



## Technology companies

### Professional Liability Application Form

**Pirbright Professions Insurance Portfolio is designed to meet all the insurance needs of a professional business.**

#### Which sections should you complete?

Section	Title	Should you complete it?
1	Your Business	<b>All companies must complete this section</b>
2	General Matters	<b>All companies must complete this section</b>
3	Hacker Damage	Please complete this section if you require this cover
4	Commercial General liability & Products Liability	Please complete this section if you require this cover
5	Property & Contents	Please complete this section if you require this cover
6	Claims	<b>All companies must complete this section</b>
7	Declaration	<b>All companies must complete this section</b>

The purpose of this application form is for us to find out who you are and what you do in order to provide you with a quotation through Pirbright Professions Inc. on behalf of our insurance markets. It does not oblige either party to enter into a contract of insurance.

Insurance is a contract of utmost good faith. This means that the information you provide in this application form must be complete, accurate and not misleading. It also means that you must tell us about all facts and matters which may be relevant to our consideration of your application for insurance. Any failure by you in this regard may entitle the insurer to treat this insurance as if it never existed.

If a contract of insurance is agreed between you and the insurer, this application form, and all other information given to us by you or anyone on your behalf, whether it is written, verbal or otherwise, will form the basis of the contract.

Whoever signs this form must be a director, officer, board member or senior manager of the proposer and must make all the necessary enquiries of their fellow directors, officers, board members, senior managers and employees to enable all the questions to be answered completely, accurately and clearly.



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### Section 1 – Your Business

You must complete this section.

#### 1.1 Your business

Company name

Contact name

Main address

Postal Code  Website

Telephone  E-mail

Year business established:

#### 1.2 Your employees

Please provide your total number of employees:

#### 1.3 Membership of professional organizations

Is your business a member of any professional organizations or trade association? Yes  No

If **yes**, please provide details:

#### 1.4 Your turnover

a. Please provide your turnover, including fee income and who the work is carried out for:

Jurisdiction dd-mmm-yyyy	Past year ending	Current year	Estimate for coming year
Canadian clients	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Overseas clients (excluding USA)	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
USA clients under contracts subject to <b>non</b> -USA/Canada law	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
USA clients under contracts subject to USA or Canada law	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Operating profit	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>



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#### 1.5 Your business activity

Your percentage of turnover (including fee income) must be separated approximately into the activities listed below so that we can understand what you are doing and because we only cover you for the work which you declare:

Products	Turnover
a. Hardware:	
i. designed by you	<input type="text"/> %
ii. manufactured by you	<input type="text"/> %
iii. designed and / or manufactured by a third party	<input type="text"/> %
b. Licenses:	
i. for your own shrink wrapped software	<input type="text"/> %
ii. for third party shrink wrapped software	<input type="text"/> %
iii. for your customizable software	<input type="text"/> %
iv. for third party customizable software	<input type="text"/> %
<b>Services</b>	
c. Installation of software / hardware	<input type="text"/> %
d. Customization of existing software program	<input type="text"/> %
e. Tailor made development of software	<input type="text"/> %
f. Maintenance of software / hardware	<input type="text"/> %
g. Co-location (light, heat and power)	<input type="text"/> %
h. Facilities management (including application maintenance)	<input type="text"/> %
i. Training	<input type="text"/> %
j. Provision of contract staff	<input type="text"/> %
k. Project management:	
i. where you set the specification	<input type="text"/> %
ii. where a third party sets the specification	<input type="text"/> %
l. Consultancy	<input type="text"/> %
<b>Web services</b>	
m. Web design	<input type="text"/> %
n. Web hosting	<input type="text"/> %
o. Application hosting (excluding application maintenance)	<input type="text"/> %
p. Domain name registration	<input type="text"/> %
<b>Other</b>	
q. Other work or income - please specify:	<input type="text"/> %
<input type="text"/>	



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1.6 Future business activities Do you expect any significant changes to the split of activities shown above in the coming 12 months? Yes  No

If **yes**, please give details:

1.7 Business activities - description Please provide a description of your business activities in your own words including any specializations:

1.8 Implementation of your activities Is the failure, or delay in implementation, of any product or service you provide likely to result in any of the following outcomes:

- a. loss of life or injury to a person? Yes  No
- b. destruction or damage to physical property? Yes  No
- c. immediate and large financial loss? Yes  No
- d. significant cumulative financial loss? Yes  No
- e. insignificant loss (more of a nuisance)? Yes  No

If you have answered **yes** to any of the above then please explain below:

Where do you see your potential exposure to claims under this policy?

