



Epac 3

New Business Application

Media Liability, Technology and Professional Liability, Cyber

Instructions for Completing this Application

This is a fillable PDF Document.

Please answer all questions fully. If necessary, as noted in the questions below, please provide additional responses in a supplemental document on your letterhead attached to this Application.

Upon completion the Application must be signed and dated by an authorized representative of the Applicant.

NOTICES

Please note that the insurance coverage to which this Application applies provides that the policy limit available is reduced by amounts incurred for legal defence costs and expenses and may be completely exhausted by such amounts. CNA will not be liable for any defence costs or expenses, nor any settlement or judgment amount after the exhaustion of the policy limit. Please also note that amounts incurred for defence costs and expenses will be applied to the applicable retention. This Notice is subject to the provisions of the Quebec Civil Code where applicable to an issued policy.

Providing information about a claim, potential claim, first party loss, or potential first party loss in response to any question in any part of this Application does not create coverage for such claim, potential claim, first party loss, or potential first party loss. The Applicant's failure to report to its current insurance company any claim made against it or any first party loss it first discovered during the current policy period, or to report any act, omission, or circumstance of which the Applicant is aware that may give rise to a claim or first party loss, before expiration of the current policy, may create a lack of coverage.

Please note that the submission of a completed, signed Application does not result in an obligation to purchase insurance or an obligation by the insurance company to bind insurance.

I. APPLICANT INFORMATION (Applicable To All Coverages)

The Applicant to be named in Item 1. of Declarations (the "named insured"): _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Website(s): _____ Telephone Number: _____

- a. Date the Applicant was established: _____
- b. Ownership Structure: Private Public Not-for-Profit Governmental
- c. Business Type: Corporation Partnership Joint Venture LLC Other: _____
- d. Number of Employees: _____
- e. Are you seeking coverage for any other "Named Insureds" and/or subsidiaries, affiliates, or other related entities? Yes No
If you answered "Yes" above, please attach details.
- f. Is the Applicant wholly or partially owned or controlled by any other entity? Yes No
If you answered "Yes" above, please provide the name, date established, location and degree of control for each such entity:

- g. Does the Applicant, either in whole or part, own, control, manage or operate any other entity not previously listed in this Application? Yes No
If you answered "Yes" above, please provide complete details: _____
- h. Area or territory of operations: Local Regional National International
- i. What is the nature of the Applicant's business? _____

II. COVERAGE REQUESTS

Coverage	Limit	Retention	Prior or Pending Date
Cyber	\$ _____	\$ _____	_____
Media Liability	\$ _____	\$ _____	_____
Technology and Professional Liability	\$ _____	\$ _____	_____

III. EXPIRING COVERAGE INFORMATION (Applicable To All Coverages)

1. Please complete the following for those coverages for which you are currently insured:

Coverage	Limit	Retention	Retroactive Date	Premium	Carrier	Expiration Date
Cyber	\$ _____	\$ _____	_____	\$ _____	_____	_____
Media Liability	\$ _____	\$ _____	_____	\$ _____	_____	_____
Technology and Professional Liability	\$ _____	\$ _____	_____	\$ _____	_____	_____

2. Has the insurer under any of the coverages listed above indicated an intent not to offer renewal terms? Yes No

IV. GENERAL INFORMATION

In the next 12 months (or during the past 18 months), indicate whether the Applicant or any Subsidiary has experienced, or anticipates any of the following:

- a. Merger, consolidation, acquisition, or divestiture? Yes No
- b. Material changes in nature or size of operations? Yes No

c. Bankruptcy filing or re-organization? Yes No

If you answered "Yes" to any of the above, please provide complete details (if additional space is needed, please attach separately): _____

V. FINANCIAL INFORMATION

1. Please indicate the Applicant's Gross Annual Revenue

Prior Year	Current Year	Projected
\$ _____	\$ _____	\$ _____

2. Please indicate the percentage of the Applicant's revenue generated inside Canada versus the percentage generated outside of Canada:

Canada: _____ % Foreign: _____ %

VI. CLAIMS INFORMATION

1. Has notice of any claim, potential claim, first party loss (including but not limited to data breach, security breach, extortion demand, or release/loss/disclosure of or unauthorized access to personally identifiable information in the Applicant's care, custody, or control), or potential first party loss, been given to any insurer for any coverage for which the Applicant is applying? Yes No

