



TechVantage Premium Estimate Form

Technology Errors and Omissions Liability Insurance

1. Company Name:
2. Street Address:
3. URL Address:
4. Year Firm Established:
5. Revenues: Last Year: \$ Current Year: \$ Projected Next Year: \$
6. Please describe in detail the types of services you provide for which coverage is desired:

7. For what Industries do you primarily provide products / services?

8. Limit of Liability requested:
9. Deductible requested:
10. Do you currently carry E&O insurance? Yes No
If so: Current Effective Date:
 Retroactive Date on current policy:
11. Have any claims been made against you in the past five years? Yes No

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This is not an offer of coverage. Coverage is subject to the policy terms and conditions. This estimate form is to be used to determine account eligibility into the TechVantage program and to generate initial premium estimates only. The underwriters will require a completed application and sample contract used with customers to determine final, bindable terms.