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|  **I.T. PROFESSIONALS** -APPLICATION FOR INSURANCE |

The following underwriting information has been provided by you or on your behalf. It is understood that the Insurer(s) has relied upon this information for risk acceptance to provide quote and coverage acceptability. Any misrepresentation or omission will render an insurance policy null and void from inception. **PLEASE READ CAREFULLY.**

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| **Instead of completing this application form, consider trying *JET*, our self-serve platform.** ***JET* is the quickest path to quotes and policy issuance. A modern way FORWARD.** |

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| **APPLICANT INFORMATION** |
| Applicant’s Contact Email Address for E-Signature\* |       |
| Applicant Name (legal name): |       |
| Risk Location: |       |
| City: |       |
| Province: |       |
| Postcode / ZIP Code: |       |
| Website: |       |
| Does the Applicant work from a home office? | [ ]  No [ ]  Yes |
| Does the Applicant have any locations outside of Canada? | [ ]  No [ ]  Yes, list locations: |       |  |
| What year was the Applicant's business established? |       |  |
|  If new venture, describe Applicant's experience: |       |
| Total Number of Employees:  |       |  |

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| **RISK INFORMATION** |
| **Total Revenues (Last 12 Months)** |
| Total Revenues last 12 months in Canada: | $      |  |
| Total Revenues last 12 months in US: | $      |  |
| Total Revenues last 12 months in other Countries: | $      |  |
| **Forecasted Total Revenues (Next 12 Months)** |
| Forecasted Total Revenues next 12 months in Canada: | $      |  |
| Forecasted Total Revenues next 12 months in US: | $      |  |
| Forecasted Total Revenues next 12 months in other Countries: | $      |  |

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| **Types of Services Provided** |
| Please indicate all services provided by the Applicant + the forecasted revenue breakdown by service for next 12 months:  |
| [ ]  Application Service Provider (SAAS) | %      | [ ]  Computer Consultants – Fees | %      |  |
| [ ]  Data Processing / Outsourcing | %      | [ ]  Data Storage / Retrieval | %      |  |
| [ ]  Hardware Installations & Support | %      | [ ]  Hardware Sales | %      |  |
| [ ]  Internet Service Providers | %      | [ ]  Managed Security Service Provider (MSSP) | %      |  |
| [ ]  Managed Service Provider (MSP) | %      | [ ]  Mobile App Development | %      |  |
| [ ]  Network Support Services | %      | [ ]  Sales of Software (package) | %      |  |
| [ ]  Software / App Development | %      | [ ]  Training & Education | %      |  |
| [ ]  Web-Hosting | %      | [ ]  Website Design & Development | %      |  |
| [x]  Other: |       |  | %      | [ ]  Other: |       |  | %      |  |
| Is the applicant a Managed Service Provider? | [ ]  Yes, details below [ ]  No |
| **MSP Details – *NOTE: THIS BOX SHOULD ONLY BE COMPLETED IF THE APPLICANT IS A MANAGED SERVICE PROVIDER.*** |
| Does the Applicant require multi-factor authentication for all remote access to the Applicant's network? | [ ]  Yes [ ]  No |
| Does the Applicant provide cyber security awareness training to all staff? | [ ]  Yes [ ]  No |
| Does the Applicant conduct penetration tests on the Applicant's network at least annually? | [ ]  Yes [ ]  No |
| Does the Applicant have network intrusion detection systems in place on its network? | [ ]  Yes [ ]  No |
| Does the Applicant have endpoint detection and response (EDR) protocols in place? | [ ]  Yes [ ]  No |
| **MSP – Customer Protocols** |  |
| Does the Applicant use standard customer contacts? | [ ]  Yes [ ]  No |
| Does the Applicant provide guarantees of more than 99% systems access? | [ ]  Yes [ ]  No |
| Does the Applicant recommend (in-writing) multi-factor authentications for all its customer solutions? | [ ]  Yes [ ]  No |
| Does the Applicant provide cyber security awareness training to all customers? | [ ]  Yes [ ]  No |
| Does the Applicant implement a firewall with ongoing support from the vendor for all external gateways in all it's customer solutions? | [ ]  Yes [ ]  No |
| Does the Applicant implement business grade antivirus protection with ongoing support from the vendor across the entire network including servers and endpoints, for all it's customer solutions? | [ ]  Yes [ ]  No |
| Does the Applicant implement two forms of full backups (stored in a separate environment) at least every 7 days in all it's customer solutions? | [ ]  Yes [ ]  No |
| Does the Applicant recommend (in-writing) that customer backups are fully tested at least every 180 days for integrity, and all (if any) deficiencies found rectified within 7 days? | [ ]  Yes [ ]  No |
| Does the Applicant recommend (in-writing) annual penetration tests to all customers? | [ ]  Yes [ ]  No |
| Does the Applicant implement endpoint detection and response (EDR) protocols in all of it's customers solutions? | [ ]  Yes [ ]  No |
|  | If no, will the Applicant be migrating all customers to an EDR as service agreements renew? | [ ]  Yes [ ]  No |
| **Sub-Contractors** |
| Does the applicant sub-contract any work to others? | [ ]  Yes [ ]  No |
|  | If yes, does the applicant obtain evidence of insurance from all sub-contractors? | [ ]  Yes [ ]  No |
|   | If yes, % of revenues from sub-contracted work:  |       |  |