2. Within the past 3 years, has the Applicant, any Subsidiary, or any person associated with such entities for whom this insurance is being sought ("Proposed Insureds"), been the subject of, or involved in, any claim, written demand, notice, proceeding, litigation, or investigation alleging:

a. Violations of any privacy or data security laws or regulations? Yes No

b. Privacy injury, identity theft, denial of service attacks, computer virus infections, theft of information, damage to third party networks, or the inability of the Applicant's or Subsidiary's authorized users to access the Applicant's or Subsidiary's network? Yes No

c. A loss of money, securities, or property due to social engineering, fraud, or other criminal acts? Yes No

d. An act, error, omission, neglect, breach of duty, or personal or proprietary injury while rendering or failing to render professional services or technology services? Yes No

e. An act, error, omission, neglect, breach of duty, or personal or proprietary injury which results in the failure of a product to perform its intended purpose? Yes No

f. Defamation, disparagement, invasion or interferences with rights of privacy or publicity, wrongful entry or eviction, false arrest, infringement of intellectual property, infliction of emotional distress, or unfair competition or unfair trespass, in the gathering or dissemination of any content? Yes No

3. Within the past 3 years, has any Proposed Insured been the subject of any inquiries, investigations, or disciplinary action by a regulatory or administrative agency or association? Yes No

4. Within the past 3 years, has any Proposed Insured been made aware of any potential first party loss (including but not limited to data breach, security breach, extortion demand, or release/loss/disclosure of or unauthorized access to personally identifiable information in the Applicant's care, custody, or control), whether or not reported to a prior insurer? Yes No

If you answered "Yes" to any of the questions in paragraphs 1. through 4. above, please provide details, including date, type of claim or first party loss, allegations, current status, defence costs incurred, and any judgment or settlement amounts. (If additional space is needed, please attach separately): _____

VII. CYBER COVERAGE PART

(to be completed only if the Applicant is seeking Cyber coverage)

A. Sensitive Information

1. Please identify any sensitive employee, customer, or client information that the Applicant has possession of:

Type of Information	Estimated Number of Records	Are These Records Encrypted at Rest	Are These Records Encrypted in Transit
Social Insurance Numbers	_____	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable
Driver's Licence Numbers	_____	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable
Financial Account Numbers	_____	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable
Credit Card Numbers	_____	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable
Personal Health Information	_____	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable
Biometric Data	_____	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable
Third Party Trade Secrets	_____	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable
Third Party Intellectual Property	_____	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable
Third Party Corporate Financial Information	_____	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable
Total	_____	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable

2. Is there any segregation of the data discussed in question 1 above? Yes No

If you answered "Yes" above, what is the largest number of records stored in one place? _____

3. Is any of the information discussed in question 1 above stored on mobile devices (i.e. laptops, tablets, mobile phones, etc.)? Yes No

If you answered "Yes" above, is it encrypted at rest and in transit? Yes No

4. Is any of the above information discussed in question 1 above from non-Canadian residents or non-Canadian domiciled companies? Yes No N/A

B. Information Security and Privacy Policies

1. Please indicate if the Applicant:	Yes	No
a. Has a specific individual responsible for overall privacy and information security?	<input type="radio"/>	<input type="radio"/>
b. Has a specific individual responsible for monitoring changes in statutes and regulations related to privacy and information security?	<input type="radio"/>	<input type="radio"/>
c. Has formal written information security and privacy policies, standards, and/or procedures for the administration of information security throughout your organization?	<input type="radio"/>	<input type="radio"/>
d. Has a written records retention policy that includes the secure disposal/deletion of paper/ electronic records, biometric information, and data when no longer needed?	<input type="radio"/>	<input type="radio"/>
e. Stores data only as necessary for the performance of services?	<input type="radio"/>	<input type="radio"/>
f. Has had the information security and privacy policies been reviewed by an outside counsel specializing in privacy law?	<input type="radio"/>	<input type="radio"/>
g. Has a formal security awareness and education program to support and communicate new and existing standards and policies to employees?	<input type="radio"/>	<input type="radio"/>
h. Requires that every person in the organization be given anti-fraud security awareness training on an ongoing basis that includes but is not limited to detection of social engineering, phishing or other similar scams?	<input type="radio"/>	<input type="radio"/>
i. Has a formal and comprehensive employee on-boarding process (including background checks, drug tests, criminal, credit, etc.)?	<input type="radio"/>	<input type="radio"/>

