

TECHNOLOGY E&O APPLICATION

SUMMARY INSTRUCTIONS:

- A. Please type or print in ink and answer all questions; leave no blank spaces. If space provided is not sufficient to answer all questions fully, attach separate sheet and label appropriately.
- B. This applicant must be signed and dated by the Owner if Applicant is a Sole Proprietorship, a Partner, if Applicant is Partnership, or Authorized Informations Officer if Applicant is a Corporation.

GENERAL INFORMATION

1) Name of Applicant:

2) Address:

3) Website Address:

4) Date Established:

5) Type of Company Corporation Partnership Individual LLC Other

6) Is the firm owned by, associated with or controlled by any other firm? YES NO

If Yes, please provide details.

7) Within the past five years, have you acquired or merged with another entity? YES NO

If Yes, Name of Entity

Date of Transaction: Type of Transaction: Merger Acquisition

If acquisition, did you purchase assets only? YES NO

If No, are you seeking coverage for the liabilities of the company you acquired? YES NO

Please complete provide details

8) Do you have any Subsidiaries for which coverage is desired under this Policy? YES NO

If Yes - Provide the name, percentage of ownership or control and nature of operations of all Subsidiaries either in space below or by Attachment to Application:

9) Total # of Employees (Employees do not include Independent Contractors):

# of Principals	<input type="text"/>
# of Technical Professionals	<input type="text"/>
Total # of Employees	<input type="text"/>
# of Independent Contractors	<input type="text"/>

IT IS UNDERSTOOD THAT COVERAGE IS NOT PROVIDED FOR SUBSIDIARIES UNLESS DETAILED IN THE SPACE ABOVE OR BY ATTACHMENT TO THIS APPLICATION.

II. Independent Contractors/ Sub Contractors

1) Do you use Sub-Contractors, Vendors or Independent Contractors for any services? YES NO

If Yes, please answer a - d below:

- a. What services are typically performed?
- b. What percentages of your services do independent contractors perform?
- c. Are they required to carry professional liability insurance by carrier with minimum A.M Best Rating of B+? YES NO
 If Yes, what limits: each claim/ aggregate
- d. Do you require "hold harmless" agreements from independent contractors in your favor? YES NO

2) What are Your procedures to monitor and manage the quality of services performed by Your Sub-Contractors, Vendors or Independent Contractors:

III. Financial Results

Domestic Operations

(Fiscal Year Basis)

	<u>Prior Year</u>	<u>Current Year</u>	<u>Projected Next Year</u>
Gross Revenues	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Gross Expenses	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Cost of Goods Sold	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Foreign Operations

(Fiscal Year Basis)

	<u>Prior Year</u>	<u>Current Year</u>	<u>Projected Next Year</u>
Gross Revenues	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Gross Expenses	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Cost of Goods Sold	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Total Revenues for Insured from all operations:

(Fiscal Year basis)

	<u>Prior Year</u>	<u>Current Year</u>	<u>Projected Next Year</u>
Gross Revenues	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Gross Expenses	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Cost of Goods Sold	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

IV. Professional Services or Business Services

1) Please describe Professional Services or Business Services performed:

2) Products and Services Offered (Services should total 100%)

Type of Product or Service	% of Current Year Revenue	% of Next Year Revenue	Typical Customer
ASP - Software	<input type="text"/>	<input type="text"/>	<input type="text"/>
Content Development	<input type="text"/>	<input type="text"/>	<input type="text"/>
Billing Services % Medical <input style="width: 50px;" type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Collocation Services	<input type="text"/>	<input type="text"/>	<input type="text"/>
System Installation Maintenance/Service	<input type="text"/>	<input type="text"/>	<input type="text"/>
Computer Technical Support	<input type="text"/>	<input type="text"/>	<input type="text"/>
Custom Software Development	<input type="text"/>	<input type="text"/>	<input type="text"/>
Data Processing	<input type="text"/>	<input type="text"/>	<input type="text"/>
Equipment or Component Mfg	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hardware Assembly	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hardware Mfg	<input type="text"/>	<input type="text"/>	<input type="text"/>
Internet Service/Access Provider	<input type="text"/>	<input type="text"/>	<input type="text"/>
Online Exchange	<input type="text"/>	<input type="text"/>	<input type="text"/>
Prepackaged Software Development	<input type="text"/>	<input type="text"/>	<input type="text"/>
Marketing or Advertising Services	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telecommunications consulting or design	<input type="text"/>	<input type="text"/>	<input type="text"/>
Value Added Reselling	<input type="text"/>	<input type="text"/>	<input type="text"/>
Web / Data Hosting	<input type="text"/>	<input type="text"/>	<input type="text"/>
Web Design	<input type="text"/>	<input type="text"/>	<input type="text"/>
Technology and Network Support services	<input type="text"/>	<input type="text"/>	<input type="text"/>
Training Services	<input type="text"/>	<input type="text"/>	<input type="text"/>
Technology consulting	<input type="text"/>	<input type="text"/>	<input type="text"/>
Internet/ Web Business Services	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>

