



Professional Liability Application (Claims Made Coverage)

Section 1 OVERVIEW

This application was developed in order to gain the information necessary to properly analyze your exposure to loss. The information contained will assist us in evaluating and pricing your insurance coverage. Keep in mind, the information contained can also serve as a tool for you in minimizing your exposure to loss. Please note that there may be sections that do not apply to your operations. Where that is the case, you should mark those sections as "not applicable" (N/A).

Name of Insured: _____

Designated Authorized Contact (Risk Manager, etc)

Name: _____ Title: _____

Telephone: _____ Email address: _____

REQUESTED COVERAGES

Indicate with an in the appropriate area the desired coverage and limit.

	Coverage	YES	NO	Limit	Deductible Amount	Effective Date	Retroactive Date
A.	Technology Errors or Omissions - Level's I, II or III If YES, complete Sections 1 - 7	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____	_____	_____
B.	Privacy Liability – if YES, complete Sections 1-7 and Supplement A	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____	_____	_____
C.	Communications Liability – If YES, complete Sections 1 – 7 and Supplement B	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____	_____	_____

CURRENT COVERAGES

	Current Carrier Information Complete for each coverage requested	Limit	Current Premium	Deductible Amount	Expiration Date	Retroactive Date
A.	Errors or Omissions Liability Carrier: _____ Product Name: _____	\$ _____	\$ _____	\$ _____	_____	_____
B.	Network or Information Risk (a/k/a "Data Risk", "Cyber Risk", "Privacy", etc) Carrier: _____ Product Name: _____	\$ _____	\$ _____	\$ _____	_____	_____
C.	Communications Risk (a/k/a "Copyright Infringement", "Reputational Injury", "Media Risk", etc) Carrier: _____ Product Name: _____	\$ _____	\$ _____	\$ _____	_____	_____



For any coverage desired, we ask that you attach copies of the following information:

- Copies of your standard **and** largest sales, service & license contracts and/or agreements.
- Your most recent 10K, annual report or audited financial statement.
- Loss runs for the last five years for any applicable coverage requested.
- List of all material litigation, third party demands for damages or list of circumstances that may give rise to demands, suits or claims from the last five years.
- Advertising materials and product brochures

**Section 2
GENERAL INFO -
applicable to all
sections**

1. Insurance Brokerage Firm, Name and Address:

2. Full Name of Insured (Include names of all subsidiary companies to be insured):

3. Principal Address (street, city, state, zip code):

4. Mailing Address (if different than above) :

5. Website Address(s) – list all:

6. Social networking sites – list all:

7. Year Established: _____

8. Annual Worldwide Revenue:

	Year	U.S.	Non U.S.	Total Worldwide
Projected next year	_____	\$ _____	\$ _____	\$ _____
Current year	_____	\$ _____	\$ _____	\$ _____
Preceding year	_____	\$ _____	\$ _____	\$ _____

Employees:

9. All numbers in Full Time Equivalents

Total Number of Employees: _____

Annual Turnover: _____%

Annual Leased workers: _____

Temporary workers: _____

Mergers or Acquisitions:

10. Have you sold any of your operations, or portions thereof, during the past three (3) years: YES NO

Did you retain any liabilities? YES NO

Please provide details: _____



11. Have you acquired or merged with any companies during the past three (3) years: YES NO

If YES, how many acquisitions have you made in the past 12 months? _____

Please provide the date of merger/acquisition, name of company and description of operations:

Did you purchase: Assets Liabilities Both

12. Please indicate if you follow the protocols outlined below for mergers and acquisitions:

	YES	NO	N/A
Review of prior litigation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaluation of outstanding contracts or agreements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consideration of existing maintenance agreements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Governmental regulatory enforcement actions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information technology system integration and compatibility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Section 3
PRODUCTS &
SERVICES**

