



11. Indicate the principal industries in which your clients specialize:

- \_\_\_\_\_ Aeronautics
- \_\_\_\_\_ Communications
- \_\_\_\_\_ Consumer / Home Use
- \_\_\_\_\_ Engineering / Scientific
- \_\_\_\_\_ Governmental (military)
- \_\_\_\_\_ Governmental (non-military)
- \_\_\_\_\_ Internet
- \_\_\_\_\_ Medical / Healthcare

12. For the revenue listed in Question 9, please indicate the approximate percentage of your total operations involving:

- \_\_\_\_\_ % Consulting/Design (Systems/Processes)
  - \_\_\_\_\_ % Custom Software Development
  - \_\_\_\_\_ % Package Software Development
  - \_\_\_\_\_ % Outsourcing
  - \_\_\_\_\_ % Support Services
  - \_\_\_\_\_ % Internet Access Provider
  - \_\_\_\_\_ % Internet Website Design
  - \_\_\_\_\_ % Web Hosting
  - \_\_\_\_\_ % On-Line Sale of Goods
  - \_\_\_\_\_ % On-Line Content Provider
  - \_\_\_\_\_ % Hardware/Firmware Development
  - \_\_\_\_\_ % Sale of Others' Products
  - \_\_\_\_\_ % Application Service Provider
  - \_\_\_\_\_ % Other (Describe): \_\_\_\_\_
- (Total 100%)

13. Indicate the primary applications of your operations:

- Communications \_\_\_\_\_
  - Accounting/Financial: \_\_\_\_\_
    - Funds Transfer \_\_\_\_\_
    - Data Management \_\_\_\_\_
  - Manufacturing: \_\_\_\_\_
    - Real-time Systems Monitoring, CAD/CAM/CAE \_\_\_\_\_
    - Data Management \_\_\_\_\_
  - Publishing/Imaging \_\_\_\_\_
  - Office Automation/Administration \_\_\_\_\_
  - Network Management \_\_\_\_\_
  - Security/Disaster Recovery \_\_\_\_\_
- Other (Describe): \_\_\_\_\_

- 14. a. Is all system design work documented and tested?  Yes  No
- b. Is a test plan followed for all programs/programming changes?  Yes  No
- c. Is documentation retained for the life of the system?  Yes  No
- 15. Is the client required to provide a written sign-off on all products and services provided?  Yes  No
- 16. Do clients have the responsibility for determining the accuracy of products and services?  Yes  No
- 17. Do you sell goods over the internet?  Yes  No

- a. Do you maintain CGL Coverage, including Products?  
Provide Limits of Liability  Yes  No \$ \_\_\_\_\_
- b. Do you use encryption software?  Yes  No

18. Content of information on your On-Line Service: (Check all that apply.)

- \_\_\_ For Children      \_\_\_ Radio/TV      \_\_\_ Adult Only  
 \_\_\_ Variety      \_\_\_ News      \_\_\_ Digital Music  
 \_\_\_ Game or Quiz      \_\_\_ Software      \_\_\_ Comedy  
 \_\_\_ Product Comparisons      \_\_\_ Commentary      \_\_\_ Advertising  
 \_\_\_ Cultural      \_\_\_ Religious      \_\_\_ "How To" / Hobbyist  
 \_\_\_ Sports      \_\_\_ Educational      \_\_\_ Other:

19. Do you take responsibility for delivery of such products?  Yes  No
- a. Do you maintain CGL Coverage, including Products?  
Provide Limits of Liability  Yes  No \$ \_\_\_\_\_
- b. Do you use encryption software?  Yes  No

20. Does legal counsel review the content of your Web Site or On-Line Service for Media-type offenses?  Yes  No

**SECTION C. SECURITY INFORMATION**

21. Do you have a full time IT security manager?  Yes  No
22. Do you have a written procedure with respect to security?  Yes  No
23. Do you distribute a manual on security procedures to all employees?  Yes  No
24. How many of your PC's are equipped with anti-virus software? \_\_\_\_\_
25. How often is your anti-virus software updated? \_\_\_\_\_
26. What is the brand name of your anti-virus software? \_\_\_\_\_
27. Are firewalls in place as part of your security system?  Yes  No
28. What firewall security do you use? \_\_\_\_\_
29. Was the firewall system configured/installed by your staff or a third party? \_\_\_\_\_
30. Briefly describe your safeguards for preventing unauthorized persons from accessing your website, network or database: \_\_\_\_\_
31. Do you require employees to change access codes & passwords on a regular basis?  Yes  No
32. Do you have restricted access to your computer room?  Yes  No