2. Is the Applicant in compliance with:	Yes	No	NA
a. PIPEDA or any substantially similar provincial privacy or health privacy legislation or regulations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. EU General Data Protection Regulation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Health Insurance Portability and Accountability Act (US)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. California Consumer Privacy Act	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Any federal, provincial or territorial or state biometric information statute or regulation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C. Network Security Controls

1. Does the Applicant:	Yes	No
a. Utilize any unsupported operating systems? (e.g. Windows XP, or Server 2003)	<input type="radio"/>	<input type="radio"/>
b. Assess applications and infrastructure for common security vulnerabilities (e.g. OWASP top 10, SANS 20)?	<input type="radio"/>	<input type="radio"/>
c. Replace factory default settings (including user names and passwords) to ensure your information security systems are securely configured?	<input type="radio"/>	<input type="radio"/>
d. Implement segregation of duties for development, testing, and production environments?	<input type="radio"/>	<input type="radio"/>
e. Check for security patches to your systems at least weekly and implement them within 30 days? If you answered "No", please provide an overview of your patching process:	<input type="radio"/>	<input type="radio"/>

2. How often does the Applicant have third parties conduct regular network and application penetration tests? _____

3. Have all medium/high/critical findings in the most recent test been remediated? Yes No

4. How often does the Applicant perform formal risk assessments? _____

5. Does the Applicant perform regular backups of data, applications, and system configurations? Yes No

If you answered "Yes" above, are the backups:

a. Regularly tested to ensure restorability? Yes No

b. Stored offsite and offline? Yes No

c. Encrypted at rest? Yes No

6. Does the Applicant have the following in place:	Yes	No
a. Up to date Anti-Virus Software?	<input type="radio"/>	<input type="radio"/>
b. Multi Factor Authentication for remote connection to the Applicant's network?	<input type="radio"/>	<input type="radio"/>
c. Multi Factor Authentication for privileged user access?	<input type="radio"/>	<input type="radio"/>
d. Virtual Private Network (VPN), SSL VPN or equivalent technology?	<input type="radio"/>	<input type="radio"/>
e. A Security Information and Event Management (SIEM) system?	<input type="radio"/>	<input type="radio"/>
f. Data Leakage Prevention technology or other similar programs/technologies?	<input type="radio"/>	<input type="radio"/>
g. Wi-Fi- Protected Access 2 Authentication and Encryption or stronger on the Applicant's wireless network?	<input type="radio"/>	<input type="radio"/>
h. Password practices and controls (i.e. minimum password length, characters and/or capitalized letters?	<input type="radio"/>	<input type="radio"/>

7. Does the Applicant:	Yes	No
a. Control access to your system to ensure that users only have access to the appropriate environments necessary for their work?	<input type="radio"/>	<input type="radio"/>
b. Audit user access to ensure no authorization has been granted that exceeds employees' job responsibilities? If you answered "Yes", how often? _____	<input type="radio"/>	<input type="radio"/>
c. Timely remove systems access when an individual leaves the organization and/or when access is no longer required for business purposes? What is the time frame? _____	<input type="radio"/>	<input type="radio"/>
d. Limit physical access at all locations to your own personnel and only authorized sub-contractors, agents, or visitors?	<input type="radio"/>	<input type="radio"/>

8. Does the Applicant enforce the following for access control to data centers and networking closets:	Yes	No
a. Badge access	<input type="radio"/>	<input type="radio"/>
b. Biometrics	<input type="radio"/>	<input type="radio"/>
c. Automatic locking	<input type="radio"/>	<input type="radio"/>
d. Time alarms for open doors	<input type="radio"/>	<input type="radio"/>

D. Incident Response/Business Continuity/Disaster Recovery Plans

- Does the Applicant have any of the following formal plans in place:
 - Incident Response Plan in place? Yes No
 - Business Continuity Plan in place? Yes No
 - Disaster Recovery Plan in place? Yes No

If you answered "Yes" to any of the above, how often are these plans tested? _____
- If the Applicant suffered a network disruption, how long would it take to become fully operational?

