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Application

Information Technology Insurance

Small Firm Program

Submitting Broker, please complete the following to assist us in processing this submission:

Name of Brokerage:

Name of Broker Contact:

Brokerage Address:

City:

Postal Code:

For renewal purposes only: Policy Number:

ISN (Client's Number):

This is an application for Errors and Omissions Insurance. Please indicate if you are also applying for the following optional coverages:

☒ Commercial General Liability Insurance

☐ Property and Crime Insurance

FORMAT: This application is designed for Information Technology firms whose revenues are less than \$2,000,000 per annum.

QUALIFICATION FOR THIS PROGRAM: First, decide if the Small Firm Program is right for you. Please answer these questions. (PLEASE NOTE: A "yes" answer confirms that the statement is correct.)

1. Our firm's total revenues for the past year and projected revenues for the upcoming year are less than \$2,000,000 annually.
YES ☒ NO ☐
2. All of our firm's physical premises are located in Canada.
YES ☒ NO ☐
3. Our firm has been in business for a minimum of two years OR each of our principals has a minimum of five years industry experience.
YES ☒ NO ☐
4. Our firm has been "claims-free" for the past five years. "Claims-free" means no claims that would have been covered by the proposed insurance. If in doubt, complete the CLAIMS INFORMATION section that forms part of question 24 of this application.
YES ☒ NO ☐

If your responses to ALL the above statements are "yes", continue completing this application. If you answered "no" to any question, please complete our standard Information Technology application.

NOW TELL US ABOUT YOUR FIRM

Please attach the following items (if not already on file with ENCON):

- (a) résumés of persons performing activities mentioned in question 6;
- (b) brochures and/or promotional literature;
- (c) sample copy of contract.

1. Name of Firm/Legal Entity: C CUBED Data Integrators General Partnership

2. Address: 3 Wood Willow Close SW

Telephone: 403.978.9099

Facsimile:

Website: www.ccubeddi.com

3. Applicant is: ☐ Individual ☒ Partnership ☐ Corporation ☐ Other (please explain):

4. Our firm was established in: We registered the partnership in Sept. 2014. It is owned 50/50 by C CUBED Information Services and 1660931 Alberta Ltd doing business as Crestview Data Management Solutions. C CUBED Information Services Inc. was incorporated in Feb. 2007 and Crestview Data Management Solutions was incorporated in 2012.

5. (a) Please indicate the total annual gross revenues from operations *in Canadian dollars* for the past three years. Also include a breakdown of revenue by territory.

Year	Revenue	% Canada	% United States	% Foreign
2014	\$1,750,000	100		
2013	\$355,288	100		
2012	\$347,402	100		

- (b) Please indicate the total projected annual gross revenues from operations *in Canadian dollars* for the next fiscal year. Also include a breakdown of revenue by territory.

Year	Revenue	% Canada	% United States	% Foreign
2015	\$1,500,000	100		

- (c) If the percentage of "foreign" revenues in either question 5 (a) or 5 (b) exceeds 25%, please provide the top three countries where these services are performed and/or where "foreign" clients are located.

6. The following is a brief description that best describes the majority of our services:

Information Services consulting - especially data migration projects where we provide project manager, developers, business analysts etc. and deliver the project as per client's methodology and oversight.

7. What is the worst thing that could happen to our customers' operations if our products or services were to fail or not meet their expectations?

The projects would fail.

The client retains accountability for sign off of testing and move of code or data to production.

PREVIOUS ERRORS AND OMISSIONS INSURANCE

8. (a) Have you ever previously purchased professional or errors and omissions liability insurance? YES ☒ NO ☐

- (b) If yes, please provide the following details:

Insurer	Policy Period	Retroactive Date	Expiring Premium	Limit	Deductible
Encon	Jan.2014, Dec. 1 2014	-		\$2260	
\$2,000,000	? not sure				

ERRORS AND OMISSIONS COVERAGE REQUESTED

9. Please indicate the limit(s) for which quotes are required:

- ☐ \$100,000 per claim/\$200,000 aggregate
☐ \$250,000 per claim/\$500,000 aggregate
☐ \$500,000 per claim/\$1,000,000 aggregate
☐ \$1,000,000 per claim/\$1,000,000 aggregate
☒ \$2,000,000 per claim/\$2,000,000 aggregate

EMPLOYMENT PRACTICES

ENCON offers optional coverage for Employment Practices Wrongful Act Liability, subject to a sublimit of \$250,000 per claim and in the aggregate. Please indicate if you wish to receive more details and a quotation for this coverage. YES ☐ NO ☒

Answer the questions in 10 only if this is the first time you are applying for the **Employment Practices Wrongful Act Liability** coverage extension endorsement.

