, GLB, the Data Protection Act or other laws or legislation protecting privacy and personal information? Yes No

8. Is personally identifiable data sold or released to third parties? Yes No

If yes, is the agreement to sell or release the information subject to a written contract? Yes No

9. Is there specific privacy provisions in your sub-contracting agreements? Yes No

10. Is there a document retention and destruction policy? Yes No

11. Is training provided for employees on privacy, data security and related issues? Yes No

12. In all cases do hiring procedures include the following? (Check all that apply)

- Education background checks
 Criminal checks
 Credit checks
 Work history

13. Please indicate your annual employee turnover?

- <5% 6% to 25% 26% to 50% 51% to 75% >75%

E-MEDIA COVERAGE LIABILITY APPLICATION

IF COVERAGE IS NOT REQUIRED FOR INTELLECT E-MEDIA LIABILITY, PLEASE DO NOT COMPLETE THIS SECTION.

LIMIT OF INSURANCE (EACH CLAIM /AGGREGATE CLAIM):

- \$250,000 \$500,000 \$1,000,000 \$2,000,000 \$5,000,000 Other \$

DEDUCTIBLE (EACH CLAIM):

- \$5,000 \$10,000 \$25,000 \$50,000 \$100,000 Other \$

REQUESTED RETROACTIVE DATE:

Has continuous coverage been maintained since this date: Yes No

1. How many externally facing websites to you have or manage for others (ie website for customer, partners, or investors)?

- 1 2 to 3 3 to 5 5 to 7 more than 7

E-MEDIA COVERAGE LIABILITY APPLICATION *(cont'd)*

2. Describe the function of your websites (check all that apply):

- Informative: information and content about what you do
- Interactive: visitors can interact with the site for customer service, information request, etc.
- E-Commerce: for buying/selling goods and services
- User Account Access: access to user accounts such as online banking or credit card payment site

3. What type of content is available on your websites? (check all that apply):

- | | |
|--------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Applicant's Information | <input type="checkbox"/> Dating Service |
| <input type="checkbox"/> Promotions | <input type="checkbox"/> Commentary/News |
| <input type="checkbox"/> "How to" | <input type="checkbox"/> Financial |
| <input type="checkbox"/> Software | <input type="checkbox"/> Online Gambling |
| <input type="checkbox"/> Adult Only | <input type="checkbox"/> Religious/Cultural |
| <input type="checkbox"/> Digital Music | <input type="checkbox"/> Advertising |
| <input type="checkbox"/> Law/Legal | <input type="checkbox"/> Games/Contests |
| <input type="checkbox"/> Sports | <input type="checkbox"/> Children's |
| <input type="checkbox"/> Comedy | <input type="checkbox"/> Blogging |
| <input type="checkbox"/> Educational | <input type="checkbox"/> Medical/Healthcare |

4. Is content on the company's website ever created by others? Yes No

If yes, what percentage? % _____

5. Do websites or websites managed for others include blogs, chat rooms or bulletin boards? Yes No

6. Are there formal and active procedures for editing or removing controversial, offensive or infringing material from the company's website or websites managed for others? Yes No

7. Is personal information (name, addresses, etc.) collected about visitors to your website? Yes No

If yes, in this information ever shared with outside parties? Yes No

8. Is there an individual or group responsible for the timeliness, appropriateness, and legality of the content posted on your website or websites managed for others? Yes No

9. Is there software or materials (photos, video, text, etc.) that can be downloaded and used by others on your websites or websites managed for others? Yes No

If yes, are the rights necessary to circulate owned for this material? Yes No

10. Are materials of others used in the websites you control, design or develop, including (photos, videos, text)? Yes No

If yes, have the rights been obtained for this material? Yes No

APPLICANT HISTORY

1. In the past five years have there been any past due contracts? Yes No

If yes, please provide details: _____

2. Have any customers sought financial remedy because products or services failed to meet customer expectations and/or did not perform in compliance with representation or warranty? Yes No

3. Are you aware of any circumstances that could result in a claim or suit? Yes No

If yes, please provide details: _____

4. Have you sought legal action against a customer for non-payment of a contract within the past 3 years? Yes No

If yes, please provide details: _____

5. Has any company declined to write, cancelled or non renewed Professional Services Liability cover for this company? Yes No

If yes, please provide details: _____

6. Is Errors & Omissions/Professional Liability coverage currently purchased? Yes No

Please provide details of all Errors & Omissions / Professional Liability Insurance carried in the past three years:

Insurer	Policy Period	Limit	Premium	Retroactive Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

During the past five years, have the Applicant, partners, principals or employees had one or more claims because of professional services, or are the Applicants, partners, principals or employees aware of any facts or circumstances or allegations which any give rise to a claim? Yes No

If yes, please provide details: _____

APPLICANT ACKNOWLEDGMENT

For the purposes of this application, the authorized representative of all person(s) and entity(ties) proposed for this insurance declare that, to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this application, and in any attachments, are true and complete.

Signature of Authorized Representative: _____ Date: _____

PLEASE PRINT CLEARLY

Name of Authorized Representative: _____ Title: _____

MUST BE SIGNED BY A PRINCIPAL OR PARTNER