1-4 hours 4-8 hours 8-12 hours 12-24 hours 24-48 hours 48+ hours

E. Third Party Vendors and Service Providers

1. Whenever the Applicant entrusts sensitive information to 3rd parties does the Applicant:	Yes	No
a. Contractually require all such third parties to protect this information with safeguards at least equivalent to the Applicant's safeguards?	<input type="radio"/>	<input type="radio"/>
b. Perform due diligence on each such third party to ensure that their safeguards for protecting sensitive information meet the Applicant's standards (e.g. conduct security/privacy audits or review findings of independent security/privacy auditors)?	<input type="radio"/>	<input type="radio"/>
c. Audit all such third parties at least once a year to ensure that they continuously satisfy the Applicant's standards for safeguarding sensitive information?	<input type="radio"/>	<input type="radio"/>
d. Contractually require in writing that they defend and indemnify the Applicant if they contribute to a confidentiality, security, and/or privacy breach?	<input type="radio"/>	<input type="radio"/>
e. Require all such third parties to either have sufficient liquid assets or maintain enough Errors & Omissions insurance to cover their liability arising from a breach of privacy or confidentiality?	<input type="radio"/>	<input type="radio"/>
f. Request SOC 2 reports?	<input type="radio"/>	<input type="radio"/>

2. Current Network and Technology Providers (If applicable)

- Internet Service Provider (s) _____
- Cloud Services Provider (s) _____
- Website Hosting _____
- Collocation Services _____
- Credit Card Processor(s) _____
- Managed Security Services _____
- Other(s) _____

- 3. What percentage of the Applicant's revenue is directly dependent on public facing websites? _____%
- 4. What is the minimum length of system outage for which the Applicant would anticipate a measurable impact on revenue? _____

F. Personal Health Information

- 1. Does the Applicant process, transmit, store, or use Personal Health Information (PHI)? Yes No

2. If you answered "Yes" to the above	Yes	No
a. Is a risk analysis performed to determine where PHI is being used and stored to identify the gaps and possible threats to said PHI?	<input type="radio"/>	<input type="radio"/>
b. Is access to PHI data/information restricted to only those that need access?	<input type="radio"/>	<input type="radio"/>
c. Is there a PHI specific incident response plan in place?	<input type="radio"/>	<input type="radio"/>
d. Are users trained on PHI security?	<input type="radio"/>	<input type="radio"/>
e. Are the information security and privacy controls discussed above in place and applicable to PHI in the Applicant's possession or control?	<input type="radio"/>	<input type="radio"/>

G. Payment Card Information

- 1. Does the Applicant accept payment via credit/debit card? Yes No
If you answered "No" above, please skip to Section H, Cyber Crime.
- 2. Has the Applicant confirmed the Applicant's compliance with the PCI DSS (Payment Card Industry Data Security Standard)? Yes No
 - a. If so, which version of the PCI Standard is the Applicant compliant with? _____
 - b. How many transactions does the Applicant conduct on an annual basis? _____
 - c. On what percentage of the Applicant's transactions is Europay, MasterCard, Visa (EMV Chip and Pin) or such similar tokenization used? _____%

3. If you answered "Yes" to the above:	Yes	No
a. Is segmentation used to isolate PCI information from the rest of the corporate network?	<input type="radio"/>	<input type="radio"/>
b. Is Tokenization used to remove the actual credit card number from the transaction?	<input type="radio"/>	<input type="radio"/>
c. Is there a policy and procedure for deploying patches to the point of sale devices?	<input type="radio"/>	<input type="radio"/>
d. Are connectivity restrictions in place to disallow internet access from point of sale devices?	<input type="radio"/>	<input type="radio"/>
e. Are the point of sale devices hardened via application whitelisting?	<input type="radio"/>	<input type="radio"/>
f. Is end to end encryption utilized from the moment credit card information is read into the point of sale device?	<input type="radio"/>	<input type="radio"/>

4. Please indicate if the following information is in custody, care or control:	Yes	No
a. Credit card data for the duration of a transaction	<input type="radio"/>	<input type="radio"/>
b. Credit card data stored for future use (all but last 4 digits masked)	<input type="radio"/>	<input type="radio"/>
c. Credit card data stored for future use (un-masked card numbers including track 2 data)	<input type="radio"/>	<input type="radio"/>

