



**COMPUTER TECHNOLOGY  
ERRORS & OMISSIONS APPLICATION**

**APPLICANT'S INFORMATION:**

APPLICANT NAME:			
BUSINESS NAME:			
DATE ESTABLISHED:		NUMBER OF LOCATIONS:	
MAILING ADDRESS:			
WEBSITE:	www.		
<input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Municipality <input type="checkbox"/> For Profit <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other: _____			

Estimated gross receipts in the NEXT 12 months: \$ \_\_\_\_\_  
 Gross receipts in the LAST 12 months: \$ \_\_\_\_\_

Please provide a narrative description of the goods/services you provide. Include brochures or other material that completely describes the services offered and include a description of the function or use of any software you are working on: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Number of: *(DO NOT list any individual more than once)*

	Directors/Principals/Partners		Computer Operators
	Systems Analysts		Salesmen
	Systems Designers		Trainee Staff
	Programmers		Other Employees (describe)

**\*\*\* If business is not more than TWO years old, attach resumes of all principals and key employees. \*\*\***

If the business is less than 2 years old, please describe your professional experience. Including the number of years and your education: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please name any professional associations that you belong to: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Indicate percentage (%) of revenues derived from the following industries:**

	%		%
Manufacturing *		Government *	
Banking / Investment *		Utilities *	
Insurance		Internet	
Telecommunications		Medical: Non-Life Support	
Technology (Manufacturing)		Medical: Life Support	
Transportation		Entertainment	
Retail		Construction	
Education		Advertising	
Other (please describe):		<b>TOTAL MUST EQUAL 100%</b>	

If 20% or more of your revenue is from clients in Manufacturing, Banking/Investment, Government or Utilities industries, below please describe the service you provide. Please also describe in detail the function or use of the software you have been or will be working on. \*\*\* *Please use the additional space at end of application.*

- \* Manufacturing: Also please list the industries and describe the services you provide (PLC, business applications, etc).
- \* Banking/Investment: Is the software involved in executing financial transactions such as the sale of stocks, currency exchange, credit card processing, ATM transfer, etc...?
- \* Government: Please indicate the branch of government
- \* Utilities: Please indicate the type of utilities you work with.

Provide the details of THREE (3) largest contracts undertaken during the last THREE (3) years and the Gross Receipts derived from them. *Attach a copy of the contract with the largest client:*

Name of Client	Description of work	Gross Receipts

- Do you have any current contracts with work lasting longer than 6 months?  No  Yes
- Do you have any current contracts with work lasting longer than 1 year?  No  Yes
- Did you have any contracts expire during the past 12 months for work lasting longer than 1 year?  No  Yes

**If "YES" to any one of the above, please complete the following:**

What is the total number of contracts over 6 months? \_\_\_\_\_ Over 1 year? \_\_\_\_\_

What is the dollar value of each job? \_\_\_\_\_

What is the date(s) on which the contracts are due to expire? \_\_\_\_\_

Please provide a narrative description of the work being performed under these contracts? \_\_\_\_\_

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**PRODUCTS AND SERVICES INFORMATION**

**Indicate the percentage (%) of your operations that consists of the following:  
Total of A+B+C must equal 100%**

<p><b>A.</b></p> <p>_____ % Software/Hardware Sales</p> <p>_____ % Minor Hardware Installation &amp; Maintenance</p> <p>_____ % Packaged software installation</p> <p>_____ % LAN/WAN administration/installation</p> <p>_____ % <b>Subtotal (A)</b></p>	<p><b>B.</b></p> <p>_____ % Office Automation</p> <p>_____ % Internet Access Provider</p> <p>_____ % Web Design / Web Hosting / E-Commerce Development / Graphic Design</p> <p>_____ % Telecommunications Consulting</p> <p>_____ % Systems Design / Administration / Engineering</p> <p>_____ % Database Design / Management</p> <p>_____ % Business Application Software Development</p> <p>_____ % Accounting / Financial / Payroll Software (no funds transfer)</p> <p>_____ % ERP Implementation (SAP, Bann, Oracle, Peoplesoft, JD Edwards)</p> <p>_____ % <b>Subtotal (B)</b></p>
<p><b>C.</b></p> <p>_____ % Computer Security</p> <p>_____ % Manufacturing Software (Robotics, Automation, PLC, CAM)</p> <p>_____ % Financial Transactions Software (Funds Transfer, Equity Trading, etc.)</p> <p>_____ % Medical Diagnostic Software/Hardware</p> <p>_____ % Other (please describe)</p> <p>_____ % <b>Subtotal (C)</b></p>	