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| **Specialized Industry Services** |
| Does the Applicant conduct any work in Artificial Intelligence? | [ ]  Yes [ ]  No |
| Does the Applicant conduct any work in Automated Warehouse Distribution? | [ ]  Yes [ ]  No |
| Does the Applicant conduct any work in Automobile? | [ ]  Yes [ ]  No |
| Does the Applicant conduct any work in Aviation /Aerospace, Rail and Marine? | [ ]  Yes [ ]  No |
| Does the Applicant conduct any work in Banking, Financial Trading & Exchange platforms or Payment Services? | [ ]  Yes [ ]  No |
| Does the Applicant conduct any work in Cryptocurrency / Blockchain or virtual currency? | [ ]  Yes [ ]  No |
| Does the Applicant conduct any work in Casinos, Gambling or Sports Betting? | [ ]  Yes [ ]  No |
| Does the Applicant conduct any work in Digital Incarceration and Security Services? | [ ]  Yes [ ]  No |
| Does the Applicant conduct any work in Firearms, Weapons, Ammunition, Fireworks, Explosives or Defense related work? | [ ]  Yes [ ]  No |
| Does the Applicant conduct any work in Government Services (municipalities, etc.)? | [ ]  Yes [ ]  No |
| Does the Applicant conduct any work in Hardware Manufacturing or Design, or Semi-conductors? | [ ]  Yes [ ]  No |
| Does the Applicant conduct any work in High profile clients? | [ ]  Yes [ ]  No |
| Does the Applicant conduct any work in Hosting Service Providers, Data center / Co-location operations, as such? | [ ]  Yes [ ]  No |
| Does the Applicant conduct any work in Managed Security Service Providers (MSSP)? | [ ]  Yes [ ]  No |
| Does the Applicant conduct any work in Medical, Drug or Life Sciences (incl. clinical trials)? | [ ]  Yes [ ]  No |
| Does the Applicant conduct any work in Mining, Oil & Gas or Nuclear? | [ ]  Yes [ ]  No |
| Does the Applicant conduct any work in Narcotics, Cannabis, Tobacco, Pornography or Adult Entertainment? | [ ]  Yes [ ]  No |
| Does the Applicant conduct any work in Navigation & Radar Systems? | [ ]  Yes [ ]  No |
| Does the Applicant conduct any work in Refrigeration and controlled environmental distribution? | [ ]  Yes [ ]  No |
| Does the Applicant conduct any work in SCADA (Supervisory Control and Data Acquisition)? | [ ]  Yes [ ]  No |
| Does the Applicant conduct any work in Social Media or Matchmaking services? | [ ]  Yes [ ]  No |
| Does the Applicant conduct any work in Unions, Trade Associations? | [ ]  Yes [ ]  No |
| Does the Applicant conduct any work in Utilities (water, gas, electricity)? | [ ]  Yes [ ]  No |

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| **Size of Largest Project / Contract** |
| Does the Applicant have any one project contract valued over $350,000? | [ ]  Yes [ ]  No |
| Please provide the following information for each contract: |  |
| Customer Name: |       |
| Value: | $      |
| Nature of Project: |       |
| **Custom Software Development** |
| Does the Applicant provide custom software development that exceeds $250,000 for any one contract / project? If yes:  | [ ]  Yes [ ]  No |
|  | Does the Applicant have written procedure in place to safeguard against intellectual property infringement of others? | [ ]  Yes [ ]  No |
|  | Does the Applicant require employees to sign statements declaring they will not utilize intellectual property or trade secrets from past employment? | [ ]  Yes [ ]  No |
| **Other Risk Information** |
| Does the applicant assume liability in any contracts? | [ ]  Yes [ ]  No |
| Does the applicant abide by all required privacy laws and regulations? | [ ]  Yes [ ]  No |
| Does the applicant conduct searches to avoid infringement of copyrights and trademarks? | [ ]  Yes [ ]  No |
| Are all external gateways of the Applicant's network protected by a firewall with ongoing support from the vendor? | [ ]  Yes [ ]  No |
| Does the applicant have business grade antivirus protection with ongoing support from the vendor deployed across the entire network, including servers and endpoints? | [ ]  Yes [ ]  No |
| Are all data and systems fully backed up at least every 7 days, and stored in an environment which is separate from the applicant's network? | [ ]  Yes [ ]  No |
| Are backups tested at least every 180 days for integrity, and all (if any) deficiencies found rectified with 7 days? | [ ]  Yes [ ]  No |
| Does the applicant have a software patch management system in place for the Applicant's network and any managed services? | [ ]  Yes [ ]  No |