H. Cyber Crime

(to be completed only if the Applicant is seeking Cyber Crime coverage)

1. Does the Applicant:	Yes	No
a. Have procedures in place to verify the receipt of inventory, supplies, goods or services against an invoice prior to paying a vendor?	<input type="radio"/>	<input type="radio"/>
b. Have a written policy regarding electronic fund transfers?	<input type="radio"/>	<input type="radio"/>
c. Accept funds transfer instructions or changes to account details from internal sources (employees, etc.) or external sources (customers, vendors, etc.) over the telephone, fax, email or some other electronic communications method? If you answered "Yes", prior to complying with the instruction, does the Applicant authenticate such instructions using a method other than the initial contact method? <input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/>	<input type="radio"/>
d. Limit authority to execute electronic transfers to specified employees?	<input type="radio"/>	<input type="radio"/>
e. Restrict access to the online banking portal used to conduct electronic transfer functions to specific users and terminals?	<input type="radio"/>	<input type="radio"/>
f. Require dual authorizations for payments or funds transfers of a certain amount? If you answered "Yes", what is that amount? \$ _____	<input type="radio"/>	<input type="radio"/>
g. Have different policies and procedures for international electronic fund transfers? If yes, please explain in an attachment to this application?	<input type="radio"/>	<input type="radio"/>
2. What is the average monthly number of fund transfers? _____		
3. What is the average dollar amount of an individual fund transfer? \$ _____		
4. What is the largest single amount that can be transferred? \$ _____		

VIII. MEDIA LIABILITY COVERAGE PART

(to be completed only if the Applicant is seeking Media Liability coverage)

A. Coverage Type

1. Coverage type: Claims Made Occurrence
2. Sublimited Optional additional coverages
(to be completed only if the Applicant is seeking such coverage)
 - a. Subpoena assistance coverage: \$ _____
 - b. First Amendment event coverage: \$ _____

B. Marketing and Advertising Budget

Please indicate the advertising/marketing budget for the following 12 month fiscal periods

Prior Fiscal Year		Current Fiscal Year		Next Fiscal Year (projected)	
Canada	International	Canada	International	Canada	International
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

C. Media Controls Risk Management

(if the applicant is an advertising or public relations agency or is engaged in the distribution of media, please complete the Advertising Agency or Distributor Supplement)

1. Does the Applicant have an in-house legal department experienced in media law issues? Yes No

2. How many trade or service marks does the applicant currently own? _____

3. For the proposed policy period, does the Applicant plan to use any of the Applicant’s existing trade or service marks in connection with any new class(es) of goods or services for which the marks have not previously been used? Yes No
 If you answered “Yes” above, please describe: _____

4. Does the Applicant engage outside counsel specializing in trademark law in connection with The development or use of the Applicant’s marks and products? Yes No
 If you answered “Yes” above, please provide the name of the firm name and/or counsel used: _____
 If you answered “No” above, please explain: _____

5. Does the Applicant always perform trademark clearance searches in connection with new marks or when expanding into new classes of goods or services? Yes No

6. Does the Applicant create advertising and/or marketing materials internally or does the Applicant employ an outside advertising agency? Internally Outside agency
 If you indicated “Outside Agency” above, has the agency agreed to indemnify the Applicant for claims arising from the content created by the agency? Yes No

7. Does the Applicant engage in comparative advertising? Yes No

8. Does the Applicant utilize a website or social media to advertise or promote its products or services? Yes No
 If you answered “Yes” above;
 - a. Are the websites or social media controlled and operated by employees of the Applicant who are dedicated to such platforms? Yes No
 - b. Please indicate the websites and/or social media accounts so used: _____

9. Does the Applicant have a written employee social media policy? Yes No

10. Does the Applicant have a process for legal review of all advertising, marketing, and promotional content, including website and social media content, prior to dissemination? Yes No

11. Does the Applicant have procedures to ensure new employees are not using or taking trade secrets or other confidential property or information from prior employers? Yes No

12. If the Applicant is engaged in software development or distribution, is an outside counsel specializing in the relevant areas of law involved and/or consulted during the development process? Yes No

13. Does the Applicant utilize written contracts in connection with its media activities such as advertising, marketing, etc.? Yes No

