



Please answer all the questions on this form. Before any question is answered please carefully read, then sign, the declaration at the end of the application form. Underwriters will rely on the statements that you make on this form. In this context, **ANY INSURANCE COVERAGE THAT MAY BE ISSUED BASED UPON THIS FORM WILL BE VOID IF THE FORM CONTAINS FALSEHOODS, MISREPRESENTATIONS, OR OMISSIONS. PLEASE THEREFORE ENSURE YOUR RESPONSES TO THE QUESTIONS IN THIS FORM ARE COMPLETE AND CORRECT.**

ANY POLICY THAT MAY BE ISSUED BASED UPON THIS FORM WILL PROVIDE CLAIMS FIRST MADE AND REPORTED COVERAGE.

Section 1 – Your details

- 1) Applicant(s):

- 2) Address:

- 3) Names of all subsidiary companies (if any):

- 4) Website home page (including subsidiaries):

Section 2 – Your business

- 5) Date established:

- 6) Total number of staff:

- 7) Detailed description of business / Professional Services:

- 8) List your mergers and acquisitions of the last 3 years:

- 9) Please confirm the total revenues/fees a) from your most recent financial year;
b) projected for your next financial year.

- 10) Please advise percentage of revenue, in your current financial year will be paid to sub-contractors?



11) Do you insist that your sub-contractors carry errors and omissions and general liability insurance?

Section 3 – Your Professional services

Please complete this section for Technology Errors and Omissions coverage

12) Please provide an analysis of your revenue (by percentage) from the following:

- Customized software development _____
- Licensing of software _____
- Consulting/Implementation/Integration _____
- Real Time Production/ Trading _____
- Enterprise Resource Planning/ Procurement _____
- Training _____
- ASP _____
- Content Provider _____
- IT Staffing _____
- Other – please detail _____

13) Please indicate the end-user application of your company’s products/services by market sector:

Market Sector	Revenue by percentage
Aerospace	
Agriculture	
Communications/Telecommunications	
Construction	
Educational Institutions	
Financial Institutions	
Government	
Healthcare/Medical	
Home Use	
Industrial/Manufacturing Use	
Trade/Commerce – retail/wholesale	
Other (please detail)	



Section 4 – Network Security & Privacy

- 14) Do you collect personally identifiable information from your customers and sell or share individual subscriber or user identifiable information
(Please circle) Yes No N/A
If yes, please provide details.
- 15) Do all your websites contain a privacy policy that has been reviewed by an attorney?
(Please circle) Yes No
- 16) Do you have an established procedure for editing or removing from your Web site or Internet Service libellous or slanderous content, or content that infringes the Intellectual Property rights of others (copyright, trademark, trade name, trade secrets etc.)?
(Please circle) Yes No
- 17) Do you use the Internet or an intranet for political, fundraising or cause activities; for gambling; for pornography; or for the sale of prohibited, regulated or restricted items such as tobacco, other drugs or liquor, or fire arms?
(Please circle) Yes No
If yes, please give details:
- 18) Is firewall technology used at all Internet points-of-presence to prevent unauthorized access?
(Please circle) Yes (supply brand name) No
- 19) Does your company use anti-virus software on all desktops/portable computer devices and mission-critical servers and is it updated in accordance with the software provider's requirements?
(Please circle) Yes (supply brand name) No
- 20) Does your company have a written policy on Email and Internet use?
(Please circle) Yes No
- 21) Does your company have a published information security policy, and is there an organizational manager who is directly responsible for information security compliance operations?
(Please circle) Yes No

Section 6 – Risk Management

- 22) Does your company use Independent Contractors to whom you sub-contract work?
(Please circle) Yes No



If **yes**, please confirm whether you require Independent Contractors to carry professional liability insurance, and provide a description of any indemnities, hold harmless agreements etc:

- 23) Are there regular security reviews of IT systems by internal audit personnel or a trusted third party?
(Please circle) Yes No
- 24) Are system backup and recovery procedures documented and tested for all mission-critical systems?
(Please circle) Yes No
- 25) Please provide brief details of the impact on your business in the event that your network or applications should fail or be compromised?
- 26) Is the operation and connectivity of your computer network business critical and if so, after how many hours would it have a material effect on your business?
- 27) Please comment on recovery/ contingency plans in place to avoid business interruption due to IT system failure, and/or alternative working procedures (interdependency, outsourcing, alteration of process, additional employment, redundant servers etc)?
- Is this plan regularly tested and updated? Yes No
- 28) Please identify your mission critical suppliers:
- 29) Do you typically provide content for your clients?
(Please circle) Yes No N/A
- 30) Do you receive written releases or indemnity agreements in your favour where you publish the content of other parties?
(Please circle) Yes No N/A



31) Does your company use material provided by others, such as content, music, graphics, and video streams, in your software, or on your website?

(Please circle) Yes No

If yes, please confirm whether you obtain written licences and consent agreements for the use of these materials:

(Please circle) Yes No

Section 6 – Claims

32) Within the last two (2) years, have any customers either failed to pay for or requested a refund for a product or service you provided due to an alleged problem? (whether due to non-performance, dissatisfaction or otherwise)

(Please circle) Yes No

33) Has your company ever been declined for Errors and Omissions, Professional Liability or Media Liability insurance or had an existing policy cancelled?

(Please circle) Yes No

If yes, please explain:

34) In the last 5 years has your company experienced any claims or are you aware of any circumstances that could give rise to a claim that would have been covered by this policy?

(Please circle) Yes No

If yes, please detail separately and include any pending or prior incident, event or litigation providing full details of all relevant facts:

35) In the last 5 years has your company been the subject of any cease and desist orders or been the subject of official admonishments, critical directives or comments by regulators?

(Please circle) Yes No

If yes, please detail separately and include any pending or prior incident, event or litigation providing full details of all relevant facts:



Section 7 –Your cover

36) Does your company currently have any Errors or Omissions or similar insurance in force?
(Please circle) Yes No

If you circled **yes**, please provide:

Name of carrier Limits of Liability Premium Deductible Retroactive Date Expiry Date

37) Please detail what level of cover you require:
Limit
Deductible

Declaration

I HEREBY DECLARE THAT I AM AUTHORIZED TO COMPLETE THIS APPLICATION ON BEHALF OF THE APPLICANT AND THAT AFTER DUE INQUIRY, TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE STATEMENTS AND PARTICULARS IN THIS APPLICATION ARE TRUE AND COMPLETE AND NO MATERIAL FACTS HAVE BEEN MISSTATED, SUPPRESSED, OR OMITTED. I UNDERTAKE TO INFORM UNDERWRITERS OF ANY MATERIAL ALTERATION OR ADDITION TO THESE STATEMENTS OR PARTICULARS WHICH OCCUR BEFORE OR DURING ANY CONTRACT OF INSURANCE BASED ON THE APPLICATION IS EFFECTED. I ALSO ACKNOWLEDGE THAT THIS APPLICATION (TOGETHER WITH ANY OTHER INFORMATION SUPPLIED TO UNDERWRITERS) SHALL BE THE BASIS OF SUCH CONTRACT.

I UNDERSTAND THAT UNDERWRITERS WILL RELY ON THE STATEMENTS THAT I MAKE ON THIS FORM. IN THIS CONTEXT, ANY INSURANCE COVERAGE THAT MAY BE ISSUED BASED UPON THIS FORM WILL BE VOID IF THE FORM CONTAINS FALSEHOODS, MISREPRESENTATIONS OR OMISSIONS.

Signed:* _____

Name: _____

Position:* _____

Date: _____

*the signatory should be a director or senior officer of, or a partner in, the Applicant.