



4. Has the Company been in business longer than three (3) years?  Yes  No
5. Is the Company public-held or a public reporting company under the Securities Exchange Act of 1934?  Yes  No
6. Does the Parent Company own more than three (3) subsidiaries? If yes, please provide details on a separate page.  Yes  No
7. Has the Company in the past 18 months been involved with any actual, negotiated or attempted merger, acquisition or divestment? If yes, please provide details on a separate page.  Yes  No
8. Does the Company contemplate transacting any mergers or acquisitions in the next 12 months where such merger or acquisition would involve more than 50% of the total assets of the Company? If yes, please provide details on a separate page.  Yes  No

## II. Financial Information

1. Describe the following financial information of the Company for the most recent fiscal year-end.

a) Total Assets

\_\_\_ \$0 to 5,000,000  
 \_\_\_ \$5,000,001 to 25,000,000  
 \_\_\_ \$25,000,001 to 100,000,000  
 \_\_\_ \$100,000,001 to 250,000,000  
 \_\_\_ over \$250,000,000

b) Gross Revenues

\_\_\_ \$0 to 5,000,000  
 \_\_\_ \$5,000,001 to 25,000,000  
 \_\_\_ \$25,000,001 to 100,000,000  
 \_\_\_ \$100,000,001 to 250,000,000  
 \_\_\_ over \$250,000,000

c) Net income \_\_\_ or net loss \_\_\_ and applicable amount:

\_\_\_ \$0 to 500,000  
 \_\_\_ \$500,001 to 1,000,000  
 \_\_\_ \$1,000,001 to 3,000,000  
 \_\_\_ \$3,000,001 to 5,000,000  
 \_\_\_ over \$5,000,000

d) Cashflow from operating activities positive \_\_\_ or negative \_\_\_ and applicable amount:

\_\_\_ \$0 to 500,000  
 \_\_\_ \$500,001 to 1,000,000  
 \_\_\_ \$1,000,001 to 3,000,000  
 \_\_\_ \$3,000,001 to 5,000,000  
 \_\_\_ over \$5,000,000

2. Do the current liabilities exceed current assets? If yes, please provide details on a separate page.  Yes  No
3. Do long-term liabilities exceed 75% of total assets? If yes, please provide details on a separate page.  Yes  No
4. Will more than 50% of the total long-term liabilities mature within the next 18 months? If yes, please provide details on a separate page.  Yes  No
5. Does the Company anticipate in the next 12 months or has the Company transacted in the last 24 months any restructuring or legal or financial reorganization or filing for bankruptcy? If yes, please provide details on a separate page.  Yes  No

**III. Prior Insurance Information**

1. Describe any current insurance maintained. The Continuity Date below means the policy inception date for which the most recent main form application was attached.

<u>Coverage</u>	<u>Yes</u>	<u>No</u>	<u>Limits</u>	<u>Continuity Date</u>
Employment	---	---	-----	-----
Directors and Officers	---	---	-----	-----
Fiduciary	---	---	-----	-----
Crime	---	---	-----	-----
Technology Media, & Professional Services	---	---	-----	-----
Miscellaneous Prof. Services	---	---	-----	-----

2. Has any insurer made any payments, taken notice of claim or potential claim or non renewed any management liability or similar insurance any time in the last 24 months? If yes, please provide details on a separate page.  Yes  No

**IV. Prior Activities Information**

1. Within the last three years, has any person or entity proposed for this insurance been the subject of or involved in any litigation, administrative proceeding, demand letter or formal or informal governmental investigation or inquiry including any investigation by the Department of Labor or the Equal Employment Opportunity Commission If yes, please provide details on a separate page.  Yes  No

**V. Other Information**

1. The undersigned declares that to the best of his/her knowledge the statements herein are true. Signing of this Application does not bind the undersigned to complete the insurance, but it is agreed that this Application shall be the basis of the contract should a Policy be issued, and this application will be attached to and become a part of such Policy, if issued. Insurer hereby are authorized to make any investigation and inquiry in connection with this Application as they may deem necessary.
2. It is warranted that the particulars and statements contained in the Application for the proposed Policy and any materials submitted herewith (which shall be retained on files by Insurer and which shall be deemed attached hereto, as if physically attached hereto), are the basis for the proposed Policy and are to be considered as incorporated into and constituting a part of the proposed Policy.
3. It is agreed that in the event there is any material change in the answers to the questions contained herein prior to the effective date of the Policy, the applicant will notify Insurer and, at the sole discretion of Insurer, any outstanding quotations may be modified or withdrawn.
4. It is agreed that in the event there is any misstatement or untruth in the answers to the questions contained herein, Insurer have the right to exclude from coverage any claim based upon, arising out of or in connection with such misstatement or untruth.