33. Do you host your own web-sites and computer networks? Yes No
34. Is hosting or maintenance outsourced? Yes No
35. If outsourced, which company provides hosting? \_\_\_\_\_
36. Are credit card or funds transfer transactions conducted on your website? Yes No
37. As part of your online service, do you gather personal data of visitors to your site? Yes No  
 If Yes, is this information sold or shared with third parties? Yes No  
 If Yes, does your privacy policy advise of that the information is sold or shared? Yes No  
 (If Yes, please provide details: \_\_\_\_\_)
38. Does your website contain materials designed to be downloaded, such as software, plug-ins, MP3 files? Yes No  
 (If Yes, please provide details: \_\_\_\_\_)
39. To the best of your knowledge, have you ever had a security system breached? Yes No  
 If Yes, please provide details: \_\_\_\_\_
40. Do your services include ASP Services Yes No  
 If Yes how frequently are files duplicated? \_\_\_\_\_  
 If Yes, is a disaster recovery plan in place? Yes No  
 Please forward copy of plan \_\_\_\_\_

**SECTION D. INTELLECTUAL PROPERTY**

41. Do you have an established procedure to safeguard against infringing on copyrights/trademarks of others? Yes No
42. Do you obtain licensing agreements prior to using content provided by others? Yes No
43. 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

44. Provide information on your Staff:
- |  | Full Time | Part Time |
|--|-----------|-----------|
| a. Total Number:                           | _____     | _____     |
| b. Number hired within the past 12 months: | _____     | _____     |

**SECTION E. INSURANCE HISTORY**

45. In the past (5) five years, has any professional liability claim or suit ever been made against you or any of your predecessor firms if any? Yes No  
 If "yes", how many? \_\_\_\_\_. *Please complete the Claim Supplement* and provide currently valued company loss runs for the past 5 years.
46. Does any principal, owner, partner or employee know of any incident, act, error or omission that could result in a claim or suit against the Applicant or any predecessor firms? Yes No  
 If "yes", how many? \_\_\_\_\_. *Please complete the Claim Supplement* and provide currently valued company loss runs for the past 5 years.

47. Have all matters in Questions 45 and 46 been reported to your former or current insurer(s) or to the former insurer of any predecessor firm or former insurer of a current member of the Firm?  Yes  No

48. Please list your Professional Liability Insurance Coverage carried during the past three (3) years, including any periods without coverage.

| Name of Insurer | Policy Period  |              | Limits of Liability | Deductible/Retention | Premium |
|-----------------|----------------|--------------|---------------------|----------------------|---------|
|                 | From: MM/DD/YY | To: MM/DD/YY |                     |                      |         |
|                 |                |              |                     |                      |         |
|                 |                |              |                     |                      |         |
|                 |                |              |                     |                      |         |
|                 |                |              |                     |                      |         |
|                 |                |              |                     |                      |         |

49. Does the current policy have a prior acts limitation or retroactive date? (This date should be the date which the Applicant first purchased claims made coverage that has been continuously renewed). If "Yes", please indicate date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YY

50. Have you ever purchased an extended reporting endorsement?  Yes  No

51. In the past five (5) years, have you or any your members ever had professional liability insurance or similar insurance declined, cancelled or non-renewed (If "yes", please provide full details)  Yes  No

Limits Desired: \_\_\_\_\_

Deductible Desired: \_\_\_\_\_

Please Include:

Desired Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YY

- A. Any brochures or promotional materials.
- B. Resumes of the Applicant's principals or key employees.
- C. A copy of the Applicant's standard client contract or agreement.

**Representations**

The Applicant declares that the above statement and representations are true and correct, and that no facts have been suppressed or misstated. All written statements and materials furnished to the Company, in conjunction with this application will be incorporated by reference into this application and made part hereof.

This application does not bind the Applicant to buy, or the Company to issue the insurance, but it is agreed that this form shall be the basis of the contract should a policy be issued, and it will be attached to and made part of the policy. The undersigned Applicant declares that if the information supplied on this application changes between the date of this application and the time when the policy is issued, the Applicant will immediately notify the company of such changes, and the Company may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance.

\_\_\_\_\_  
 Signature of the Insured, Owner, Partner or Principal

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date