10. (a) In the past three years, has the Applicant had or does the Applicant presently have any employment-related disputes including but not limited to: complaints, charges, arbitrations, litigation, human rights complaints or other administrative proceedings or negotiated settlements, concerning issues related to hiring, termination, promotion, negligent evaluation, misrepresentation, discrimination harassment, defamation, discipline or retaliation?

YES ☐ NO ☒

- (b) Is the Applicant aware of any facts or circumstances that may result in an employment-related claim being made against the Applicant?

YES ☐ NO ☒

If the answer to any of the questions in 10 is yes, please provide details below, including dates, names, amount claimed, nature of claim, total amounts paid, reserves and insurer(s) involved:

Without limitation of any other remedy of the Insurers, it is agreed that if the answer yes is given to either of the questions in 10, any claim arising from the facts or circumstances reported therein are excluded from coverage.

COMMERCIAL GENERAL LIABILITY

Complete this section only if you wish to receive a quotation for this coverage.

11. Please indicate limits for which quotes are required:
- ☐ \$1,000,000 per occurrence/\$1,000,000 aggregate
 - ☒ \$2,000,000 per occurrence/\$2,000,000 aggregate
 - ☐ \$5,000,000 per occurrence/\$5,000,000 aggregate

Coverage provided includes:

- Employers' Liability \$1,000,000 Limit
- Employee's Benefits Liability \$1,000,000 Limit
- Tenants' Legal Liability \$500,000 Sublimit
- Landlord as an Additional Insured
- Non-owned Automobile Liability:
 - S.P.F. 6/Q.P.F. 6 \$1,000,000
 - S.E.F. 94/Q.E.F. 6-94 Legal Liability for Damage to Hired Automobiles with \$50,000 Limit/\$500 Deductible
 - S.E.F. 96/Q.E.F. 6-96 Contractual Liability
 - S.E.F. 99/Q.E.F. 6-99 Long-Term Lease Exclusion

12. Please indicate your firm's: (a) total number of employees: none - subcontractors only

(b) annual payroll: \$none

13. (a) Indicate the number, location, and function of any employees who are not covered under Provincial Workers Compensation Plans:

(b) Indicate the number, location, and function of any employees who are domiciled in the United States:

14. Provide a complete description of any products manufactured, distributed or sold:

none

15. Describe any work conducted away from the Applicant's premises in connection with repair, service, maintenance, or installation of products sold or distributed:

none

16. List all locations at which business is conducted, providing details indicated below:

Location/Address	Owned or Leased?	Occupancy	Square Metres
Suncor Energy Centre		Client office	

17. (a) Do you subcontract work to others?

YES ☒ NO ☐

If yes, please describe the services provided and the percentage of total revenue:

We subcontract project managers, developers, and business analysts for approximately 70% of our revenue

- (b) Do you require subcontractors to provide evidence of professional liability insurance?

YES ☐ NO ☒

18. Provide details (dates, nature of claim, amounts, status) of all Commercial General Liability Insurance claims that you have experienced in the past three years. Use additional pages if necessary.

none

PROPERTY AND CRIME INSURANCE

Complete this section only if you wish to receive a quotation for this coverage.

19. Property Description and Protection Information

Construction

- ☐ 1. Fire Resistive
- ☐ 2. Non-combustible with Masonry Walls
- ☐ 3. Non-combustible with Non-masonry Walls
- ☐ 4. Masonry
- ☐ 5. Masonry Veneer
- ☐ 6. Frame and all Other

Public Protection

- ☐ Less than 305 metres (1,000 feet) to a hydrant
- ☐ Greater than 305 metres (1,000 feet) to a hydrant, but less than 8 kilometres (5 miles) to a fire hall
- ☐ Greater than 8 kilometres (5 miles) to a fire hall

Percentage of Building Sprinklered: %

Occupancy (other than by client):

Year Built:

How many mortgages are on this property?

