



LIONS GATE UNDERWRITING TECH SHORT FORM APPLICATION

ERRORS & OMISSIONS
Canada

I. General Information

1. Please provide the following details *(including all trading names and subsidiaries)*:

Name: _____

Date of Establishment: _____

Website Address: _____

2. Address/es of all companies *(including subsidiaries)*: _____

City: _____ Province/Territory: _____ Postal code: _____

City: _____ Province/Territory: _____ Postal code: _____

3. Please supply details of all principals, directors, partners:

NAME	QUALIFICATIONS	HOW LONG WITH THE COMPANY?
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Do you use sub-contractors? Yes No

If "Yes":

a. What percentage of your turnover was paid to sub-contractors in the last financial year? ____%

b. What is the nature of work undertaken by sub-contractors? _____

c. Do you require cover for them under this policy? Yes No

d. Are sub-contractors required to carry errors and omissions insurance to a similar limit? Yes No

If "No" to 4d, please provide details as to why not:

5. If you are working as a contractor, is all work carried out under your client's supervision? Yes No
6. Please give details of what you regard as your specialty within the industry, including your main areas of expertise and the essential purpose of any proprietary software licenced and supplied. If you are a new firm, please provide details of your anticipated specialisation.

7. Please complete the following:

	LAST COMPLETE FINANCIAL YEAR	CURRENT YEAR	ESTIMATE FOR COMING YEAR
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a. Total turnover including fee income:

	\$	\$	\$
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b. Estimated percentage split of your turnover including fee income for:

i. Work carried out for Canadian clients:	___ %	___ %	___ %
ii. Work carried out for US clients not subject to US law:	___ %	___ %	___ %
iii. Work carried out for US clients subject to US law:	___ %	___ %	___ %
iv. Work carried out for clients anywhere else in the world:	___ %	___ %	___ %

II. Business Activities

8. Split of turnover including fees in the last complete financial year:

	%
	%
	%
	%
	%
TOTAL	100 %

9. Please give details of your three largest contracts in the last five financial years *(Give details of current projects if new start-up)*:

YEAR	NAME OF CLIENT	INDUSTRY OF CLIENT	NATURE OF CONTRACT	CONTRACT VALUE
				\$
				\$
				\$

III. Risk Management

10. Is the failure of any of your products or services liable to result in any of the following outcomes:

a. Loss of life or injury to a person?	Yes	No
b. Destruction or damage to physical property?	Yes	No
c. Immediate and large financial loss?	Yes	No
d. Significant cumulative financial loss?	Yes	No
e. Insignificant financial loss <i>(More of a nuisance)?</i>	Yes	No

If "Yes", to any of above please provide details:

11. Are any of your products or services:
- | | | |
|---|-----|----|
| a. Intended for use in aircraft, watercraft, railway, military hardware or process control equipment? | Yes | No |
| b. Intended for use in nuclear, chemical oil/gas/petrochemical installation? | Yes | No |
| c. Prototypes, experimental or single product items? | Yes | No |
| d. Intended for use in surgical/medical applications? | Yes | No |
| e. Trading systems used in financial markets? | Yes | No |

If "Yes", to any of above please provide details:

12. Do you carry out work only under a standard contract signed by every client? Yes No
- If "Yes", please supply a copy of your standard form of contract, or otherwise a typical example of contract used. Attached
- If "No", are all contracts vetted by a legally qualified person before being agreed? Yes No

13. When entering into contracts do you always:
- | | | |
|--|-----|----|
| a. Exclude liability for consequential, special or indirect damages, loss of profits and liquidated damages? | Yes | No |
| b. Cap your overall liability at a reasonable level? | Yes | No |
| c. Work to a written specification with your clients outlining the scope of each job? | Yes | No |
| d. Ensure that changes to the scope of work are reflected in a written variation of the contract? | Yes | No |

If "No", to any of the above, please explain why:

14. Are satisfactory written references obtained from former employers for at least three years prior to the engagement of any employee responsible for money, accounts or goods? Yes No

15. Above what amount do payments require at least a two-stage sign-off? \$_____

16. Do you hold client funds, or do you have client authority to agree and/or effect transfers or payments on their behalf from client funds or accounts? Yes No

If "Yes":

- | | | |
|---|-----|----|
| a. Do you ever act solely on e-mail instructions to transfer funds or make payments from client accounts without taking steps to independently verify the authenticity of the instructions and integrity of any bank account details provided prior to execution? | Yes | No |
| b. Do you undertake to immediately implement procedures to ensure that there is such an independent verification process in place for all future transactions? | Yes | No |
| c. What steps have you taken to ensure that the transaction has been completed successfully? | | |

17. For what limits of indemnity are quotations required?

\$250,000 \$500,000 \$1,000,000 \$2,000,000 \$5,000,000 Other

IV. Claims

18. In respect of any of the risks to which this application relates:

a. Has any claim been made (whether successful or not) against you, any predecessor, any past or present principals, directors, partners? Yes No

b. Has any loss been suffered by you or any predecessor as a result of the dishonesty or malice of any past or present principals, directors, partners, employees or self-employed person? Yes No

If "Yes", to a. or b., please provide details:

DATE OF CLAIM/LOSS	BRIEF DETAILS OF EACH CLAIM/LOSS	TOTAL COST OF CLAIM/LOSS PAID	ESTIMATED TOTAL COST OF CLAIM/LOSS
		\$	\$
		\$	\$
		\$	\$

c. What steps have been taken to prevent a recurrence?

19. Are you, after full enquiry:

a. Aware of any circumstance which is likely give rise to a claim or loss against you, any predecessor or any past or present principals, directors, partners? Yes No

b. Aware of any shortcoming in your work for a client which is likely to give rise to a claim against you? This includes:

i. A shortcoming known to you, but not your client, which you cannot reasonably put right? Yes No

ii. A complaint from your client about your work or anything you have supplied which cannot be immediately resolved? Yes No

iii. An escalating level of complaint from your client on a particular project? Yes No

iv. A client withholding payment due to you after any complaint? Yes No

If "Yes" to any of the above, please provide details:

20. Do you have any grounds, after reasonable enquiry, for suspecting that any past or present principal, director, partner, employee or self-employed person has acted dishonestly or maliciously?

Yes No

If "Yes", please provide details:

DECLARATION

On behalf of the Applicant/s, I/we declare that, after full enquiry, the contents of this application are true and that I/we have not misstated, omitted or suppressed any material fact or information. If there is any material alteration to the facts and information which I/we have provided or any new material matter arises before the completion of the contract of insurance, I/we undertake to inform the Insurer.

Signature of Principal / Director / Partner: _____

Date: _____