



# TECHNOLOGY COMPANIES

APPLICATION FORM

**SHORE**

### When completing this Application Form

- Please answer all questions giving full and complete answers. It is the duty of the applicant to provide all information that is requested in the application form and any additional material facts.
- A material fact is such known fact and/or circumstance that may influence the evaluation of the risk by the Insurer and may influence the acceptance of this application for insurance.
- If you have any doubts about what a material fact is, please do not hesitate to contact your Broker. If you fail to disclose a material fact, it may affect how claims are settled under the policy or it may render the policy invalid.
- The application form must be completed, signed, and dated by a person who must be of legal capacity and authorised.

## BUSINESS DETAILS

**1.** Please complete the following details

Company Name: \_\_\_\_\_

Principal Address: \_\_\_\_\_

Website address: \_\_\_\_\_ Date of incorporation: \_\_\_\_\_

Number of employees: \_\_\_\_\_

**2.** Please list all subsidiaries requiring cover under this insurance policy:

Name of subsidiary	% Ownership	Insurance required:
_____	_____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No

## ANNUAL REVENUE (CAD)

**3.** Please state your total revenue in respect of the following years:

	Last complete financial year	Current financial year (estimate)
Canadian revenue:	\$ _____	\$ _____
USA revenue:	\$ _____	\$ _____
Rest of World revenue:	\$ _____	\$ _____

**BUSINESS ACTIVITIES**

4. Please describe the products and services your business provides:

**REVENUE BREAKDOWN**

5. Please provide an approximate percentage breakdown of gross annual revenue by services performed in the last financial year (e.g., Hardware sales / installation, customized software, SaaS, e-commerce sales, IT consulting etc.):

	%
	%
	%
	%
	%

6. Do you provide data processing, storage, or hosting services to your clients?  Yes  No

a. If 'yes', is this provided on your own servers?  Yes  No

b. If 'no', please state who is responsible for hosting: \_\_\_\_\_

7. Please provide an approximate percentage breakdown of gross annual revenue to the following sectors:

Consumer _____ %	Entertainment _____ %
Financial Services _____ %	Government _____ %
Healthcare _____ %	Manufacturing _____ %
Military / Defence _____ %	Telecommunications _____ %
Transportation _____ %	Other: _____ %
Other: _____ %	Other: _____ %

**CONTRACTS UNDERTAKEN**

8. Please give details of the three largest contracts undertaken in the past 3 years.

Client Name:	Services provided:	Your revenue:
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

9. Approximately how many clients do you have: \_\_\_\_\_

10. Do you enter into written contracts with all clients?  Yes  No

11. Do your written contracts with clients contain the following clauses / provisions:

- a. Limitations of liability, including limiting consequential damages  Yes  No
- b. Disclaimer of warranties  Yes  No
- c. Arbitration clause  Yes  No

12. Is the failure of your products or any of your services likely to result in any of the following outcomes?

- a. Damage or destruction to physical property  Yes  No
- b. Immediate and significant financial loss  Yes  No
- c. Insignificant financial loss  Yes  No

**SUBCONTRACTORS**

13. Do you employ independent sub-contractors or sub-consultants?  Yes  No

*If 'yes', please state:*

- a. The percentage of revenue paid to sub-contractors in the last financial year? \_\_\_\_\_ %
- b. Are sub-contractors required to carry their own E&O and general liability insurance?  Yes  No
- c. If 'yes', what is the minimum limit of liability sub-contractors must carry? \$ \_\_\_\_\_

**NEW PRODUCTS OR SERVICES**

- 14.** Do you plan on releasing any new products, software and / or services within the next 12 months?  Yes  No
- 15.** Have you released or introduced new products, software and / or services within the past 12 months?  Yes  No

*If you answered 'yes' to any of the above, please provide further details.*

**SYSTEM BACKUP & ARCHIVING**

With respect to the data backup, which of the following statements apply to your organization?  
(Please select all that apply)

- 16.** Using up-to-date anti-virus and anti-malware protection on all your endpoints (desktops, laptops, servers, etc.) and firewalls on all of your internal access points.
- 17.** Implementing all critical patches for zero-day vulnerabilities after they have been released by the vendor.
- 18.** Requiring Multi Factor Authentication (MFA) for any remote access to your network as well as all Company email accounts.
- 19.** Providing each user of your system with a separate individual account.

**INTERNAL POLICIES AND STANDARDS**

Which of the following data security & privacy policies have you implemented at your organization?  
(Please select all that apply)

- 20.** Restricting employees' and external users' access to IT systems privileges and personal information on a business-need- to-know basis
- 21.** Implementation of a Business continuity plan, recovery plan and/or an incident response plan
- 22.** Encryption on all of your mobile devices (laptops, flash drives, mobile phones, etc.) and confidential data?
- 23.** Reviewing all advertising and other content prior to publication

**24.** Providing annual training and education to employees to increase security awareness and to prepare users to be more resilient and vigilant against phishing

**25.** Implementing a password policy enforcing the use of long and complex passwords across your organization?

*\*Long and complex passwords are defined as: eight characters or more; free of consecutive identical, all-numeric or all-alphabetic characters.*

## CRIME CONTROLS

**26.** Reviewing and authorizing any transfer of funds, signing of cheques (above \$10,000) or issuing instructions for the disbursement of assets, funds or investments by at least two members of staff

**27.** Verifying all requests to change customer/vendor/supplier details by confirming via a direct call using the existing contact information previously provided and on file from the entity requesting the change

## PREVIOUS CYBER INCIDENTS

**28.** Have you, at any time during the past 36 months, experienced any cyber incident(s), a lawsuit or other formal dispute arising from a cyber incident that exceeded \$10,000?  Yes  No

**29.** Are you aware of any circumstance or incident that could be potentially anticipated to give rise to a loss or claim against the cyber insurance policy being requested in this application?  Yes  No

## MULTIMEDIA

**30.** Do you have a process in place to review media content (website, social media or otherwise prior to publication)?  Yes  No

**31.** Do you have processes in place to take down content that is deemed offensive?  Yes  No

**CLAIMS AND INSURANCE HISTORY**

- 32.** In the last 5 years, have you received or sustained, or is there currently pending, any claims, complaints or incidents which may be covered under the proposed insurance and/or do you have knowledge of any fact, circumstance, situation, event, or transaction which may give rise to a claim or loss under the proposed insurance?  Yes  No
- 33.** During the last 5 years, has any insurance policy providing materially the same or similar insurance as the insurance being applied for under this application been cancelled or non-renewed at the decision of the insurer?  Yes  No

*If you answered 'yes' above, please provide further details.*

**CURRENT INSURANCE**

**34.** Please provide details of your current insurance cover:

	<b>Retroactive date:</b>	<b>Limit of liability:</b>	<b>Deductible:</b>
Professional Liability:	_____	\$ _____	\$ _____
Cyber Insurance:		\$ _____	\$ _____
General Liability:		\$ _____	\$ _____

**DECLARATION**

*I/We declare that the answers to the questions in this proposal form are true and accurate having consulted with all partners or directors and other persons involved in the management of the applicant firm.*

*This application must be signed by a corporate officer with authority to sign on the applicant's behalf.*

*I/we understand that the information provided will be used in deciding whether the insurer will accept the application, the terms of any policy provided, and the price charged by the insurer for the risk.*

Signed: \_\_\_\_\_ Title: \_\_\_\_\_  
 Name: \_\_\_\_\_ Date: \_\_\_\_\_

**ADDITIONAL INFORMATION**

Please provide any additional information which would be relevant to the insurance being purchased or any additional material facts not captured above.



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