<i><b>Please check the appropriate answer:</b></i>	<u>No</u>	<u>Yes</u>
Does an attorney review and approve all contracts, advertising, brochures and promotional materials prior to release?		
Have you developed a standard client contract or engagement letter?		
Do you require 100% of your clients to sign a contract or engagement letters?		
Do you ever sign contracts that provide a penalty against you in the event that you do not meet performance benchmarks or deadlines?		
Do you hire electronic data processing subcontractor?		
<b>If "YES," please answer the following:</b>		
The number of subcontractors hired in the last year?		
The percentage of gross receipts derived from the subcontractor's work		
The type of work done by the subcontractor?		
Are subcontractors required to have their own e& o insurance?		

Does the Applicant carry General Liability Insurance currently?  No  Yes  
**If "YES," does the GL Insurance include personal injury coverage?**  No  Yes  
**If "YES," does the GL insurance include products/completed operations coverage?**  No  Yes  
**If "YES," is the GL insurance claims made?**  No  Yes  
**If "YES," what is the retroactive date?** \_\_\_\_\_

Does the applicant carry Professional Liability coverage currently?  No  Yes  
**If "YES," is the PL coverage claims made?**  No  Yes  
**If "YES," what is the retroactive date?** \_\_\_\_\_  
**If "YES," what are your current limits of liability?** \_\_\_\_\_

Is the applicant engaged in any other business or profession, or employed by any other firm, full or part time?   
 No  Yes **If "YES," provide the details:** \_\_\_\_\_

Is the Applicant's expiring policy a claims made policy?  No  Yes

Has any application for this type of insurance made by the Applicant or their predecessors in business ever been declined, or has any similar insurance ever been canceled, non-renewed, refused or has special terms imposed?  No  Yes

**If "YES," please provide details:** \_\_\_\_\_  
 \_\_\_\_\_

Has any claim been made during the last FIVE years against the applicant, any of its past or present owners, officers, partners, directors, or employees, either individually or otherwise?  No  Yes

**If "YES," please provide:**

1. Date of claim was made: \_\_\_\_\_
2. Name of Claimant: \_\_\_\_\_
3. Value of the claim: \_\_\_\_\_
4. Is the claim settled or outstanding: \_\_\_\_\_
5. Brief description: \_\_\_\_\_  
 (attach explanation)

\* For underwriting consideration, attach copies of the standard contract used between the applicant and their clients. Also, attach a copy of the software licensing agreement (if applicable).

General Liability limits requested:

\$100/\$100  \$250/\$250  \$500/\$500  \$1M/\$1M  Other: \_\_\_\_\_

E & O coverage limits requested:

\$100/\$100  \$250/\$250  \$500/\$500  \$1M/\$1M  Other: \_\_\_\_\_

Deductible requested:

\$1,500  \$2,500  \$5,000  \$10,000  Other: \_\_\_\_\_

Requested effective date: \_\_\_\_\_

\*\*\*OTHER INFORMATION (attach additional pages if more space is needed):

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\* 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 fact material thereto, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.  
\* not applicable in all states

Applicant's Signature & Date:	_____ / _____ / _____
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**INTELLECUTAL PROPERTY  
ERRORS & OMISSIONS SUPPLEMENTAL APPLICATION**

