



TECHNOLOGY ERRORS AND OMISSIONS LIABILITY RENEWAL APPLICATION

(This is an Application for a Claims Made and Reported Policy)

1. Applicant, including all DBAs and entities for which you want coverage: _____

2. Street Address (Please list any secondary or foreign locations on a separate sheet.): _____

3. Web site Address: _____

4. During the past year, has the applicant's name been changed, has the applicant been acquired, or has the applicant purchased merged or consolidated with any other business?..... Yes No
 If "Yes," please explain: _____

5. Are there future mergers or acquisitions planned in the next twelve (12) months?..... Yes No
 If "Yes," please explain: _____

6. Have you added or lost any partners or key employees during the past year?..... Yes No
 If "Yes," please provide details professional qualifications and experience: _____

7. Please indicate the total annual gross revenue derived from services.

	Revenue	Net Income or (Loss)	No. Technical Staff	Total No. of Employees
Last Year	\$ _____	\$ _____	_____	_____
Current Year	\$ _____	\$ _____	_____	_____
Projected Next Year	\$ _____	\$ _____	_____	_____

8. Do you use independent contractors for your services?..... Yes No
 - a. If "Yes," what percentage of your work is subcontracted?..... _____%
 - b. Have you agreed under a written contract to include your contractors as Insureds under your policy? Yes No

9. Do you have revenues from foreign operations (outside of the United States or Canada)?..... Yes No
 If "Yes," what percentage of your total revenues? _____%

10. Please list five largest projects handled during the past year.

Project / Client	Start & End Dates	Nature of Services Provided	Revenues
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

11. a. Provide the following information for **General Liability** coverage currently in force:

Company	Limit	Policy Term
_____	\$ _____	_____

12. In the past year did you experience a breach of security or been informed of security vulnerabilities?..... Yes No
If “Yes,” what have you done to prevent future security breaches? _____

13. After inquiry, is the applicant aware of any facts or circumstances or any allegations or contentions of any incident not previously reported to the Company which may result in a claim being made against the applicant, or any of its past or present partners, executive officers, directors, office workers or employees, any predecessors in business or against any corporation that the applicant was formerly employed by, associated with or had an interest in? Yes No
If “Yes,” on attached **SUPPLEMENTAL CLAIMS INFORMATION SHEET** give full details including status of claim, amounts demanded or paid and dates of claims.

14. Is the applicant engaged in any business or professional activity other than those described below?..... Yes No
If “Yes,” please explain and include estimated receipts: _____

15. Please indicate the percentage of your total revenues projected for the next twelve (12) months generated by the following **Types of Services**.

If no changes since your last application, please indicate and go to Question 16..... No Changes

Data Processing	_____ %	Packaged Software Design/Publishing	_____ %
LAN/WAN Administration	_____ %	Systems Analysis & Design	_____ %
Hardware/Component Design & Manufacturing	_____ %	Web site Design, Consulting & Maintenance	_____ %
Training & Education	_____ %	Application Service Provider (ASP)	_____ %
Sale of Software of Others	_____ %	Internet Service Provider (ISP)	_____ %
Sale of Hardware of Others	_____ %	Custom Programming	_____ %
Value Added Reselling	_____ %	Temporary Help & Contract Work	_____ %
Software and Hardware Installation/Service	_____ %	Disaster Recovery Services	_____ %
Systems Integration	_____ %	Network Security/Authentication	_____ %
Consulting	_____ %	Web Hosting	_____ %
Tech Support & Maintenance	_____ %	Other (Describe) _____	_____ %
Network/Communication Systems	_____ %	Total	_____ %

16. Please indicate the **Industries** where you generate your revenues.

If no changes since your last application please indicate and go to Question 17..... No Changes

Aerospace	_____ %	Federal Government	_____ %	Military	_____ %
Agriculture	_____ %	Financial Institutions	_____ %	Real Estate	_____ %
Architecture/Engineering	_____ %	Gaming/Gambling	_____ %	Retail/Wholesale	_____ %
Computer/High Tech	_____ %	Healthcare & Medical Services	_____ %	State & Local Government	_____ %
Construction	_____ %	Insurance	_____ %	Telecommunications	_____ %
Consumers/Home Use	_____ %	Legal	_____ %	Transportation	_____ %
Education	_____ %	Manufacturing	_____ %	Utilities	_____ %
		Media & Publishing	_____ %	Warehouse/Distribution	_____ %

17. Identify major **End Uses or Applications**.

If no changes since your last application, please indicate..... No Changes

Animation	_____ %	Accounting	_____ %	CAD/CAM	_____ %
Database Management	_____ %	Billing Systems	_____ %	Conversion of Systems	_____ %
Decision Support Systems	_____ %	Cost Estimates/Quotes	_____ %	Credit Card Processing	_____ %
Education/Training	_____ %	Database Info Retrieval	_____ %	Data Security	_____ %
Games (Educational)	_____ %	Facilities Management	_____ %	Factory Floor Applications	_____ %
Graphics/Charts	_____ %	Image Processing	_____ %	Financial Analysis	_____ %
Multimedia	_____ %	Inventory & Purchasing	_____ %	Funds Transfer	_____ %
		Office Automation	_____ %	Legal Processing	_____ %
		Speech Processing	_____ %	Operating Systems	_____ %
		Games (Non-educational)	_____ %	Payroll Processing	_____ %
				Programming Language	_____ %
				Systems Testing	_____ %

THE APPLICANT AND FIRM ACCEPT NOTICE THAT ANY POLICY WHICH MAY BE ISSUED WILL APPLY ON A “CLAIMS MADE AND REPORTED” BASIS.

The undersigned authorized person, on behalf of himself/herself and the applicant, attests that to the best of his/her knowledge and belief the statements set forth herein are true. Although the signing of this Application form does not bind the undersigned to effect insurance, the undersigned agrees that this application and the said statements shall be the basis of the policy of insurance and deemed incorporated therein, should the Company evidence its acceptance of this applicant by issuance of a policy.

The undersigned authorized person, on behalf of himself and the applicant, declares that the above statements are true, that he/she has not suppressed or misstated facts and that at the present time he/she has no reason to anticipate any claims being brought against him/her or any representative of the applicant, or knowledge of any negligent act, error, omission or offense on his/her part of any representative of the applicant except as stated herein, and agrees that this Application Form shall be the basis of the contract between him/her, the applicant and the Company and shall be deemed a part hereof.

Signing this form does not bind you to complete the insurance. Coverage will become effective upon approval of the application and issuance of the policy. It is agreed that this form will be the basis of the contract. Should a policy be issued, this form will be attached to and become a part of the policy.

The answers given to all questions in this application are complete and correct to the best of my knowledge.

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (Not applicable to Nebraska, Oregon or Vermont applicants)

FRAUD WARNING (Applicable in Tennessee, Virginia and Washington): It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.



NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

WARNING FOR DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Signature and Title of Applicant (must be President or CEO) _____
Date

Producer's Name _____
Area Code Phone Number

Agent Name: _____ Agent License Number: _____
(Applicable to Florida Agents Only)

Iowa Licensed Agent: _____
(Applicable to Iowa Agents Only)

Producer's Signature: _____ Date: _____
(Applicable to New Hampshire Producers Only)