

**APPLICATION FOR
CLAIMS-MADE TECHNOLOGY AND INTERNET
PROFESSIONAL LIABILITY COVERAGE**

GENERAL INFORMATION

1. Applicant's Name: _____

2. Address: _____

Website Address: _____

3. Date Established: _____

4. Type: Corporation Partnership Individual Other _____ (Check one)

5. Is the firm owned by, associated with or controlled by any other firm? YES NO (If YES, please provide details.) _____

6. Do you perform operations in foreign countries? YES NO (If YES, please provide details.) _____

7. Description of professional services: _____

8. Indicate the percentage of receipts attributed to the following services:

<input type="checkbox"/> E-Commerce	_____ %
<input type="checkbox"/> Packaged Software Development/Sales	_____ %
<input type="checkbox"/> Custom Software Development	_____ %
<input type="checkbox"/> Hardware Development/Sales	_____ %
<input type="checkbox"/> Programming/Maintenance/Consulting	_____ %
<input type="checkbox"/> Data Entry/Processing	_____ %
<input type="checkbox"/> Advertising for Others	_____ %
<input type="checkbox"/> Y2K Remediation or Audits	_____ %
<input type="checkbox"/> Internet Service Provider	_____ %
<input type="checkbox"/> Other: _____	_____ %

MUST TOTAL 100%

9. If you indicated Custom or Packaged Software/Hardware development, identify the major applications and receipts attributable.

<input type="checkbox"/> Administrative/Human Resources	_____ %
<input type="checkbox"/> Accounting/Financial (Non Fund Transfer)	_____ %
<input type="checkbox"/> CAD/CAM: Manufacturing/Engineering tools	_____ %
<input type="checkbox"/> Communications	_____ %
<input type="checkbox"/> Data Base Management Systems	_____ %
<input type="checkbox"/> Educational	_____ %
<input type="checkbox"/> Fund Transfer	_____ %
<input type="checkbox"/> Imaging	_____ %
<input type="checkbox"/> LAN/Network Management	_____ %
<input type="checkbox"/> Office Automation	_____ %
<input type="checkbox"/> Other: _____	_____ %

MUST TOTAL 100%

10. Indicate the market(s) for your products/services.

<input type="checkbox"/> Aerospace	_____	%
<input type="checkbox"/> Communications/Transportation	_____	%
<input type="checkbox"/> Construction/Mining/Agriculture	_____	%
<input type="checkbox"/> Education	_____	%
<input type="checkbox"/> Financial Institutions	_____	%
<input type="checkbox"/> Government (military)	_____	%
<input type="checkbox"/> Government (non military)	_____	%
<input type="checkbox"/> Health Care/Medical Services	_____	%
<input type="checkbox"/> Home/Consumer Use	_____	%
<input type="checkbox"/> Manufacturing/Industrial	_____	%
<input type="checkbox"/> Other: _____	_____	%

MUST TOTAL 100%

11. Gross Receipts: Estimated for coming year: \$ _____
Current year: \$ _____
Last year: \$ _____

12. Total Employee Count: _____
Principals: _____
Professionals: _____
Sales / Service: _____
Other: _____

13. Do you use Independent Contractors: YES ___ NO ___ (If YES, answer a. & b.)
a. What percentage of your gross receipts is attributable to Independent Contractors?

b. Do you require them to carry professional liability insurance? YES ___ NO ___
If YES, what limits? _____

14. What percentage of your customers sign written agreements with you which outline the specifications of service you will provide? _____

15. Is all published material such as contracts, advertising, brochures and promotional materials reviewed and approved by legal counsel prior to release? YES ___ NO ___

16. Do all of your contracts contain the following clauses: (Please X if yes.)
 Force Majeure
 Limitation of Liabilities
 Disclaimer of Warranties
 Conditions of Product Acceptance

INTELLECTUAL PROPERTY

17. Do you have an established procedure to safeguard against infringement upon copyrights or trademarks, etc. of others? YES ___ NO ___ (If YES, please attach a copy or written description of procedure.)

18. What do you see as your largest exposure to intellectual property infringement?
(Rank) patent _____ copyright _____ trademark _____

19. Do you obtain licensing agreements prior to using content produced by others?
YES ___ NO ___ (If YES, please attach a copy of standard contract wording).

20. Is a patent/copyright/trademark search conducted by legal counsel prior to publishing content or releasing packaged or custom software/hardware? YES ___ NO ___
(If YES, please give name of the attorney's firm: _____)

ON-LINE SERVICE DETAILS

Please do not complete this section if your website is used solely to advertise your own products and services.

