

By completing this renewal application the applicant is applying FOR COVERAGE WITH NORTHBRIDGE GENERAL INSURANCE CORPORATION (THE "INSURER").

PLEASE READ CAREFULLY: THIS IS A RENEWAL APPLICATION FOR A CLAIMS-MADE POLICY. If a renewal Policy is issued, it will cover only claims first made against the Applicant during the policy period. The payment of claim expenses will reduce the Limit of Liability (if permitted by the Law).

All questions must be answered completely. If there is no answer, write "none" or "n/a" in the space provided. Where space provided is insufficient to fully answer, please use separate sheet(s).

Please include a copy of the Applicant's sample contracts and marketing materials.

A. General Information

Policy no. _____

1. Name of Applicant: _____

2. Mailing Address: _____

B. Company & Operations

3. Has there been any change in the Applicant's technology products or services? Yes No

If YES, please explain:

4. Has there been any changes in ownership or any acquisition, creation or divestiture of Subsidiaries in the past 12 months? Yes No

If YES, please explain:

5. (i) Gross Revenue for the last completed Fiscal Year: _____

(ii) Estimated Gross Revenue for the current Fiscal Year: _____

(iii) Estimated Gross Revenue for the next Fiscal Year: _____

6. For the Gross Revenue indicated in Question (5)(ii), please indicate the approximate percentage derived from clients that are domiciled outside of Canada.

Country	% of Revenue
	%
	%
	%

Renewal Application for Technology Errors & Omissions Liability Insurance

B. Company & Operations

7. Please provide the following details for the Applicant's 5 largest projects during the last 12 months:

Customer	Revenue	Duration	Type of Product or Service
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8. (a) Complete the following for all partners, principals and key employees performing the technology products and services (if more space is required please complete on a separate sheet):

Name	Title	Professional Qualifications	# of Years' Experience
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(b) Additional employees to those listed in 8 (a) in the following categories:

Clerical: _____ Contract: _____ Other (specify): _____

C. Risk Management & Data Security

9. Have there been any changes with regard to the Applicant's:

(a) Contract management?	Yes	No
(b) Quality control policies and procedures?	Yes	No
(c) Customer support / Complaint handling?	Yes	No
(d) Data security measures, policies and procedures?	Yes	No
(e) Intellectual property management policies?	Yes	No

If YES to any of the above, please explain:

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D. Warranty Statements

10. Has the Applicant, or any of the Applicant's employees or independent contractors, ever suspended from practice been investigated by, or by any governing body of his/her profession?

Yes

No

If YES, please explain:

11. Does the Applicant, or any of the Applicant's employees or independent contractors, have knowledge or information of any act, error, omission or circumstance which might reasonably be expected to give rise to a claim?

Yes

No

If YES, please explain:

Without prejudice to any other rights and remedies of the Insurer, the Applicant understands and agrees that if any such fact, circumstance, or situation exists, whether or not disclosed above in response to Question (11), any claim or action arising from such fact, circumstance or situation will be excluded from coverage under the proposed policy, if issued by the Insurer.

E. Declarations

- (i) The Applicant's submission of this Application, and its attachments, does not obligate the Insurer to issue, or the Applicant to purchase a policy. This Application and its attachments shall be the basis of the contract should a policy be issued and shall be deemed to be attached to and form part of the policy. The Insurer is hereby authorized to make any investigation and inquiry in connection with this Application that it deems necessary.
- (ii) Coverage cannot be bound unless this Application form has been fully completed and signed. The undersigned has the power to complete and execute this Application, including Question (11), on behalf of all persons proposed for this insurance and declares that, after inquiry, the statements set forth herein, together with all materials and information submitted or requested by the Insurer, are true.
- (iii) If there is any material change with respect to the information in this Application, and its attachments, prior to the policy renewal date, the Applicant must immediately notify the Insurer in writing, and the Insurer may effect changes in, or withdraw, the quotation.

F. Privacy Disclosure and Consent

The undersigned, on behalf of the insured organization, acknowledges that any personal information provided in connection with this application (including but not limited to the information contained in this form) has been collected in accordance with applicable privacy legislation and this information shall only be used or shared by the Insurer to assess, underwrite and price insurance products and related services, administer and service insurance policies, evaluate and investigate claims, detect and prevent fraud, analyze and audit business results and/or comply with regulatory or legal requirements.

COMPLETED AND DULY SIGNED AND DATED.

Signature: _____

Print Name _____

Title: _____ Date: _____