1. Describe thoroughly the computer electronic media activities that you conduct (i.e. development of multimedia software and its use, web site development, online publishing, etc.):

Please identify the percentage of your revenues which are derived from the following:

- Products you create and distribute \_\_\_\_\_%
- Products you sell & distribute for others under license \_\_\_\_\_%
- Royalties you receive \_\_\_\_\_%
- Distribution only, for others \_\_\_\_\_%
- Advertising products or services for others \_\_\_\_\_%
- Online commerce \_\_\_\_\_%
- Other (describe) \_\_\_\_\_%

2. As a percentage of your total revenue, to what extent do you:

- Develop web sites for others \_\_\_\_\_%
- Publish newspapers/letters, magazines or other literature on line for a fee \_\_\_\_\_%
- Develop software \_\_\_\_\_%
- Develop intra-business or business to business networks \_\_\_\_\_%
- Provide online database/search engine services \_\_\_\_\_%
- Other (describe) \_\_\_\_\_%

3. Do you offer a bulletin board/chat-room at your web site?  No  Yes

**If "YES," who manages your bulletin board/chat-room:**

\_\_\_\_\_ We do \_\_\_\_\_ Subcontractor

4. Do your new employees sign a statement to the effect that they will not utilize or distribute their previous employers Intellectual Property?  No  Yes

5. Do you design/host/have sites or services that:  
 Exchange, create or manipulate music online?  No  Yes  
 Design/host/have sites or services that allow "framing" (links to import/alter content of others)?  No  Yes

6. Describe your procedure for handling a request to edit or delete items posted on your web site or in response to any allegation of intellectual property violation on your part.

\_\_\_\_\_

\_\_\_\_\_

7. Do you include executable programs/shareware from your web site or on sites that you design?  No  Yes

8. Do you utilize works of others such as past advertisements, videos, graphics, music, etc., in your web site or those that you design?  No  Yes

**If "YES," do you obtain the written right to use these works?**  No  Yes

9. Do you obtain intellectual property clearances using outside counsel prior to product release? **If "NO," explain:** \_\_\_\_\_

10. Does counsel review all of your media content, editorial procedures and complaint handling respecting your media?  No  Yes  
**If "NO," explain:** \_\_\_\_\_

\_\_\_\_\_

If you use in-house counsel for intellectual property clearances, describe the procedures that they employ to verify clearance: \_\_\_\_\_

\_\_\_\_\_

11. Do you obtain written license agreements for the use of all media content that you obtain from others (photos, text, film clips, etc.)?  No  Yes  
**If "NO," explain:** \_\_\_\_\_

\_\_\_\_\_

12. Do you ensure that such license agreements assign all electronic publishing rights in such media to you or your client?  No  Yes  
**If "NO," explain:** \_\_\_\_\_

\_\_\_\_\_

13. Does anyone in your organization know of any claims or know of any fact, circumstance, or incident which may reasonably be expected to result in a claim against your organization for any of the following (check all that apply):

- If none, please check here: \_\_\_\_\_
- Defamation, libel, slander, or other actionable oral or written disparagement? \_\_\_\_\_
- Publication/sale of material that invades or violates another person's right to privacy? \_\_\_\_\_
- Infringement of copyright, misappropriation of ideas, or plagiarism? \_\_\_\_\_
- Infringement of patent, trademark, trade name, or service mark? \_\_\_\_\_
- Misappropriation of trade secrets? \_\_\_\_\_

**If "YES," to any of the above, describe fully:** \_\_\_\_\_

\_\_\_\_\_

14. What measures have you taken to determine that your internet domain name(s) or those you've acquired for others do not infringe upon another's intellectual property rights?

\_\_\_\_\_

I/We agree and understand this supplement becomes part of the application which forms a part of the policy. This information is true and correct to the best of my/our knowledge.

\_\_\_\_\_  
Firm Partner/Owner Signature

\_\_\_\_\_  
Date