



INFORMATION TECHNOLOGY APPLICATION

INSURED INFORMATION			
Company Name:			
Applicant Name:	First Name	Last Name	
Street:			
City	Province	Postal Code	
Telephone Number:	Business #	Cell #	
Email Address:		Fax #	

Total Revenue \$_____ Canadian (please provide last complete financial year revenue, if none then provide a current year estimate.)

Employees: _____ Please provide total number of full-time equivalent employees at current time.

US Revenue: _____% Please provide the percentage of total revenue derived from all US sales

Largest Contract Size: \$_____ Please provide the annual fee income from your largest contract

Business Activities: Please select your business activities and indicate what percentage of your services fall into each category. (total must equal 100%)

<input type="checkbox"/> Application Service Provision	%	<input type="checkbox"/> Digital Marketing Agency	%
<input type="checkbox"/> Domain Name Registration (Re-sale Only)	%	<input type="checkbox"/> Encryption Software Development	%
<input type="checkbox"/> Games Development (PC, Web & Mobile Only)	%	<input type="checkbox"/> Internet Service Provision (Re-selling Only)	%
<input type="checkbox"/> IT Consulting	%	<input type="checkbox"/> IT Security Consulting	%
<input type="checkbox"/> IT Training	%	<input type="checkbox"/> Managed Service Provider	%
<input type="checkbox"/> Mobile Application Development	%	<input type="checkbox"/> Search Engine Optimisation	%
<input type="checkbox"/> Software Development	%	<input type="checkbox"/> Technical Support	%
<input type="checkbox"/> Value Added Resale (Software & Hardware)	%	<input type="checkbox"/> Web Development	%
<input type="checkbox"/> Web Hosting (Re-sale Only)	%	Total	100%

PROFESSIONAL LIABILITY (ERRORS & OMISSIONS)

Please choose your desired limit

<input type="checkbox"/> \$500,000 Per Claim / \$500,000 per year	<input type="checkbox"/> \$500,000 Per Claim / \$1,000,000 per year	<input type="checkbox"/> \$500,000 Per Claim / \$1,500,000 per year
<input type="checkbox"/> \$1,000,000 Per Claim / \$1,000,000 per year	<input type="checkbox"/> \$1,000,000 Per Claim / \$2,000,000 per year	<input type="checkbox"/> \$1,000,000 Per Claim / \$3,000,000 per year
<input type="checkbox"/> \$1,500,000 Per Claim / \$1,500,000 per year	<input type="checkbox"/> \$1,500,000 Per Claim / \$3,000,000 per year	<input type="checkbox"/> \$1,500,000 Per Claim / \$4,500,000 per year
<input type="checkbox"/> \$2,000,000 Per Claim / \$2,000,000 per year	<input type="checkbox"/> \$2,000,000 Per Claim / \$4,000,000 per year	
<input type="checkbox"/> \$2,500,000 Per Claim / \$2,500,000 per year	<input type="checkbox"/> \$2,500,000 Per Claim / \$5,000,000 per year	
<input type="checkbox"/> \$3,000,000 Per Claim / \$3,000,000 per year	<input type="checkbox"/> \$3,500,000 Per Claim / \$3,500,000 per year	
<input type="checkbox"/> \$4,000,000 Per Claim / \$4,000,000 per year	<input type="checkbox"/> \$4,500,000 Per Claim / \$4,500,000 per year	
<input type="checkbox"/> \$5,000,000 Per Claim / \$5,000,000 per year		

Deductible

Please choose your desired deductible

<input type="checkbox"/> \$1,000 each and every claim	<input type="checkbox"/> \$2,500 each and every claim	<input type="checkbox"/> \$5,000 each and every claim
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OPTIONAL

COMMERCIAL GENERAL LIABILITY

Please choose your desired limit

☐ NOT REQUIRED

☐ \$1,000,000 Per Claim / \$1,000,000 per year

☐ \$2,000,000 Per Claim / \$2,000,000 per year

☐ \$3,000,000 Per Claim / \$3,000,000 per year

☐ \$4,000,000 Per Claim / \$4,000,000 per year

☐ \$5,000,000 Per Claim / \$5,000,000 per year

Do you require any third parties to be listed on the policy as an additional insured?