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| **LOSS HISTORY** |  |
| Has the applicant had any claims in the last three years? | [ ]  Yes [ ]  No |
|  | If yes, Date: |       | Nature of loss:  |       |  | Amount Paid: | $      |
| Is the applicant aware of any circumstances that may result in a Demand, or may give rise to a claim? | [ ]  Yes [ ]  No |
|  | If yes, Date: |       | Description: |  |       |
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| **NOTE: IF THERE IS ANY KNOWLEDGE OF ANY SUCH CIRCUMSTANCE WHICH COULD GIVE RISE TO A CLAIM, COVERAGE WOULD NOT BE PROVIDED UNDER THE PROPOSED POLICY.** |
| **Prior Insurance** |
| Does the applicant currently carry Errors & Omissions Liability coverage? | [ ]  Yes [ ]  No |
| If yes, Insurer: |       | Premium: | $      | Policy No.: |       | Retroactive Date: |       |
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| Does the applicant currently carry Commercial General Liability coverage? | [ ]  Yes [ ]  No |
| If yes, Insurer: |       | Premium: | $      | Policy No.: |       |  |
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| Has the applicant or any directors or officers ever had insurance cancelled, declined or refused? | [ ]  Yes [ ]  No |
|  | If yes, please describe: |       |

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| **COVERAGES** |
| **ERRORS AND OMISSIONS:** |
| [ ]  $250,000 / $500,000 (Agg.) | [ ]  $500,000 / $500,000 (Agg.) | [ ]  $1,000,000 / $1,000,000 (Agg.) |
| [ ]  $1,000,000 / $2,000,000 (Agg.) | [ ]  $2,000,000 / 2,000,000 (Agg.) | [ ]  $2,000,000 / 4,000,000 (Agg.) |
| [ ]  $3,000,000 / 3,000,000 (Agg.) | [ ]  $3,000,000 / 5,000,000 (Agg.) | [ ]  $5,000,000 / 5,000,000 (Agg.) |
| **COMMERCIAL GENERAL LIABILITY:** |
| [ ]  $1,000,000 | [ ]  $2,000,000 | [ ]  $5,000,000 |
| **TENANT'S LEGAL LIABILITY:** |
| [ ]  $500,000 | [ ]  $1,000,000 | [ ]  $2,000,000 |
| **EMPLOYER'S LIABILITY:** |
| [ ]  Not Required | [ ]  $1,000,000 | [ ]  $2,000,000 |
| **NON-OWNED AUTOMOBILE:** |
| [ ]  Not Required | [ ]  $1,000,000 | [ ]  $2,000,000 |
| **OPTIONAL PROPERTY COVERAGE:** |
| Does the applicant require property coverage? | [ ]  Yes [ ]  No |
| *If yes, please provide the following details:* |
| Business Personal Property: | $      |
| Contents of Every Description: | $      |
| Stock / Inventory: | $      |
| Miscellaneous Articles Floater: | $      |
| Does the Applicant require coverage for: | [ ]  Flood | [ ]  Earthquake | [x]  Sewer Backup |
| **COPE Details**: |
| Building Construction: | [ ]  Fire Resistive | [ ]  Frame | [ ]  Non-Combustible | [ ]  Other: |       |
|  |
| Year built: |       | Age of roof: |       |  |
|  |
| Year of upgrades: | Heating: |       | Plumbing: |       | Electrical: |       |
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| Hydrant within 300 meters? | [ ]  Yes [ ]  No | Fire Hall within 8kms? | [ ]  Yes [ ]  No |
| Sprinklered? | [ ]  Yes [ ]  No | Centrally monitored alarm? | [ ]  Yes [ ]  No |

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| **PLEASE READ BEFORE SIGNING:** The Applicant has reviewed this application form and all attachments and acknowledges that all information provided is true. The Applicant understands that any insurance that may be provided is based on the information in this application being true and correct, and any misrepresentation or omission will render any such insurance policy null or void from inception. The Applicant understands that if the insured fails to immediately inform the insurer of material changes to these facts during the term of an insurance policy, the insurance may not be valid. The Applicant understands that they cannot contravene a term of the policy, commit a fraud, or willfully make false statements during a claim investigation. The Applicant confirms that all individuals included in this application have authorized the collection and storage of their personal information. Credit information, claims history and other personal information may be collected, used and disclosed for the purposes of assessing and underwriting the application for insurance, renewals, evaluating claims, detecting and preventing fraud. The Applicant hereby consents to the use of electronic communications, electronic records, and electronic signatures. The Applicant understands an electronic signature is legally binding, just as if the Applicant had signed a paper document. **NOTE: INSURANCE IS NOT IN EFFECT UNTIL SUCH TIME AS FORWARD INSURANCE MANAGERS HAS ISSUED A BINDER OR INSURANCE POLICY IN WRITING THAT CONFIRMS COVERAGE IS IN PLACE.** Forward Insurance Managers Ltd. is a managing underwriting agency duly licensed as an intermediary across Canada – and the insurance company at risk shall be duly listed on any quotation, binder or insurance policy. |

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| **Signature of Applicant(s):** |       | **Date:**  |       |
| **Brokerage:** |       | **Broker ID#:** |       |
| **Broker Email:**  |       | **Phone:** |       |

**Email completed apps to newcommercial@forwardinsurance.ca or for the quickest turnaround, log in to *JET*.**