If you answered "No" above, please explain: _____

If you answered "Yes" above:

a. Please indicate the percentage of standard Applicant contracts vs. client/vendor contracts used:

i. Applicant's standard contract: _____%

ii. Client/vendor's contract: _____%

b. Does each contract contain a/an (select all that apply):

- i. Disclaimer of Warranties
- ii. Alternative Dispute Resolution Clause
- iii. Exclusions of consequential damages
- iv. Hold harmless/indemnity in favor of the Applicant
- v. Limitation of liability
- vi. Choice of venue/governing law
- vii. Statement of work/specifications
- viii. Force majeure
- ix. Performance milestones/schedule of performance deadlines

14. Please indicate which of the following quality control/risk management procedures the Applicant in connection with the Applicant's media activities (select all that apply):

- a. Legal review and clearance of advertising and/or content by in-house counsel
- b. Website/social media content conduct and policy
- c. Fact checking for published content
- d. Delay device used for live transmissions/broadcasts
- e. Use of work-for-hire agreements for advertising and/or content created by third parties including freelancers
- f. Legal review and clearance of advertising and/or content by outside counsel specializing in the relevant areas of law
- g. Client approval prior to dissemination of content
- h. Correction/retraction procedures
- i. Confirmation that licensing agreements are in place for third party content used including photos, video/film, or music, etc.
- j. Training of employees regarding libel and related claims
- k. Training of employees regarding copyright, trademark, and other content claims
- l. Risk manager on staff
- m. Confirmation that releases are obtained from all persons depicted in advertising and/or content

IX. TECHNOLOGY AND PROFESSIONAL LIABILITY COVERAGE PART

(to be completed only if the Applicant is seeking Technology and Professional Liability coverage)

A. Revenue Percentages

1. Please estimate the total percentage of revenue from the following technology and telecommunication activities:

Tech - Software & Services	Percentage	Tech - Hardware & Equipment	Percentage
Application Service Provider	_____%	Technology Equipment Manufacturing	_____%
Custom Software Development	_____%	Computer Hardware Manufacturing	_____%
Data Processing & Outsourced Services	_____%	Computer Storage & Peripherals	_____%
Domain Name Registration	_____%	Electronic Equipment Manufacturing	_____%
Information Management	_____%	Electronic Manufacturing Services	_____%
Internet Service Provider	_____%	Office Electronics Manufacturer	_____%
IT Consulting	_____%	Semiconductors	_____%
Network Security Software and Services	_____%	Technology Distributors	_____%
		Other (describe)	
Pre-Packaged Software Development/Sales	_____%	_____	_____%
System Design and Integration	_____%		
Technical Support/Repair & Maintenance	_____%	Telecommunication	Percentage
Web Portal	_____%	Alternative Carrier Provider	_____%
Website Construction and Design	_____%	Integrated Telecommunication Services	_____%
Other (describe)	_____%	Wireless Telecommunications Services	_____%
_____	_____%		

2. Please estimate the total percentage of revenue from the following miscellaneous professional services?

Miscellaneous Professional Service	Percentage	Miscellaneous Professional Service	Percentage
Alternative Dispute Resolution	_____%	Equipment Lease Brokerage	_____%
Answering Services	_____%	Executive Coaching	_____%
Association Professional Liability	_____%	Executive Search Firms	_____%
Association Management	_____%	Expert Witnesses	_____%
Billing Services	_____%	Franchising	_____%
Bookkeeping Services	_____%	Freight Forwarders	_____%
Business Brokers	_____%	Fulfillment Services	_____%
Business Process Outsourcing	_____%	Hotel Management	_____%
Call Center Services	_____%	Human Resource Consulting	_____%
Claims Adjusters	_____%	Litigation Support	_____%
Consulting Services	_____%	Marketing Consulting / Research	_____%
Courier Services	_____%	Meeting / Event Planning	_____%
Court Reporting Services	_____%	Notary	_____%
Credit Reporting Agency Services	_____%	Payroll Processing	_____%
Custom House Brokerage	_____%	Permanent Placement	_____%
Direct Mail Services	_____%	Physician Practice Management	_____%
Document Destruction Services	_____%	Premium Financing	_____%
Document Storage Services	_____%	Translation / Transcription	_____%