20. Your On-Line Service is: (Check all that apply.)
 Informational Website (If checked, what is your main topic: _____)
 Internet Access/Service Provider
 E-Commerce Web Page (If checked, complete Questions 26 & 27 below.)
 Auction
 Other: _____
Features available on your On-Line Service: (Check all that apply.)
 E-Mail
 Files for download
 Chat Rooms
 Message/Bulletin Boards
 Other: _____
21. Content of information on your On-Line Service: (Check all that apply.)
- | | | |
|--|--------------------------------------|--|
| <input type="checkbox"/> For Children | <input type="checkbox"/> Radio/TV | <input type="checkbox"/> Adult Only |
| <input type="checkbox"/> Variety | <input type="checkbox"/> News | <input type="checkbox"/> Digital Music |
| <input type="checkbox"/> Game or Quiz | <input type="checkbox"/> Software | <input type="checkbox"/> Comedy |
| <input type="checkbox"/> Product Comparisons | <input type="checkbox"/> Commentary | <input type="checkbox"/> Advertising |
| <input type="checkbox"/> Cultural | <input type="checkbox"/> Religious | <input type="checkbox"/> "How To" / Hobbyist |
| <input type="checkbox"/> Sports | <input type="checkbox"/> Educational | <input type="checkbox"/> Other: _____ |
22. Location of your On-Line Service:
Main Internet Address: _____
Additional Addresses: _____
23. Have you ever received a complaint concerning the content of your Web Site or On-Line Service relevant to: (Check all that apply & explain nature of allegation.)
 Libel or Slander _____
 Trademark Infringement _____
 Invasion of Privacy _____
 Copyright Infringement _____
 Inaccurate Information _____
24. How do you respond to such complaints and in what time frame? _____

25. Does legal counsel review the content of your Web Site or On-Line Service for the above listed offenses? YES ___ NO ___
26. Does your On-Line Service sell products to the public via the Internet?
YES ___ NO ___ (If YES, include a list of products sold.) _____

27. Are you responsible for delivery of such products? YES ___ NO ___
(Please explain your response.) _____

28. Are credit card transactions conducted on your Web Site or On-Line Service?
YES ___ NO ___
29. Does your website or On-Line service advertise services or products of others?
YES ___ NO ___ (If YES, in what form, i.e. banner or border ads, etc.) _____
30. Do you provide the content for these advertisements? YES ___ NO ___ (If NO, do you have the authority to censor/edit the advertisements? YES ___ NO ___)

VIRUS & UNAUTHORIZED ACCESS PREVENTION

31. Do you have a safety procedure in place to prevent the transmission of viruses?
YES ___ NO ___ (If Yes, please explain) _____
32. Are all of your PC's equipped with anti-virus software? YES ___ NO ___ (If YES,
please specify type) _____
33. Are there firewalls in place as a part of your security system? YES ___ NO ___
a) What firewall security do you employ? _____
b) Was it configured by professional personnel? YES ___ NO ___
c) Did you alter it in any way before installing it? YES ___ NO ___
34. What kind of safeguards do you have in place to prevent unauthorized persons from
accessing your Web Site or On-Line Service database? _____
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OTHER INSURANCE/CLAIMS HISTORY

34. Prior Professional Liability Insurance (last three years):
- | Policy Period | Carrier | Limits | Deductible | Premium | Retro Date |
|---------------|---------|--------|------------|---------|------------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
35. Has any insurer declined, canceled or non-renewed similar insurance for which you are
applying? YES ___ NO ___ (If YES, please provide details.) _____
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36. Do you maintain Comprehensive General Liability insurance? YES ___ NO ___
Carrier: _____ Policy Period: _____
Limit of Liability: _____ Claims Made or Occurrence: _____
Personal Injury Liability is: ___ Included ___ Excluded
Advertising Injury Liability is: ___ Included ___ Excluded
Products Liability is: ___ Included ___ Excluded
Are you interested in a quote for General Liability? YES ___ NO ___
37. Have you had any professional liability claims made against you or any predecessor firm in
the past ten years? YES ___ NO ___ (If YES, please provide full and accurate details
including status, amounts paid/reserved, circumstances surrounding claim, etc.) _____
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38. Do you know of any incidents which may give rise to a claim? YES ___ NO ___
(If YES, please provide details.) _____
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The applicant declares that the above statements and representations are true and correct and that no facts have been suppressed or misstated. The completion of this application does not bind the Company to sell nor the applicant to purchase this insurance, but 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.

Signature of Company Officer Or Authorized Person: _____

Date _____