If built before 1965, indicate the latest year each of the following systems was "completely" updated:

Roof:	Plumbing:	Sprinklers:	Heating:	Electrical:	Air Conditioning:
Building Type:	<input type="checkbox"/> High Rise	<input type="checkbox"/> Enclosed Mall	<input type="checkbox"/> Strip Plaza	<input checked="" type="checkbox"/> Stand-alone	<input type="checkbox"/> Other
Heat:	<input type="checkbox"/> Forced Air	<input type="checkbox"/> Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Oil	<input type="checkbox"/> Other
Air Conditioning:	<input type="checkbox"/> Central Air	<input type="checkbox"/> Roof Top	<input type="checkbox"/> Other		
Alarms:	<input type="checkbox"/> No Alarm Protection		<input type="checkbox"/> ULC Approved Monitoring System		
	<input type="checkbox"/> Local Burglar Alarm		<input type="checkbox"/> ULC Approved Central Station		
	<input type="checkbox"/> Other, please describe:				

Details for physical protection for all windows, doors and other openings: security door on front door

20. Type of Property and Coverage Particulars

Property (Main) Deductible	<input type="checkbox"/> \$1,000	Optional Deductible Requested: \$	
		Automatic	Limit Required
Building Replacement Value		NIL	\$
Business Contents (Excluding Laptop Computers)		\$30,000	\$
Laptop Computers/Miscellaneous Property Broad Form		\$5,000	\$ *

**Attach schedule including make, serial number and value of each item if higher limits are required.*

Extensions: Business Contents (Excluding Laptop Computers) Temporarily off Premises or in Transit

<input type="checkbox"/> \$25,000 (Automatic)	Optional Limits	<input type="checkbox"/> \$30,000	<input type="checkbox"/> \$35,000	
		Automatic	Limit Required	
Accounts Receivable		\$25,000	\$	
Valuable Papers and Records (Data Files)		\$25,000	\$	
Professional Fees		\$25,000	\$	
Extra Expense		\$25,000	\$	
Equipment Breakdown Deductible (same as property)		\$1,000	\$	

Business Income (Optional):	Extended Business Income	\$
	Extended Rental Income	\$

Crime: Loss of money inside/outside the premises ☐ \$2,500 Automatic OR
Optional Higher Limits ☐ \$5,000 ☐ \$10,000

21. Provide details (dates, nature of claim, amounts, status) of all Property and Crime Insurance claims that you have experienced in the past three years. Use additional pages if necessary.

none

KNOWLEDGE OF PRIOR ERRORS AND OMISSIONS OR CLAIMS

Applies to all coverages requested.

If you are renewing your policy with ENCON, do not answer questions 22, 23 and 24.

22. Are you aware of any error, omission, negligent act, unresolved contract job dispute or circumstance(s) that may result in a claim being made against you? YES ☐ NO ☒
23. Has any claim, as would be covered by the proposed insurance, been made against you in the last five years? YES ☐ NO ☒
24. If the answer to any of the above questions is yes, please provide details below, including dates, names, amount claimed, nature of claim, total amounts paid, reserves and insurer(s) involved.

CLAIMS INFORMATION

APPLICANT'S CONSENT TO THE TRANSMISSION OF THE INFORMATION CONTAINED IN THE APPLICATION FORM

I hereby acknowledge that the information collected in the Application form is acquired by my insurance broker to be transmitted to ENCON Group Inc. for the sole purpose of obtaining an insurance policy, and will be kept confidential.

Moreover, I authorize ENCON Group Inc., its insurers or service providers to:

- conduct verification, using outside sources, of the information contained in the Application form, in attached documentation and in subsequently provided documentation;
- in the event of a claim, transmit the submitted and verified information to loss adjusters, lawyers or other similar offices for the purposes of investigating, defending, negotiating or settling any claims, as required.

For more information on ENCON's privacy policy, please contact privacy-officer@encon.ca.

DECLARATIONS AND SIGNATURE

I/We hereby declare that the above statements and particulars are true to the best of my/our knowledge and that I/we have not suppressed or misstated any material facts and I/we agree that this application shall be the basis of the contract with the insurance company.

It is understood and agreed that the completion of this application does not bind the insurance company to sell nor the Applicant to purchase the insurance.

Carla Cook / Bill Towsley

Name of Applicant



Signature of Applicant

Managing Partners

Title/Position



Date