1.9 Competitors

Please list who you consider to be your top three competitors?

1.
2.
3.



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#### 1.10 Your contractual management

a. Do you only ever commence work where a signed contract is in place? Yes  No

If **no**, please explain what arrangements are put in place.

b. What percentage of contracts you enter in to are subject to:

i. your terms and conditions  %

ii. your terms and conditions with negotiated amendments  %

iii. your clients' terms and conditions  %

iv. tailored terms and conditions  %

c. Who has responsibility for negotiating contracts?

d. When tendering for business or entering into contracts do you have a documented process in place to ensure you can deliver what is expected of you?

Yes  No

If **no**, please explain

e. When contracting do you always:

i. exclude liability for consequential, special or indirect damages, loss of profits and liquidated damages? Yes  No

ii. cap your overall liability at a reasonable level? Yes  No

iii. warrant a performance standard no greater than reasonable care and skill? Yes  No

iv. ensure that changes to the scope of work are reflected in a written variation of the contract? Yes  No

v. only provide indemnities in respect of IPR, death, bodily injury or property damage? Yes  No

vi. ensure your contracts stipulate a dispute resolution procedure? Yes  No

If **no** to any of the above, please explain:

f. Do you have a disaster recovery plan? Yes  No

If **yes**, when was it last tested? (dd-mmm-yyyy)



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### 1.11 Your contracts

Name of client	█	█	█	█	█
Nature of your work undertaken by you	█	█	█	█	█
Duration of contract (weeks, months, years)	█	█	█	█	█
Overall value of contract	█	█	█	█	█
Income to you from contract	█	█	█	█	█
Project fees (consultancy, software customization, tailored development, installation) (%)	█	█	█	█	█
Licence fees (%)	█	█	█	█	█
Maintenance fees (%)	█	█	█	█	█

How many current customers do you have?

What is the value of your average contract?

What is the length of your average contract?



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#### Section 2 – General Matters

You must complete this section.

##### 2.1 Subcontractors and non-employed contributors

a. What percentage of your content is supplied by non-employed contributors including freelancers or other non-employees?  %

b. Do you always obtain a hold harmless or indemnity from non-employed contributors for claims that may arise from the content of the material? Yes  No

If **no**, please provide details:

##### 2.2 Other services for clients

a. Do you provide any other services to third parties? Yes  No

If **yes**, please provide details:

b. What percentage of your declared turnover comes from these activities?  %

##### 2.3 Your website

a. What is your website address?

b. Do you have any facility within your websites where any third party content may be published or otherwise made publicly accessible on any weblog, online journal, online diary, or online chat room? Yes  No

c. Is all third party material subject to your standard checking procedures (as declared at Section 1 and/or Section 2 of this application form) prior to posting on your websites? Yes  No

d. Please provide details of your takedown procedures in the event of a complaint related to third party material:

**Please note that cover is only provided where third party content is subject to the applicant's standard editorial procedures prior to it being made publicly accessible.**

##### 2.4 Cover required

Please tick the limit of professional liability required:

\$500,000

\$1,000,000

\$2,000,000

Other: \$



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#### Section 3 - Hacker Damage

**Optional - only complete this section if this insurance cover is required.**

- a. What is your anticipated internet revenue for the next 12 months \$
- b. Do you have an individual whose full time responsibility is IT? Yes  No
- c. Have you had external audits of your IT security in the last 12 months? If so, please provide us with a copy. Yes  No
- d. Do you have a written minimum technological security policy which you use to audit your practices? Yes  No
- e. Do you back up all electronic files on your system (including your website) at least weekly? Yes  No
- f. Do you have main vendor anti-virus software in operation with a maintenance agreement in force? Yes  No
- g. Is your system protected by a firewall? Yes  No
- h. Do you have a resilient system for patching your system against known vulnerabilities? Yes  No
- i. Are all passwords changed at least every 60 days? Yes  No
- j. Please give details of your longest outage that you have suffered:





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#### Section 4 - Commercial General Liability and Products Liability

Optional - only complete this section if this insurance cover is required.

4.1 Cover required

a. Please tick the limit of liability required for general liability and products liability:

\$1,000,000

\$2,000,000

\$5,000,000

Other: \$

b. What is the expiry date of your current policy?

#### Section 5 – Property And contents

Optional – only complete this section if this insurance cover is required.

5.1 Location of premises  
to be covered

Location	Full address	Postal Code
1. <input type="text"/>	<input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>	<input type="text"/>

Please provide us with a presentation if more than three premises are to be insured.

