



**BY COMPLETING THIS APPLICATION YOU ARE APPLYING FOR COVERAGE WITH
 CHUBB INSURANCE COMPANY OF CANADA**

NOTICE: THIS APPLICATION IS FOR A CLAIMS MADE POLICY WHICH APPLIES ONLY TO "CLAIMS" FIRST MADE DURING THE "POLICY PERIOD," OR ANY EXTENDED REPORTING PERIOD. THE LIMIT OF LIABILITY AVAILABLE TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED, AND MAY BE EXHAUSTED, BY " DEFENCE COSTS" AND "DEFENCE COSTS" WILL BE APPLIED AGAINST THE DEDUCTIBLE. THE COVERAGE AFFORDED UNDER THIS POLICY DIFFERS IN SOME RESPECTS FROM THAT AFFORDED UNDER OTHER POLICIES. PLEASE READ THE ENTIRE APPLICATION CAREFULLY BEFORE SIGNING.

GENERAL INFORMATION

(NOTE: The terms "You" and "Your" refer to the Applicant.)

1. **Your** Name: _____
 Mailing Address: _____
 City: _____ Province: _____
 Postal Code: _____ Telephone: _____ Fax: _____
2. **Your** projected annual gross revenues for the current calendar year: \$ _____
3. **Your** projected annual gross revenues from the internet site(s) for which coverage is sought: \$ _____

(NOTE: If more than 50% of your revenues from question 2 are derived from your internet sites (question 3) then you must complete long form Safety'Net application)

COVERAGE DESIRED

4. Limits of Liability desired (each loss and each Policy Period):
 \$500,000 \$1,000,000 \$2,000,000 \$3,000,000 \$5,000,000
5. Deductible desired for each claim (or related claims):
 \$2,500 \$5,000 \$10,000 \$25,000 \$50,000 Other: \$ _____
6. Do **you** desire prior acts coverage? Yes No
 If "Yes": Please enter the retroactive date: _____
 Has coverage been continuously in force since the retroactive date? Yes No
7. Please identify the internet site(s) for which coverage is sought, the date each site first went on-line, and (if known) the average number of page views per month:

Internet Site (including URL)	Date On-Line	Average Page Views Per Month

IMPORTANT: If any of the above sites are not yet on-line, please attach a complete description of the proposed site(s).

8. Do **you** desire coverage for any of the following other communications in addition to the internet site(s) listed above:
- Corporate email? Yes No
- If "Yes," please identify the domain name from which all such email originates: _____
- Other corporate marketing material such as brochures or catalogues? Yes No
- If "Yes," please describe such materials in detail and supply copies:
- _____
- _____

OTHER INFORMATION

9. Do **you** own a federally registered trademark in **your** domain name? Yes No
- If "No," have **you** conducted a trademark search to determine whether **your** domain name infringes a trademark held by a third party? Yes No
10. Do **you** have in-house counsel or outside counsel to advise **you** regarding potential legal liabilities arising out of content on or transactions conducted over the internet site(s) identified in this Application? Yes No
- Name of counsel (if applicable): _____
11. Do **you** maintain a commercial general liability policy? Yes No
- If "Yes," please provide the following information.
- Name of insurer: _____
- Policy Period: _____ Limit: _____
- Is Advertising Injury Coverage included? Yes No
- Is Personal Injury Coverage included? Yes No
12. In the past two (2) years, have **you** been sued or threatened with suit for any act, error, or omission relating to content on or transactions conducted over the internet site(s) identified in this Application? Yes No
- If "Yes," please attach a detailed description of the circumstances of each suit or threat of suit, including the identity of the claimant; the factual and legal basis for the claim; and the disposition, including the dollar amount of any defence expenses, settlements and judgments.
13. After inquiry, do any of **your** principals, partners, officers, directors, or employees or any other proposed insured have knowledge or information about any act, error, or omission relating to the internet site(s) or other communications identified in this Application which might reasonably be expected to give rise to a claim against **you**? Yes No
- If "Yes," please provide full details. _____
- _____
- _____

Without prejudice to any other rights and remedies of the Underwriter, any claim arising from any claims, facts, circumstances or situations required to be disclosed in response to questions 12 and 13 above is excluded from the proposed insurance.

NOTICE TO APPLICANT - PLEASE READ CAREFULLY.

FOR THE PURPOSES OF THIS APPLICATION, THE UNDERSIGNED AUTHORIZED AGENT OF ALL PERSONS AND ENTITIES PROPOSED FOR THIS INSURANCE DECLARES THAT, TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS IN THIS APPLICATION, AND IN ANY ATTACHMENTS, ARE TRUE AND COMPLETE. THE COMPANY IS AUTHORIZED TO MAKE ANY INQUIRY IN CONNECTION WITH THIS APPLICATION. ACCEPTING THIS APPLICATION DOES NOT BIND THE COMPANY TO COMPLETE, OR THE APPLICANT TO PURCHASE, THE INSURANCE.

THE INFORMATION CONTAINED IN AND SUBMITTED WITH THIS APPLICATION IS ON FILE WITH THE COMPANY AND

ALONG WITH THE APPLICATION IS CONSIDERED PHYSICALLY ATTACHED TO ANY POLICY ISSUED AND WILL BECOME PART OF IT. THE COMPANY WILL HAVE RELIED UPON THIS APPLICATION AND ATTACHMENTS IN ISSUING ANY POLICY. THIS APPLICATION WILL BECOME A PART OF SUCH POLICY IF ISSUED.

IF THE INFORMATION IN THIS APPLICATION OR IN ANY ATTACHMENT MATERIALLY CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE POLICY EFFECTIVE DATE, THE APPLICANT MUST NOTIFY THE COMPANY, WHO MAY MODIFY OR WITHDRAW ANY QUOTATION OR AGREEMENT TO BIND INSURANCE.

THE UNDERSIGNED DECLARES THAT THE PERSONS AND ENTITIES PROPOSED FOR THIS INSURANCE UNDERSTAND THAT:

- (I) THE POLICY FOR WHICH THIS APPLICATION IS MADE APPLIES ONLY TO "CLAIMS" FIRST MADE OR DEEMED MADE DURING THE "POLICY PERIOD" OR ANY EXTENDED REPORTING PERIOD;
- (II) THE LIMIT OF LIABILITY AVAILABLE TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED, AND MAY BE COMPLETELY EXHAUSTED, BY "DEFENCE COSTS" AND, IN SUCH EVENT, THE COMPANY WILL NOT BE RESPONSIBLE FOR THE CONTINUED "DEFENCE COSTS" OR FOR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT TO THE EXTENT THAT ANY OF THE FOREGOING EXCEED ANY APPLICABLE LIMIT OF LIABILITY; AND
- (III) "DEFENCE COSTS" WILL BE APPLIED AGAINST ANY APPLICABLE DEDUCTIBLE.

APPLICANT		
BY (<i>President and/or Executive Director</i>)	TITLE	DATE

NOTE: This Application is signed by the President and/or Executive Director of the Applicant acting as the authorized agent of the person(s) and entity(ies) proposed for this insurance.