Signed: \_\_\_\_\_  
Must Be Signed By an Executive Officer of the Parent Company

Name: \_\_\_\_\_  
Please Print or Type

Capacity: \_\_\_\_\_

Company: \_\_\_\_\_

Date: \_\_\_\_\_

Submitted by: \_\_\_\_\_  
(Agent)

Date: \_\_\_\_\_

**For purposes of creating a binding contract of insurance by this application or in determining the rights and obligations under such contract in any court of law, the parties acknowledge that a signature reproduced by either facsimile or photocopy shall be the same force and effect as an original signature and that the original and any such copies shall be deemed on and the same document.**

**Please fully complete and attach the Information for the Coverage Section (s) being sought or bound.**

**Technology, Media & Professional Services Coverage Section Information**

Is the Parent Company seeking Technology, Media and Professional Services coverage?  Yes  No  
If yes, please answer the following questions.

- 1. Describe in detail the professional services for which coverage is desired:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 2. Date established: \_\_\_\_\_
- 3. Is the Applicant engaged in any business other than as described in question 1.?  Yes  No  
If yes, please attach an explanation and estimated receipts.
- 4. What percentage of the applicant's business involves subcontracting work to others? \_\_\_\_\_%
- 5. List the total gross receipts for the past year, which were derived from the services, listed in question 1. In addition, please provide the projected receipts for the current and next year in which insurance coverage is desired.

<b>Year</b>	<b>Gross Receipts</b>
a. Next Year 20_____	\$ _____
b. Current Projected Year 20_____	\$ _____
c. Prior Year 20_____	\$ _____

- 6. What industries are the professional services described in question 1. provided to (e.g., government, banking, medical, aviation, etc.)?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 7. Is the Applicant controlled or owned by, or associated or affiliated with, or does it own, any other firm business enterprise? If yes, please attach an explanation.  Yes  No
- 8. Are any significant changes in the nature or size of the Applicant's business anticipated over the next 12 months? Or have there been any such changes in the past 12 months? If yes, please attach an explanation (change in size of less than 25% need not be explained.)  Yes  No
- 9. a. What is the number of all principals, partners, officers and professional employees directly engage in providing services to clients: \_\_\_\_\_  
b. Average years of experience for the above mentioned for services requesting coverage: \_\_\_\_\_  
c. Number of all non-professional employees (clerks, secretaries, etc.) \_\_\_\_\_

10. Are any staff members considered "Licensed Professionals" or do any staff members hold any professional designations or belong to any professional societies/Associations? If yes, attach individuals name and designated affiliation.  Yes  No

11. Describe Applicant's five (5) largest jobs or projects during the past three (3) years.

Client Name	Services Provided	Total Gross Billing
		\$
		\$
		\$
		\$
		\$

12. Does the Applicant have a written contract or agreement for every project? If yes, please attach a sample copy.  Yes  No

a. Provide the percentage of the Applicant's revenue where a written contract is not secured \_\_\_\_%

b. Does the Applicant's contracts contain any of the following: (check all that apply).

- hold harmless or indemnification clauses in your favor?
- hold harmless or indemnification clause in your client's favor?
- guarantees or warranties?
- specific description of the services you will provide?
- payment terms?
- ownership of materials/products developed terms?

13. Describe steps taken to minimize/manage business risks:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

14. Please provide the following information on Applicant's professional liability insurance for the past three (3) years:

Name of Insurer	Limits of Liability	Deductible	Policy Period	Premium	Retro Date

15. Please provide the following:

- a. Standard contract(s) used.
- b. Descriptive or promotional brochures.
- c. Website address: www\_\_\_\_\_

16. Prior to publishing content or releasing packaged or custom software/hardware, do you have an attorney facilitate a patent/copyright/trademark search? If yes, please give name of the attorney's firm:  Yes  No

\_\_\_\_\_

17. Describe the Applicant's policies and procedures for removing controversial or potentially infringing material:  
\_\_\_\_\_  
\_\_\_\_\_
18. Do you have a safety procedure in place to prevent the transmission of viruses?  Yes  No  
If yes, please explain.  
\_\_\_\_\_  
\_\_\_\_\_
19. Are all of your PC's equipped with anti-virus software? If yes, what brand?  Yes  No  
\_\_\_\_\_
20. 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
21. What kind of safeguards do you have in place to prevent unauthorized persons from accessing your Web Sites or On-Line Service database?  
\_\_\_\_\_  
\_\_\_\_\_
22. Have any principals, partners, officers or professional employees ever been the subject or reprimand or disciplinary or criminal actions by authorities as a result of their professional activities? If yes, please attach details.  Yes  No
23. Does any person to be insured have knowledge or information of any act, error or omission, which might reasonably be expected to give rise to a claim against him or his predecessors in business? If yes, please attach details.  Yes  No
24. Have any errors and omissions claims been made against any proposed insured(s)? If yes, please attach details.  Yes  No
25. Has the Applicant been a party to any lawsuit or other legal proceedings within the past 5 years? If yes, please attach details.  Yes  No