

COMPUTER TECHNOLOGY ERRORS & OMISSIONS QUOTE & APPLICATION

Applicant Firm Name:			
Mailing Address:			
Date Established:		Number of Locations:	
Website:			

*****If the business is less than two years old, please attach resumes of principals and key employees.**

1. Provide the number of:

	Directors/Principals/Partners		Salesmen
	Systems Analysts		Other Technical Personnel
	Systems Designers		Other Employees (please describe in space below)
	Programmers		
	Computer Operators		

2. Please name any professional associations that you belong to: _____

3. Does the Applicant use independent contractors or subcontractors? Yes No

a. If yes, what percentage of revenues are derived from their services? _____

b. What services are provided? _____

4. Total gross revenues:

a. Estimated gross receipts in the NEXT twelve (12) months: _____

b. Gross receipts for the current twelve (12) months: _____

c. Gross receipts for the last twelve (12) months: _____

5. Provide details on the five (5) largest contracts undertaken during the last three (3) years :

Name of Client	Description of Services	Gross Receipts	Length of Contract

6. Regarding client contracts, please check the appropriate answer: Yes No

a. Have you developed a standard client contract describing services to be provided? Yes No

b. Do you require 100% of clients to sign the contract? Yes No

c. Has an attorney reviewed and approved the contract? Yes No

d. Do your contracts include hold harmless agreements to the applicant's benefit? Yes No

e. Do your contracts include hold harmless agreements to the client's benefit? Yes No

f. Do your contracts include guarantees or warranties? Yes No

g. Do you currently have any contracts with work lasting longer than one (1) year? Yes No

h. Did you have contracts expire during the last twelve (12) months for work lasting longer than one (1) year? Yes No

**COMPUTER TECHNOLOGY
ERRORS & OMISSIONS APPLICATION**

7. For contracts lasting longer than one (1) year, please complete the following:

Name of Client	Description of Services	Value of Contract	Date Contract Expires

8. Products and Services Information:

a. Indicate the percentage (must total 100%) of your operations that consists of the following:

%	Software/Hardware Sales	%	Systems Analysis, Design, Administration, Engineering
%	Software Maintenance and Support	%	Graphic Design
%	Minor Hardware Installation & Maintenance	%	ERP Implementation (SAP, Bann, Oracle, PeopleSoft, JD Edwards)
%	Packaged Software Installation	%	Database Design and Management
%	LAN/WAN Administration/Installation	%	Computer/Network Security
%	Electronic Data Processing	%	Office Automation
%	Technology Consulting	%	Package Software Development
%	Telecommunications Consulting	%	Custom Software Development
%	Equipment or Component Manufacturing	%	Other (Please describe in detail in the space below)
%	Internet Access Provider		
%	Application Service Provider		
%	Web Design, Development, Hosting		

b. For software services, indicate the percentage (%) in each of the following areas in which the applicant's software has primary end uses:

%	Accounting/Payroll	%	Manufacturing (CAM)
%	Architectural (CAD)	%	Military/Defense
%	Aviation/Aerospace	%	Medical Diagnostic
%	Banking/Financial Transactions/Funds Transfer	%	Utilities/Oil and Gas
%	Entertainment/Gaming	%	Other (please describe in space below)
%	Environmental/Pollution		

9. Please describe any other miscellaneous professional services for which this coverage is to apply:

10. Does the applicant carry E&O coverage currently?

Yes No

If "Yes," provide the following information:

Policy Dates	Company	Limits	Deductible	Premium

**COMPUTER TECHNOLOGY
ERRORS & OMISSIONS APPLICATION**

11. Does the applicant carry General Liability insurance currently? Yes No
- a. Does the General Liability insurance include Personal Injury coverage? Yes No
- b. Does the General Liability insurance include Products/Completed Operations coverage? Yes No
- c. Is the General Liability insurance Claims Made? Yes No
- If Yes to 11.c. above, what is the retroactive date? _____

12. Claims Experience:
- a. Have any claims 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? Yes No
- b. If Yes, how many? _____
Please complete a separate Supplemental Claim Form for each claim or suit, and attach copies of currently valued Loss Runs from prior carriers.
- c. Is the applicant aware of any circumstances, acts, errors or omissions that could reasonably be expected to result in a claim? Yes No
- d. Has the applicant ever been investigated or cited by a regulatory agency for violations arising out of services rendered? Yes No
- If Yes, please provide documentation of the circumstances and the resolution.

13. E&O coverage requested:
- a. Limits:
- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> \$100,000/\$100,000 | <input type="checkbox"/> \$500,000/\$500,000 | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> \$250,000/\$250,000 | <input type="checkbox"/> \$1,000,000/\$1,000,000 | |

- b. Deductible:
- | | | | | |
|----------------------------------|----------------------------------|----------------------------------|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> \$1,000 | <input type="checkbox"/> \$2,500 | <input type="checkbox"/> \$5,000 | <input type="checkbox"/> \$10,000 | <input type="checkbox"/> Other: _____ |
|----------------------------------|----------------------------------|----------------------------------|-----------------------------------|---------------------------------------|

14. General Liability coverage requested - Check Yes for a quote to include General Liability: Yes No

- a. Limits:
- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> \$100,000/\$100,000 | <input type="checkbox"/> \$500,000/\$500,000 | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> \$250,000/\$250,000 | <input type="checkbox"/> \$1,000,000/\$1,000,000 | |

- b. Deductible:
- | | | | | |
|----------------------------------|----------------------------------|----------------------------------|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> \$1,000 | <input type="checkbox"/> \$2,500 | <input type="checkbox"/> \$5,000 | <input type="checkbox"/> \$10,000 | <input type="checkbox"/> Other: _____ |
|----------------------------------|----------------------------------|----------------------------------|-----------------------------------|---------------------------------------|

15. Check the applicable box if you want the quote to include the following options: Employee Theft Coverage
 Defense Outside the Limits Contingent Bodily Injury Contingent Property Damage

16. Indicate desired effective date: _____

17. Other Information (Attach additional pages if more space is needed): _____

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 fine¹.

Applicant Name Title

Applicant Signature Date

Signing this form does not bind the applicant or the company to bind the insurance. The application MUST be currently signed and dated to be considered for quotation.

¹ Not applicable in all states