Drug Testing _____% Travel Agent _____%
 Educational Testing _____% Trustee Services _____%
 Employment Screening _____%
 Other (describe): _____ %

B. Client / Customer Information

1. Provide the following information regarding the Applicant’s 5 largest clients (determined as a percentage of the total gross revenue for the past fiscal year):

Client	Size of Contract	Length of Contract	Description of Services
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. What is the percentage of sales to repeat customers? _____%

3. Please state the technical level of sophistication of the Applicant’s average customer:

- a. Novice
- b. Average
- c. Sophisticated

4. Are procedures in place to evaluate the financial condition and legitimacy of all new clients? Yes No

5. Please indicate the percentage of products and services the Applicant provides to the following customer segments:

Customer Segment	Percentage of Services/Products
Commercial Client	_____%
Individual Consumers	_____%
Canadian Federal Government	_____%
Canadian Provincial And Local Governments	_____%
Foreign Governments	_____%

6. Please indicate the percentage of revenue derived from the following business sectors:

Business Sector	Percentage of Receipts	Business Sector	Percentage of Receipts
Aerospace & Defence	_____%	Financial Services	_____%
Automobiles & Components	_____%	Healthcare	_____%
Chemical	_____%	Information Technology	_____%
Construction & Engineering	_____%	Media	_____%
Consumer Services	_____%	Oil, Gas & Utilities	_____%
Electrical Equipment	_____%	Retail	_____%
Energy Equipment & Services	_____%	Telecommunication	_____%

C. Contractual Procedures

1. Does the Applicant require the use of a written contract or agreement for all engagements? Yes No
 If you answered "No" above, what percentage of contracts are in writing? _____%

2. Does the Applicant maintain and enforce a contractual review process? Yes No
 If you answered "Yes" above, does this process include review by outside counsel specializing in contract law? Yes No

3. Does the Applicant have a standard written contract that the Applicant proposes to use on most engagements? Yes No

4. Please indicate the percentage of contracts where the Applicant's standard contract, the customer's contract, or a combination of both is used:
 a. Standard: _____% b. Customer: _____% c. Combination: _____%

5. Please indicate the contractual provisions the Applicant use in most contracts (select all that apply):
 - a. Disclaimer of warranties
 - b. Dispute resolution
 - c. Exclusions for consequential damages
 - d. Exclusive remedies
 - e. Force majeure
 - f. Hold harmless in favor of the Applicant
 - g. Limitation of liability
 - h. Performance milestone
 - i. Statement of work
 - j. Venue/governing law

6. Does the Applicant have a formal customer acceptance process in place? Yes No

7. Are performance milestones accepted with signoffs by both parties? Yes No

8. Are interim changes in contracts documented and signed off by both parties? Yes No

D. Historical Business Information

1. Does the Applicant have any account receivables for professional or technology service contracts that are more than 90 days past due? Yes No

2. Within the past 5 years, has the Applicant sued any customers for non-payment of any contract or licensing fees? Yes No

3. Within the past 5 years, have any clients withheld payment or requested a refund of fees because the Applicant's products/ services:
 - a. Did not meet the client's performance expectations? Yes No
 - b. Did not perform in compliance with the Applicant's warranty or guarantees? Yes No

E. Quality Control Procedures

1. Does the Applicant employ a risk manager? Yes No
 If you answered "No" above, please indicate who is responsible for handling insurance related matters: _____

- 2. Does the Applicant have policies and procedures in place to respond to customer complaints? Yes No
- 3. Does the Applicant utilize an escalation procedure to respond to customer complaints? Yes No
- 4. Please indicate which of the quality control procedures are in place (select all that apply):
 - a. Alpha testing
 - b. Customer service via e-mail
 - c. Beta testing
 - d. Formalized training for new hires
 - e. Business continuity plan
 - f. Prototype development
 - g. Customer Screening Process
 - h. Vendor certification process
 - i. Customer service via a toll-free number
 - j. Written quality control guidelines
 - k. Customer service via a web portal

F. Subcontracted Work

- 1. Does the Applicant sub-contract any professional services or manufacturing to fulfill commitments to clients? Yes No
 If you answered "Yes" above:
 - a. What professional services or manufacturing to fulfill commitments does the Applicant sub-contract? _____
 - b. What percentage does the Applicant sub-contract? _____ %
- 2. Does the Applicant utilize a standard sub-contractor contract? Yes No
- 3. Does the Applicant require evidence of General Liability and Errors and Omissions insurance from subcontractors? Yes No

APPLICANT REPRESENTATION
(To Be Completed by Applicant)

The Applicant Representation applies to all coverages that have been completed as part of this Application.