3) List your three largest projects during the last three years:

	Customer:	Size: (\$)	Length: (months)	Services or Products Provided:
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

4) List your average contract or service engagement:

Revenue size: \$

Length:

Services or Products Provided:

- 5) Do you provide, assist or develop any computer-aided manufacturing (CAM), computer aided engineering (CAE), computer - aided design/ drafting (CAD) or any real-time monitoring systems or software? YES NO
- 6) Do you host or store sensitive information (credit card info, medical records, financial transaction records, etc.) for your clients? YES NO
- 7) Do you perform any financial transaction processing services for clients? YES NO

V. Network Security Measures and Procedures

1) Do you have a full time IT Security Manager? YES NO

2) Please describe Your security measures utilized to protect:

- a. Your physical premises and facilities:
- b. Your computer network and systems:

3) Please describe security measures and procedures used to protect sensitive data in your care, custody and control.

4) Do You have a formal, documented security policy? YES NO
 Are all employees required to read, receive and understand the security policy? YES NO

5) Do You perform regular computer system and security audits? YES NO

If Yes:

Who Performs the audit?

How Frequently are audits performed?

Are all unfavorable results corrected?

6) Do you utilize Encryption for data stored? YES NO
 Do you utilize Encryption for data transmitted between locations or systems? YES NO

7) Please describe security and procedures used to secure, protect, monitor and track mobile hardware (laptops, communications devices, etc.):

8) Do you backup computer systems and data? YES NO

If Yes: How often are backups performed?

Are backups stored off site?

YES NO

9) Do You have a written disaster recovery plan in place? YES NO

10) Do You have a formal patch management program in place? YES NO

11) Are Your computer systems and networks actively monitored? YES NO

By whom?

How often/ frequently?

12) Have You experienced any security breaches or data loss events? YES NO

If Yes: Please explain the specifics and any action taken to prevent recurrence:

VI. Data and Information Capture and Gathering:

1) Do You collect or gather information regarding site visitors (Yours or others)? YES NO

2) Do You share, sell or give this information to other parties? YES NO

If Yes, is permission obtained?

YES NO

3) Do You have a Privacy Policy on Your website? YES NO

4) Has a qualified attorney reviewed your procedures and Privacy Policy? YES NO

VII. Electronic Marketing and Advertising:

1) Do You send any electronic advertising content to outside parties regarding Your products or services? YES NO

2) Do You obtain appropriate permissions from recipients for the electronic advertisements? YES NO

3) Do You conduct, operate or support any sweepstakes, contests or similar promotions? YES NO

If Yes, please describe procedures to ensure fair and legal operation:

VIII. Risk Management

- 1) Do You use written contracts or agreements related to the services provided to clients? YES NO
- a. Percentage of time contracts or agreements used: %
- b. Do Your Contracts contain hold harmless or indemnity agreements for:
- You: YES NO
- Other parties: YES NO
- Both parties on mutually beneficial basis: YES NO
- c. Do Your Contracts contain:
- Guarantees or Warranties by You: YES NO
- Limitations of liability YES NO
- 2) Has a law firm reviewed Your:
- Contracts? YES NO
- Procedures? YES NO
- Privacy Policy? YES NO
- 3) Is all system and / or software development work for others documented and tested? YES NO
- 4) Is a standard test and review plan followed for all system and / or software developed? YES NO
- 5) Do Your clients provide written acceptance and approval of the systems and / or software developed? YES NO
- 6) What are Your procedures for notifying/ correcting any software bugs, security flaws or viruses discovered following implementation?
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- 7) Have you discontinued any software, product or service in the last three (3) years? YES NO
- If Yes,** have you continued to provide service/ maintenance after the discontinuance? YES NO
- If Yes,** Please provide complete details on separate attachment.
- 8) What are Your procedures to safeguard against intellectual property infringements arising from:
- a. Systems and / or designed and / or developed by You:
- b. Systems and / or software designed by others and modified by You:
- c. Content created by You for others (websites, domain names, etc):
- d. Content created by You for Your use (advertisements, web pages, etc.):

