

**APPLICATION FOR ELECTRONIC DATA PROCESSORS
ERRORS AND OMISSIONS LIABILITY**

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 _____
_____ Telephone No.: _____
- c. Individual _____ Partnership _____ Corporation _____ Other _____
- d. Year established _____ Website: _____
- e. Affiliations with other firms _____
- f. Have any mergers or acquisitions been made in the past three (3) years: Yes No
If yes, please give details _____

2. SERVICES

GROSS RECEIPTS

	<u>Last Fiscal Year</u>	<u>Current Fiscal Year</u>	<u>(Est.) Next Fiscal Year</u>
Electronic Data Processing	_____	_____	_____
EDP Consulting	_____	_____	_____
Custom Software Development	_____	_____	_____
Packaged Software Development	_____	_____	_____
Sale of Software for Others	_____	_____	_____
Sale of Hardware for Others	_____	_____	_____
Time Sharing	_____	_____	_____
Systems Analysis/Design	_____	_____	_____
Other (Describe)	_____	_____	_____
TOTALS	_____	_____	_____

3. Describe your business operations, major products/services and what they do for your customers:

4. Identify major software applications and receipts attributable:

	Receipts %
<input type="checkbox"/> Administrative	_____
<input type="checkbox"/> Accounting/Financial (Non Fund Transfer)	_____
<input type="checkbox"/> Architectural (Model building/projection)	_____
<input type="checkbox"/> CAD/CAM: Manufacturing /Engineering tools	_____
<input type="checkbox"/> CASE: Application development tools	_____
<input type="checkbox"/> Communications: Utilities/Info Services	_____
<input type="checkbox"/> Data Base Management Systems/4GL	_____
<input type="checkbox"/> Educational	_____
<input type="checkbox"/> Fund Transfer	_____
<input type="checkbox"/> Imaging	_____
<input type="checkbox"/> LAN/Network Management	_____
<input type="checkbox"/> Medical Management	_____
<input type="checkbox"/> Office Automation (Word processing/E-mail)	_____
<input type="checkbox"/> Scientific/Mathematical	_____
<input type="checkbox"/> Other _____	_____
(Please Specify)	
TOTAL	100%

5. 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"/> CAD/CAM: Manufacturing/Engineering tools	_____
<input type="checkbox"/> CASE: Application development tools	_____
<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 Use	_____
<input type="checkbox"/> Manufacturing/Industrial	_____
<input type="checkbox"/> Trade: Retail/Wholesale	_____
<input type="checkbox"/> Other _____	_____
(Please Specify)	
TOTAL	100%

6. 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 |

7. **Briefly explain your product/service methodology:**

- a. Is system design work documented and tested Yes No
- b. Is documentation retained for the life of the system? Yes No
- c. Is a test plan followed for all program modifications? Yes No
- d. Are clients required to sign off on pilot tests run prior to regular productions? Yes No
- e. Do clients have responsibility for determining the accuracy of the results? Yes No
- f. If yes, is this in writing? Yes No
- g. Does the applicant have a contingency plan in writing in the event of computer failure? Yes No

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

<u>Customer</u>	<u>Sales</u>	<u>Product/Service</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. **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

10. **Does the applicant engage in any other business or profession other than noted above? Yes No**
If yes, please explain _____

11. **LOSS EXPERIENCE (Attach information page if necessary)**

a. List any professional liability claims actually made against you in the past five years. Include full details of claims, including status of claim, amounts demanded or paid and dates of claims. None

b. List any known incidents or circumstances which might give rise to a professional liability claim. None

c. Has any insurer cancelled or refused to renew any similar insurance during the past five years?
 Yes No If yes, please explain: _____

12. 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 _____

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

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. **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>
_____	_____	_____	_____	_____

16. **PROPOSED COVERAGE**

Limit _____
 Deductible _____
 Effective Date _____

17. **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. A copy of your expiring policy's Declarations page if prior acts coverage is offered.

18. **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 acceptance 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, owner/proprietor.

 Date Signature of applicant Title

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 INSTRUCITONS AND PREMIUM PAYMENT. ANY SUBSEQUENT CONTRCT 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 TOT HE INCEPTION DATE WILL BE REQUIRED IN THE EVENT COVERAGE IS EFFECTED.