5.2 Occupancy

a. Is this a home based office?

Yes  No

b. Is the entire building used only for office based activities?

Yes  No

5.3 Construction details

a. Are all of the buildings in a good state of repair?

Yes  No



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#### Section 6 - Claims

##### 6.1 General

**You must complete this section.**

**Please complete the claims questions for any risk now to be insured.**

In relation to your professional business activities, are you after reasonable inquiry aware of:

a. any matter which may lead to a claim against you?

This includes:

i. a shortcoming or problem in your work known to you which you cannot reasonably put right;

Yes  No

ii. a complaint about your work or anything you have supplied which cannot be immediately resolved;

Yes  No

iii. an escalating level of complaint on a particular project;

Yes  No

iv. a client withholding payment due to you after any complaint.

Yes  No

b. any loss from the dishonesty or malice of any employee or self-employed freelancer?

Yes  No

c. any loss from the suspected dishonesty or malice of any employee or self-employed freelancer?

Yes  No

d. any matter which may give rise to a claim against your predecessors in business or any past director, officer, board member, senior manager or employee?

Yes  No

If you answered **yes** to any of the above, please provide full details:

##### 6.2 Directors and officers

Have you or any of your directors at any time either personally or in any business capacity:

a. been declared bankrupt or become insolvent or made any voluntary arrangement with creditors or been subject to enforcement of a judgment debt?

Yes  No

b. been a director or had a controlling interest in any company, firm or business entity which has entered into a voluntary arrangement with creditors or been subject to any application for liquidation, administration, receivership or to enforcement of a judgement debt?

Yes  No

If the answer to a. and/or b. above is **yes**, please give full details on a separate sheet.

##### 6.3 Professional liability

Has any claim, whether successful or not been made against you or your predecessors in business or any past or present director, officer, board member, senior manager or employee (whether previously insured or not)?

Yes  No

##### 6.4 All others covers

In respect of the following insurance covers:

**Hacker damage, property contents, business interruption, commercial general liability and products liability**

Has any claim or loss, whether successful or not, ever occurred or been made against you or your predecessors in business or any past or present director, officer, board member, senior manager or employee in respect of any risk now to be insured under the insurance covers listed above (whether previously insured or not)?

Yes  No



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If the answer to 6.3. and/or 6.4. is **yes**, please give full details below:

Date	Details	Amount	Remedial action
dd-mmm- yyyy			

Please continue on a separate sheet if necessary.

#### 6.5 Previous insurance

Have you ever had any insurance or proposal cancelled, withdrawn, declined or made subject to special terms?

Yes  No

If **yes**, please provide details:

Date	Details
dd-mmm-yyyy	



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#### Section 7 - Declaration

#### You must complete this section.

Please read the declaration carefully and sign at the bottom.

##### 7.1 Material information

Please provide us with details of any information which may be relevant to our consideration of your application for insurance. If you have any doubt over whether something is relevant, please provide the details for our review.

##### 7.2 Data protection

By signing this application form, you consent to Pirbright Professions Inc. using the information we may hold about you or others related to your policy for the purposes of providing insurance and handling claims, if any, and to process sensitive personal information about you or others related to your policy where this is necessary (for example health information or criminal convictions). This may mean Pirbright Professions Inc. has to give some details to third parties involved in providing insurance cover. These may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, third party service providers, reinsurance companies, insurer tracing offices and insurance regulatory authorities. Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by Pirbright Professions Inc. as set out above. The information provided will be treated in confidence and in compliance with the Personal Information Protection Act (PIPA). You or others related to your policy may have the right to apply for a copy of this information and to have any inaccuracies corrected.

For training and quality control purposes, telephone calls may be monitored or recorded.

##### 7.3 Declaration

I/We declare that (a) this application form has been completed after proper inquiry; (b) its contents are true and accurate and (c) all facts and matters which may be relevant to the consideration of our application for insurance have been disclosed.

I/We undertake to inform you before any contract of insurance is concluded, if there is any material change to the information already provided or any new fact or matter arises which may be relevant to the consideration of our application for insurance.

I/We understand that non-disclosure or misrepresentation of a material fact or matter will entitle the insurer to void this insurance policy.

I/We agree that this application form and all other information which is provided are incorporated into and form the basis of any contract of insurance.

Signature of Director/Officer/Board Member/Senior Manager

Date dd-mmm-yyyy

**A copy of this application should be retained for your records.**

##### 7.4 Queries

Should you have any questions or if you require any additional information, please do not hesitate to contact us. Contact information as follows:

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