IX. Content

1) Are you involved with the following internet activities: Check all that apply:

- Chatrooms or bulletin boards;
- Electronic publishing of original works;
- Electronic publishing of works created by others;
- Advertising the products or services of customers for a fee;
- On-line medical or counseling advice;
- On-line financial or legal advice;
- Gambling or adult entertainment;

2) Please select the items that accurately describe any content or information available on your website:

- | | | |
|---|--|---|
| <input type="checkbox"/> Medical | <input type="checkbox"/> Children | <input type="checkbox"/> Game or Quiz |
| <input type="checkbox"/> Product Comparison | <input type="checkbox"/> Cultural | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Radio/TV | <input type="checkbox"/> News | <input type="checkbox"/> Software |
| <input type="checkbox"/> Religious | <input type="checkbox"/> Educational | <input type="checkbox"/> Adult/Pornographic |
| <input type="checkbox"/> Comedy | <input type="checkbox"/> Digital Music | <input type="checkbox"/> Advertisements |
| <input type="checkbox"/> "How To"/Hobbyists | <input type="checkbox"/> Celebrity Information | <input type="checkbox"/> Entertainment/Movies |
| <input type="checkbox"/> Informative / e-brochure | | |

3) Do you always obtain written licenses and consent agreements for the use of materials provided by others in your content? YES NO

If Yes, describe the policies and procedures in place to collect and review the licenses and consents obtained.

4) Does your website contain any downloadable materials? YES NO

If Yes, please describe nature of content available:

5) Do You facilitate or afford the opportunity to upload/ share / download content? YES NO

If Yes, please describe procedures regarding copyrighted material:

6) Do you have any policies or procedures in place to remove or edit any infringing or slanderous content posted on your website? YES NO

If Yes, do you review and remove content:

- a. before posting? YES NO
- b. after posting? YES NO
- c. both? YES NO

7) Who is responsible for managing or moderating your chatrooms or bulletin boards?

8) In the past five years, have you received a complaint concerning the content of your website, domain name infringement, website content infringement or offenses, advertising offenses or infringement, or been subject to any actions or investigations by any regulatory or administrative agency for violations arising out of your advertising or sales activities? YES NO

If Yes, please provide complete details, i.e. allegation

9) Have you ever been sued, threatened with suits, or had a claim made against you for libel, slander, invasion of privacy, piracy, plagiarism, infringement of copyright, trademark, trade name or errors and omissions? YES NO

If Yes, please provide complete details, i.e. allegation, date of loss, damages and expenses paid, loss reserves set, open or closed status

X. Prior Insurance and Claims

1) Prior Professional Liability Insurance for the last three years:

<u>Policy Period</u>	<u>Carrier</u>	<u>Limits</u>	<u>Deductible</u>	<u>Premium</u>

2) What is the retroactive date on your current policy:

3) Do you maintain General Liability insurance?

YES NO

If Yes, Carrier: Policy Period: Limits:

- a. Personal Injury Liability is: Included Excluded
- b. Advertising Injury Liability is: Included Excluded
- c. Product Liability is: Included Excluded

4) Has any insurer declined, canceled or non-renewed any similar insurance for which you are applying?

YES NO

If Yes, Please provide details

5) Have any claims, suits, or proceedings been made during the past five years against the Applicant?

YES NO

If Yes, Please provide complete details on a separate attachment, along with 5 years currently valued carrier loss runs.

6) Are you aware of any actual or alleged fact, circumstance, situation, error or omission, or issue that might give rise to a claim against you?

YES NO

If Yes, Please provide complete details on a separate attachment.

I/We declare that I/we have reviewed this Application for accuracy before signing it, that the above statements and representations are true and correct, and that no facts have been suppressed or misstated. I/We understand that this is an application for insurance only and that the completion and submission of this Application does not bind the Company to sell nor the applicant to purchase this insurance. I/We nevertheless acknowledge that any contract of insurance issued by the Company in response to this Application will be in full reliance upon the statements and representations made in this Application and that this Application will be made part of the policy. I/We understand that any contract of insurance issued by the Company in response to this Application will be issued on a claims made form.

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 material fact, commits a fraudulent insurance act, which is a crime and may also be subject to civil penalty.

I/We hereby declare that the above statements and particulars are true and I/we agree that this Application shall be the basis for any contract of insurance issued by the Company in response to it.

Electronic Signature of Applicant or Authorized Representative:

Current Date

Title

If you prefer not to return application with an electronic signature, please print and sign below:

Signature of Applicant or Authorized Representative

Current Date:

Title