



NOTICE: This application is for a policy underwritten on a claims-made basis. Except as may be otherwise provided herein, this coverage is limited to liability for only those claims which are first made against the insured and reported to the Company during the policy period.

1. APPLICANT
  - a. Name \_\_\_\_\_
  - b. Principal Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
  - c. Website Address \_\_\_\_\_
  - d. Year Established \_\_\_\_\_
  - e. Affiliations with other firms \_\_\_\_\_
  - f. Have any mergers or acquisitions been made in the past (3) years?  Yes  No  
If Yes, please give details. \_\_\_\_\_
  
2. a. Annual Gross Revenue for next year. Indicate year in spaces provided. \_\_\_\_\_ \$ \_\_\_\_\_  
Current Year \$ \_\_\_\_\_ Previous Year \_\_\_\_\_ \$ \_\_\_\_\_  
b. Annual Gross Payroll \$ \_\_\_\_\_
  
3. Indicate the percentage of the following services in which the applicant is engaged (total must equal 100%).  

|                                     |                                   |
|-------------------------------------|-----------------------------------|
| _____ Electronic Data Processing    | _____ Sale of software for others |
| _____ EDP Consulting                | _____ Sale of hardware for others |
| _____ Custom software development   | _____ Timesharing                 |
| _____ Packaged software development | _____ Systems analysis/design     |
| _____ Other (describe) _____        |                                   |
  
4. Describe your business operations, major products/services and what they do for your customers:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
5. Does the applicant provide the following services? If yes indicate revenues attributable to these services.
 

|                     |                              |                             |                |
|---------------------|------------------------------|-----------------------------|----------------|
| Web Hosting         | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Revenues _____ |
| Website Development | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Revenues _____ |
| Ecommerce           | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Revenues _____ |

6. Does the applicant perform services in the following industries?

- |                |                              |                             |                        |                              |                             |
|----------------|------------------------------|-----------------------------|------------------------|------------------------------|-----------------------------|
| Aerospace      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Military               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Transportation | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Medical                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Communication  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Manufacturing          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Construction   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Industrial             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Mining         | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Financial Institutions | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If Yes, please describe \_\_\_\_\_

7. Identify major software applications and percent receipts attributable:

- |                                     |                                |
|-------------------------------------|--------------------------------|
| _____ Administrative                | _____ Educational              |
| _____ Accounting/financial          | _____ Fund Transfer            |
| _____ Architectural                 | _____ Imaging                  |
| _____ CAD/CAM                       | _____ LAN Network Management   |
| _____ Case                          | _____ Medical Management       |
| _____ Communications                | _____ Office Automation (WP/E) |
| _____ Database Management Systems   | _____ Scientific/mathematical  |
| _____ Other (please describe) _____ |                                |

8. Does applicant have a written contract with clients?  In all cases  Sometimes  Never

Do the applicant's contracts contain:

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| a. Hold harmless or indemnity agreements inuring to the applicant's benefit?               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Hold harmless or indemnity agreements inuring to the applicant's client's benefits?     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. A specific description of the services applicant will provide to the client?            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Guarantees or warranties?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Limitation of liabilities?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. a. Is system design work documented and tested?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Is documentation retained for the life of the system?                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Is a test plan followed for all program modifications?                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Are clients required to sign off on pilot test runs prior to regular production?        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Do clients have responsibility for determining the accuracy of results?                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. If yes, is this in writing?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. Does the applicant have a contingency plan in writing in the event of computer failure? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

10. What is the worst thing that could happen to your customers' operations if your product/service were to fail or stop working?

\_\_\_\_\_  
\_\_\_\_\_

11. List any customer that represents 10% or more of your total sales in the current year:

| <u>Customer</u> | <u>Gross Revenue</u> | <u>Product/Service</u> |
|-----------------|----------------------|------------------------|
| _____           | _____                | _____                  |
| _____           | _____                | _____                  |
| _____           | _____                | _____                  |

12. What percentage of the applicant's business involves subcontracting of work to others? \_\_\_\_\_ %

If subcontracting exists, please note for what purpose: \_\_\_\_\_

Do you require certificates of insurance from all subcontractors and independent contractors?  Yes  No

13. Does the applicant engage in any other business or profession other than noted above?  Yes  No

If yes, please explain \_\_\_\_\_

14. Within the past three years have any customers withheld payment or threatened to withhold payment due to service or contract disputes?  Yes  No

If yes, please explain \_\_\_\_\_

15. a. Have any claims been made against the firm or any partner, director, officer or employee in the past five years?  Yes  No

If yes, include full details of claims, including status of claim, amounts demanded or paid and dates of claims.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. Are there circumstances which could give rise to a claim against you or the firm or any partner, director, officer, or employee?  Yes  No

If yes, please explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

c. Has any insurer canceled or refused to renew any similar insurance?  Yes  No

If yes, please explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

16. Prior Errors and Omissions Insurance

| <u>Carrier</u> | <u>Term</u> | <u>Limit</u> | <u>Deductible</u> | <u>Premium</u> |
|----------------|-------------|--------------|-------------------|----------------|
| _____          | _____       | _____        | _____             | _____          |
| _____          | _____       | _____        | _____             | _____          |
| _____          | _____       | _____        | _____             | _____          |

If expiring policy is a claims-made form, state the prior acts retroactive date: \_\_\_\_\_

Give the following information for General Liability Coverage currently in force.

| <u>Carrier</u> | <u>Term</u> | <u>Limit</u> | <u>Deductible</u> | <u>Premium</u> |
|----------------|-------------|--------------|-------------------|----------------|
| _____          | _____       | _____        | _____             | _____          |

17. Requested Errors and Omissions Coverage

Limit \_\_\_\_\_

Deductible \_\_\_\_\_

Effective Date \_\_\_\_\_

18. Please attach the following to your signed application:

- a. A copy of a standard service contract or a recent contract issued.
- b. If the Company has been established for three years or less, please provide resumes of senior professional staff.
- c. Most recent audited financials.

**REPRESENTATIONS**

I/WE HEREBY DECLARE that the above statements and particulars are true and that I/we have not suppressed or misstated any material facts and I/we agree that this application along with attachments provided by us shall be the sole basis of any subsequent contract of insurance with the Company. Signature of the application does not bind the Firm or Company to complete the insurance and the Company retains the right to determine the minimum acceptable limit of liability.

**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 CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.**

Application must be signed and dated by an officer of the corporation or an owner/proprietor.

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|             |                               |              |
|-------------|-------------------------------|--------------|
| <b>Date</b> | <b>Signature of Applicant</b> | <b>Title</b> |
|-------------|-------------------------------|--------------|

**PLEASE NOTE:** COMPLETION AND SUBMISSION OF THIS APPLICATION IS FOR THE PURPOSE OF SECURING A PREMIUM QUOTATION ONLY. NO COVERAGE WILL BE EFFECTED UNTIL RECEIPT OF WRITTEN INSTRUCTIONS AND PREMIUM PAYMENT. ANY SUBSEQUENT CONTRACT ISSUED WILL BE IN FULL RELIANCE UPON THE STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION AND THIS APPLICATION WILL BE MADE A PART OF THE POLICY. A SIGNED APPLICATION DATED NOT MORE THAN 45 DAYS PRIOR TO THE INCEPTION DATE WILL BE REQUIRED IN THE EVENT COVERAGE IS EFFECTED.