1. Special Representation applicable to the following Coverages only (if to be part of this policy):

For the coverages checked below, the Applicant has current coverages in place with either CNA or with any other carrier:

Coverages	Coverage has been in place since:
<input type="checkbox"/> Cyber	_____
<input type="checkbox"/> Media Liability	_____
<input type="checkbox"/> Technology and Professional Liability	_____

The Applicant requests continuity for these coverages and this Applicant Representation does not apply to these coverages.

If no checkboxes are checked above then this Applicant Representation applies to any of these coverages for which the Application has been completed subject to the following:

Applicant Representation - None of the individuals to be insured under any Coverage Part is responsible for or has knowledge of any wrongful act or fact, circumstance, or situation which they have reason to believe might result in a future claim or first party loss, except as follows:

- Yes, there are exceptions to this Representation (please attach details)
- No, there are no exceptions to this Representation

If any wrongful act or fact, circumstance, or situation which the Applicant has reason to believe might result in a future claim or first party loss whether not disclosed above, then the Applicant acknowledges and agrees, unless the proposed insurance policy expressly provides otherwise, any loss, claim, action, or first party loss arising out of, based upon, or attributable to such wrongful act or fact, circumstance, or situation will be excluded from coverage in accordance with the Application provision of the proposed policy.

2. Representations applicable to all coverages to be made part of this policy:

The Applicant hereby declares, after diligent inquiry, that the information contained herein and in any supplemental applications or forms required hereby are true, accurate, and complete, and that no material facts have been suppressed or misstated. The Applicant acknowledges a continuing obligation to report to the CNA Company (the "Company") to whom this Application is made, as soon as practicable, any material changes in all such information after signing the Application and prior to issuance of the policy. The Applicant further acknowledges that the Company will have the right to withdraw or modify any outstanding quotations and/or authorizations or agreement to bind the insurance based upon such changes. Further, the Applicant understands and acknowledges that:

- a. Completion of this Application and any supplemental applications or forms does not bind the Company to issue a policy;
- b. If a policy is issued, the Company has relied upon, as representations, this Application, any supplemental application, and other statements furnished to the Company in conjunction with this Application;
- c. All supplemental applications, statements, and other materials furnished to the Company in conjunction with this Application are hereby incorporated by reference into this Application and made a part hereof;
- d. This Application will be the basis of the contract and will be incorporated by references into and made a part of such policy;
- e. If a policy is issued, the limit of liability contained in the policy will be reduced and may be completely exhausted by the payment of loss, defence costs, and expenses. In such event the Company will not be liable for loss, defence costs, and expenses to the extent that such loss, expenses, and defence costs exceed the limit of liability of this policy;
- f. If a policy is issued, defence costs and expenses incurred will be applied against the deductible or retention amount as provided in the policy;

- g. The Applicant's failure to report to its current insurance company:
 - i. any claim made against it or any first party loss it discovered during the current policy term; or
 - ii. any act, omission, or circumstances which the Applicant is aware of that may give rise to a claim or first party loss; before expiration of the current policy may create a lack of coverage.

FRAUD NOTICE

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may be subject to civil fines and criminal penalties.

The Applicant, through the undersigned authorized representative, hereby acknowledges that the aforementioned statements and answers are accurate and complete. Applicant further understands that any inaccurate or incomplete statements may result in an exclusion or denial of insurance coverage. Applicant further authorizes CNA Insurance Companies to release the information on this Application and associated underwriting information.

Applicant:

By: _____
*Signature and Title** *Printed Name of Authorized Representative*

Date: _____

*** This Application must be signed by the Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, General Counsel or Risk Manager of the Applicant acting as the authorized representatives of the person(s) and entity(ies) proposed for this insurance. Please print and sign this application.**

Note: For purposes of the Insurance Companies Act (Canada), this document was made in the course of Continental Casualty Company's insurance business in Canada.

