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## INSURANCE FOR TECHNOLOGY COMPANIES APPLICATION FORM

### INSTRUCTIONS:

- Please complete all questions. If a question is not applicable, please answer "N/A".
- If additional space is required for any response, please continue your response in the ADDITIONAL INFORMATION section at the back of this Application Form.
- Please make certain the application is currently dated and signed by a principal, partner or director of the company and should make all the necessary enquiries of their fellow partners, directors and employees to enable all the questions to be answered.
- The term "Applicant" includes all subsidiaries which are more than 50% owned proposed for this insurance.
- **In order to utilize the Submit button to directly submit your application, please download the application first.**

### SECTION 1: COMPANY DETAILS

1.1 Please provide the following details:

Name of Applicant: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

City / Prov. / Post Code: \_\_\_\_\_

Website: \_\_\_\_\_ Date the Company was established: \_\_\_\_\_

1.2 Please state the number of employees: Full time:  Part time:

1.3 Please list all Subsidiaries for which coverage is desired:

Name of Subsidiary:	Nature of Business:	% of Ownership	Country Incorporated

1.4 Please state your fees received in the following years:

Fees emanating from:	Last complete financial year:	Estimate for current financial year	Estimate for next financial year:
Canada:	\$	\$	\$:
United States:	\$	\$	\$
United Kingdom:	\$	\$	\$
Other _____	\$	\$	\$
Total revenue:	\$	\$	\$
Profit (Loss):	\$	\$	\$

Date of the company's financial year end:

## SECTION 2: BUSINESS ACTIVITIES

2.1 Please briefly describe the nature of your business activities:


2.2 Please give details of the five largest contracts you have carried out in the past 3 years:

Name of client	Business of client	Nature of work under this contract	Total annual income from contract

2.3 Approximately how many clients do you have?

2.4 Are you involved in the following industries: financial services, defence/armaments, rail/automotive, power generation, adult entertainment/gambling, aerospace/aviation:  Yes  No

2.5 Are you involved in any of the following industries: ecommerce/retail, architecture/engineering/construction, alternative energy, mining/oil & gas, medical/health/bio pharma, semi-conductor/electronics:  Yes  No

2.6 Please provide a breakdown of revenue derived by service / product:

- a) Provide an application based solution:
- b) Offer a software (SaaS) or analytical solution:
- c) Provide cloud based services:
- d) Sell hardware or physical products:
- e) Offer a marketplace for goods and/or services:
- f) Provide IT consultancy services:

Description of any other work and revenues derived from that work:


- 2.7 In the event the Applicant's product or service failed or delivery was delayed, please describe the worst case scenario. Consider financial loss (consequential or otherwise) or loss of life, injury to people, damage to buildings or other tangible property for the Applicant's clients:

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### SECTION 3: CONTRACT INFORMATION

- 3.1 Does the Applicant have written contracts signed by every client?  Yes  No

If 'yes' then please supply a copy of your standard form of contract.

If "no", please explain the circumstances and why.

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- 3.2 Does the Applicant ever accept contracts with clients in which the Applicant accepts liability for consequential loss or financial damages greater than the value of the contract?  Yes  No

If "yes", explain what percentage of the Applicant's contracts this applies to and what these are capped at.

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- 3.3 What approximate percentage of fees, in current financial year, will be paid to sub-consultants?

- 3.4 Does the Applicant ensure that sub-contractors carry their own general liability and errors and omissions insurance?  Yes  No

### SECTION 4: CYBER AND PRIVACY

*Only complete this section if the Applicant requires this coverage*

- 4.1 Does the Applicant have procedures and protocols in place covering compliance with all applicable privacy regulations?  Yes  No
- 4.2 Does the Applicant have IT security procedures and protocols in place that govern the handling and storage of sensitive information?  Yes  No
- 4.3 Does the Applicant ensure that all sensitive personally identifiable data (including credit and debit card information) is encrypted while standing and during transmission?  Yes  No
- 4.4 Does the Applicant have anti-virus software installed and enabled on all desktops, laptops, and servers (excluding database servers) and is it updated on a regular basis?  Yes  No
- 4.5 Does the Applicant have firewalls installed on all external gateways?  Yes  No
- 4.6 Does the Applicant make regular back-ups (at minimum weekly) of all critical data and store the same offsite or in a fire-proof safe or can the Applicant confirm that their outsourced service provider meets this requirement?  Yes  No
- 4.7 If the Applicant accepts payment cards (debit or credit) as form of payment, is the Applicant compliant with the Payment Card Industry (PCI) Data Security Standard?  Yes  No

If there is any additional information with respect to the Applicant's IT security, please explain in the ADDITIONAL INFORMATION section at the end of this application form.

## SECTION 5: COMMERCIAL PROPERTY

Only complete this section if the Applicant requires this coverage

5.1 Please provide the address of the property to be insured, if different from the address given above:

Insured Address 1:	
Insured Address 2:	

Please continue on a separate page should more than 2 premises are to be insured.

5.2 Please provide the following details with respect to each of the premises to be insured:

	Insured Location 1:	Insured Location 2:
Year built:		
Number of stories:		
Sq. Footage:		
Are Fire Hydrants located within 500m:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the Premises sprinklered:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially
Monitored Alarm:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Building Construction: <i>(i.e. Masonry, Concrete, Brick Veneer, Frame, Fire resistant, Non-combustible)</i>		

5.3 Please provide the amount of insurance required below:

	Insured Location 1:	Insured Location 2:
Building (excluding residential homes):	\$	\$
Tenant's Improvements:	\$	\$
Office Contents / Equipment:	\$	\$
Computer Hardware:	\$	\$
Computer Software / Media:	\$	\$
Property of others:	\$	\$
Laptops / Portable Computers:	\$	\$
Business Interruption:	\$	\$
Other: _____	\$	\$
	<input type="checkbox"/> Flood Coverage <input type="checkbox"/> Earthquake Coverage	<input type="checkbox"/> Flood Coverage <input type="checkbox"/> Earthquake Coverage

5.4 Please provide details below of any third party requiring to be noted as an additional insured on the Policy:

Name of Additional Insured 1:	
Interest of Additional Insured:	
Address:	

Please continue on a separate page if more than 3 additional insureds are required to be added to the Policy.

## SECTION 6: INSURANCE COVERAGE REQUIREMENTS

5.1 Please provide details of the Applicant's current Errors and Omissions insurance coverage or the cover the Applicant requires if this is the first time applying for this coverage:

	Retroactive Date	Effective Date	Limit	Deductible	Premium:
Current:					
Required:					

5.2 What date would the Applicant like to incept coverage? \_\_\_\_\_

## SECTION 7: CLAIMS INFORMATION

Regarding all types of insurance to which this application form relates:

- a) is the Applicant 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 of the companies to be insured) within the last five (5) years, or
- b) is the Applicant 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
- c) have any claims or cease and desist orders been made against any of the companies to be insured, or partners or directors thereof, or
- 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?

With reference to questions a, b, c, and d above:

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/claimed, the status of the claim(s) or circumstance(s) and any reserve(s) or payment(s) made by the Applicant and/or by Insurers, and the dates of all developments and payments.

## SECTION 8: DECLARATION

- I declare that after full enquiry the information provided in this application form is true and complete that I have not misstated or suppressed any material fact.
- I agree that this Application Form, together with any other material information supplied by me shall form the basis this contract of insurance.
- I undertake to inform Underwriters of any material alteration to these facts occurring before the inception of the policy.

Signed: _____	Full Name: _____
Position held: _____	Date: _____

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