1. Describe your operations and the application of your products or services:

2. Describe the end users of your products/services:

3. Please select all of the following products and services currently generating revenue for your organization:

	Type of Products/Services	% of Prior Year Revenue	% of Current Annual Revenue
A.	Hardware, Network, Telecommunications or similar equipment		
	1. Hardware	1. _____	1. _____
	2. Peripherals	2. _____	2. _____
	3. Components	3. _____	3. _____
	4. Network	4. _____	4. _____
	5. Telecommunications	5. _____	5. _____
	6. Other (briefly describe): _____	6. _____	6. _____
B.	Software Development		
	1. Prepackaged Software	1. _____	1. _____
	2. Custom Software	2. _____	2. _____
	3. Internet Infrastructure Software	3. _____	3. _____
	4. Other (briefly describe): _____	4. _____	4. _____



C.	Service, Consulting, System Integration & Design 1. Contract Programming 2. Consulting 3. System Integration & Design 4. Other (briefly describe): _____	1. _____ 2. _____ 3. _____ 4. _____	1. _____ 2. _____ 3. _____ 4. _____
D.	Value Added Services 1. Networking Infrastructure Construction or Design 2. Maintenance, Service, Support; Engineering 3. Value Added Reselling 4. Application Service Provider 5. Temporary Leasing of Computer Programmers 6. Web Hosting 7. Web Design 8. Data Center/Outsourcing/Network Managed Services 9. Data Retrieval / Infomediary / Search Engine 10. Retail or Wholesale Sales 11. Other (briefly describe): _____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____ 11. _____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____ 11. _____
E.	Telecommunications Services – Please request/complete SUPPLEMENT C		

Describe any other products and/or services you provide not included above (if applicable):

4. Do you perform, supervise or arrange any installation, erection or similar work? YES NO

If YES, please explain;

5. What would be the largest financial loss, and nature of the largest loss, suffered by any customer should your product(s) and/or services fail? \$ _____. Please describe: _____

NATURE OF PRODUCTS & SERVICES

1. Please identify the products and/or services you provide along with the percentage of your annual revenue below:

	Products/Services Application	% of Prior Year Revenue	% of Current Annual Revenue
A.	Aerospace or Avionics	_____	_____
B.	Banking or Financial Transactions	_____	_____
C.	Content or Knowledge Management	_____	_____
D.	Customer Relationship Management	_____	_____
E.	eBusiness Consulting Services	_____	_____
F.	Enterprise Application Integration	_____	_____
G.	Enterprise Resource Planning	_____	_____
H.	Entertainment, Media	_____	_____



	Products/Services Application	% of Prior Year Revenue	% of Current Annual Revenue
I.	Federal Government 1. Homeland Security, incl Anti Terrorism Applications 2. Military / Defense 3. Other Federal work (briefly describe): _____	1. _____ 2. _____ 3. _____	1. _____ 2. _____ 3. _____
J.	Fire, Security or Emergency Applications	_____	_____
K.	Gaming or Lottery	_____	_____
L.	Healthcare or Medical	_____	_____
M.	Human Resources	_____	_____
N.	Local or State Government	_____	_____
O.	Network or Online Security Advice/ Products	_____	_____
P.	Oil and Gas/Power/ Nuclear Energy	_____	_____
Q.	Payroll or Accounting	_____	_____
R.	Pollution or Environmental	_____	_____
S.	Privacy Applications	_____	_____
T.	Process Control (monitoring or safety critical)	_____	_____
U.	Smart Card / Smart Chip	_____	_____
V.	Social Networking, behavioral marketing, data tracking, "non-session" cookies	_____	_____
W.	Supply Chain Management	_____	_____

2. How many products or services do you offer? 1 – 3 4 – 6 7 – 10 More (how many?) _____

3. Do you sell consumer products or products that are used in consumer products? YES NO

If yes, please provide the number of units sold over the last 5 years:

<5,000 5,000 – 25,000 25,000 – 100,000 >100,000 - how many? _____

4. Do you develop products/offer services that involve processing, transmitting or storing non-public personal information for customers in banking, financial services, medical or retail business sectors? YES NO

If yes, what % of your gross revenue is derived from these activities?