☐ Yes ☐ No

(If Yes, please provide the complete name, mailing address, email address and phone number for the third party to be added).

Do you require a Certificate of Insurance? (note: additional fees may be applicable)

☐ Yes ☐ No

OPTIONAL

PROPERTY

General Contents (At Your Premises) : excluding computers and peripherals

\$

Computer Equipment (At Your Premises):

\$

Tenant Improvements & Betterments

\$

All Other Contents (Away From Your Premises):

\$

Business Interruption & Additional Cost of Working : required sums insured for business interruption costs.

☐ NONE ☐ \$10,000 ☐ \$25,000 ☐ \$50,000 ☐ \$100,000

Prior Insurance

Do you have an existing policy in place? ☐ Yes ☐ No If Yes, please attach a copy of your current policy, so that we can include prior acts coverage where applicable.

QUALIFY Qualification questions

- Do you supply software or services in relation to mission critical financial software of live trading platforms, SCADA software, medical software (used in a clinical context), or software of services to the aviation industry containing any safety critical aspects? ☐ Yes ☐ No
- Are you the publisher of a website that allows third parties to upload user generated content to the site (e.g. photos, videos, music) and make it available to the general public? ☐ Yes ☐ No
- After full enquiry, regarding all types of insurance to which this application relates, are you 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 years? ☐ Yes ☐ No
- In the last five years has any client brought, or threatened to bring, legal action against you in relation to your products or the delivery of your business services? ☐ Yes ☐ No
- In the last five years has any third party sent you a cease and desist notice or threatened to bring legal action against you for intellectual property rights infringement? ☐ Yes ☐ No
- Are you aware of any current problems or errors in your work that may give rise to a claim being brought against you that may be covered under this insurance policy? ☐ Yes ☐ No
- Is your building less than 25 years old? If older than 25 years, updates to plumbing, heating, roofing and electrical wiring have been completed in the last 10 years? ☐ Yes ☐ No
- Is your property self-contained with a lockable entrance door? ☐ Yes ☐ No

PROTECTION of the Applicant's Personal Information

By completing this application and returning it to Holman Insurance Brokers Ltd., the **Applicant** agrees and consents to the collection, use and disclosure of such information, including any personal information, by Holman Insurance Brokers Ltd. For the following purposes:

- Communicating with the **Applicant**
- Assessing the **Applicant's** application for insurance
- Disclosing information to Insurance Companies
- Negotiating, maintaining or renewing insurance on the **Applicant's** behalf
- Providing claims assistance and service.
- Advising the **Applicant** of other products or services
- Complying with regulators and legal authorities

For more information about our privacy policies and practices or for a copy of our Privacy Policy please visit our web site www.holmanins.com or contact our Privacy Officer at Holman Insurance Brokers Ltd.

EMAIL AUTHORIZATION

In an effort to bring our policy holders the most cost effective insurance plan, all of our correspondence is completed electronically, including renewal applications, invoicing and the delivery of the policy documents. the email address supplied by you in this application will be used. We must be notified of any change to your email address. the policy holder agrees that it will hold Holman Insurance Brokers Ltd. harmless with respect to any e-mail changes caused by the policy holder's failure to provide current and valid information for the receipt of documents.

The Applicant/policy owner further agrees that the policy documents transmitted electronically by Holman Insurance Brokers Ltd. to the electronic address supplied are in lieu of all other forms of communication. The policy Owner accepts that electronic delivery of policy documents is sufficient to meet all reporting requirements of the policy.

DECLARATION

I/we declare that the above statements are true in every respect. I/we hold qualification certificate(s) for the main activities stated on this application form. I/we have not withheld or misrepresented any material fact. I/we agree that this application will form the basis of the contract between me/us and Holman Insurance Brokers Ltd.

Applicant's Signature

Date

Print Name

Position