0 – 10% 11 – 25% 26 – 50% More

5. Do you sell, install, maintain or service information technology products that include a security feature? YES NO

If yes, please describe: _____

What percent of your gross revenue is derived from these activities? _____

6. How many individual customers represent more than 10% of your total revenue? _____

7. Please list your top 4 customers, annual revenue generated, and brief description of the products or services provided:

Customer	Annual Revenue	Length of Contract (Years/Months)	Product/Service
1. _____	1. \$ _____	1. _____	1. _____
2. _____	2. \$ _____	2. _____	2. _____
3. _____	3. \$ _____	3. _____	3. _____
4. _____	4. \$ _____	4. _____	4. _____



8. Have you discontinued any product or service in the past three years? YES NO
 If yes, do you continue to provide service/maintenance? YES NO
 Please provide details: _____

9. Describe any future products and/or services that are under development and expected to go to market within the next year:

10. Are your products or services provided exclusively or in part, in any type of on-demand or "cloud" based application, whether public or private (SaaS, PaaS, IaaS, etc)? YES NO
 If yes, please provide details: _____

**Section 4
CONTRACTS &
AGREEMENTS**

1. What is the dollar value of your largest contract or agreement? \$ _____
 2. What is the length of your largest contract, agreement or purchase order (years/months)? _____

3. What is the dollar value of your average contract or agreement? \$ _____
 4. What is the length of your average contract or agreement (years/months)? _____
 5. What is the average length of an installation or integration (months/years)? _____

		YES	NO
6.	Do all of your contracts or agreements limit your liability to the cost of your product or service? If no, please explain: _____	<input type="checkbox"/>	<input type="checkbox"/>
7.	Do you ever accept liability for consequential damages? If yes, please explain: _____	<input type="checkbox"/>	<input type="checkbox"/>
8.	Do you ever accept liability for liquidated damages? If yes, please explain: _____	<input type="checkbox"/>	<input type="checkbox"/>
9.	Do you enter in to custom or non-standardized contracts and/or agreements? If yes, what percent of the time? _____ What contractual language differs from the standard form? _____ Does legal counsel review the customized language on your behalf prior to release?	<input type="checkbox"/>	<input type="checkbox"/>
10.	Does legal counsel review all standard contracts & marketing materials prior to release?	<input type="checkbox"/>	<input type="checkbox"/>
11.	Are your contracts written outside of the United States of America written the same as the contracts within the United States of America <input type="checkbox"/> No contracts outside USA If NO, what contractual content differs? _____	<input type="checkbox"/>	<input type="checkbox"/>
12.	Do you respond in writing to all terms outlined in a Request for Proposal (RFP) received from your customers?	<input type="checkbox"/>	<input type="checkbox"/>
13.	Do you indicate that all RFP revisions require sign-off by both parties?	<input type="checkbox"/>	<input type="checkbox"/>
14.	Do you ever make verbal or written promises or guarantees in your sales & marketing presentations that would deviate from your standard written contracts?	<input type="checkbox"/>	<input type="checkbox"/>
15.	Does your sales & marketing staff receive formal training regarding standard provisions in your contracts or agreements?	<input type="checkbox"/>	<input type="checkbox"/>



16. Please indicate which of the following provisions are included in your standard customer contracts or agreements:

Statement of Work and Specifications	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Deliverable and Installation	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Mutual Hold Harmless Agreement	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Disclaimers of Warranties	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Dispute Resolution / Arbitration Provision	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Severability Clause	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Term and Termination	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Integration Provision (performance milestones/testing)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Force Majeure Clause	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A

**Section 5
SUBCONTRACTED
WORK &
WORKERS**

INDIVIDUAL CONTRACTED WORKERS

(Do not include work generated from subcontracting firms in this section)

- Do you hire individual person(s) to perform work for you on a contract basis? YES NO
If yes, how many people work for you under contract annually? _____
- Do the independent contractors work under your direction? YES NO
- Are background checks performed on these individuals? YES NO
- Is it your intent to assume liability for your independent contractors for their work performed for you? YES NO
If no, do you obtain evidence of professional liability insurance for those individuals? YES NO
If yes, what limit of liability do you require? \$ _____

SUBCONTRACTED WORK *(Do not include individual contracted workers in this section)*

- Do you hire subcontractors to develop, manufacture, assemble, implement or support your product or services? YES NO
What percentage of your work is generated by your subcontractors? _____
- Do you require certificates of insurance from all subcontractors? YES NO
If yes, at what limit of liability: General Liability (incl. Products) \$ _____
Errors and Omissions \$ _____
- Please indicate which of the following you subcontract to others to perform for you and/or on your behalf:

Software Development	<input type="checkbox"/> YES <input type="checkbox"/> NO
System Integration and Design	<input type="checkbox"/> YES <input type="checkbox"/> NO
Service, Support, Customer Consulting, Call Center Services	<input type="checkbox"/> YES <input type="checkbox"/> NO
Maintenance of Your Product	<input type="checkbox"/> YES <input type="checkbox"/> NO
Billing Services	<input type="checkbox"/> YES <input type="checkbox"/> NO
Networking Infrastructure Construction and Design	<input type="checkbox"/> YES <input type="checkbox"/> NO
Network Facilities Management and Maintenance	<input type="checkbox"/> YES <input type="checkbox"/> NO
Infrastructure, Network or Systems Security	<input type="checkbox"/> YES <input type="checkbox"/> NO
Data Storage	<input type="checkbox"/> YES <input type="checkbox"/> NO
Manufacturing (please explain): _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
Assembly (please explain): _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
Other (please explain): _____	<input type="checkbox"/> YES <input type="checkbox"/> NO



Section 6 QC /QA & SUPPORT

1. Do your quality control procedures include the following?

Table with 2 columns: Quality Control Procedure and Response (YES, NO, N/A). Rows include Alpha testing, Beta Testing, Formal Customer Acceptance Procedures, Formal Product Recall Plan, Formal Policy for Documenting & Responding to Customer Inquiries, Complaints, Requests, and Written and Formalized Quality Control Program.

2. Do your products or systems development procedures include the following?

Table with 2 columns: Development Procedure and Response (YES, NO, N/A). Rows include Systems development methodology in writing, A written request for proposal (RFP) from customer to confirm customer performance expectations are achieved, A written contract of specifications of products and services you will provide which is signed by the customer, A written agreement outlining the scope of the project or services, and Contract/statement of work which outlines responsibilities of all parties.

4. How long are development documents, contracts and other critical documents retained?

Response options: # months, # years, Unlimited

5. Do your customer sign-off procedures include the following?

Table with 2 columns: Sign-off Procedure and Response (YES, NO, N/A). Rows include Interim changes documented with customer sign-off are required, Performance milestones acknowledged and accepted with customer sign-off when achieved, Final test made with the customer and sign-off is required, and A final acceptance letter or sign-off agreement from the customer is required.

6. Are your software products or services CMM or CMMI Certified?

Response options: YES, NO, N/A

If yes, at what level? _____

CUSTOMER SUPPORT

1. Do you have at least two forms of customer or product support? YES NO

2. Describe your customer training and support: _____

3. Is there customer support available 24 hours each day? YES NO

4. Do you maintain written logs for customer complaints of problems or downtime YES NO

If yes, how long are they retained? Weeks Months Years Unlimited



5. Indicate which of the following processes you use for responding to customer complaints and elevating those complaints to the next level:

- Database used to record complaints and identify trends
- Reports back to systems development and implementation
- Rating system to determine when higher level response is necessary
- None

Describe your escalation procedure for customer or product support complaints or issues that are not easily resolved: _____

6. Describe your dispute resolution process: _____

7. Who has the ultimate responsibility for seeing that problems or disputes are resolved? _____

8. Do you inform customers of problems you discover after your product is delivered? YES NO
If yes, please describe: _____

9. Is all customer data and information backed-up and stored off site? YES NO
If yes, what is the frequency of this procedure? Daily Weekly Monthly Other _____

**Section 7
APPLICANT
HISTORY**

1. In the past five years, have you had any:
- | | | |
|--|------------------------------|-----------------------------|
| Contracts past due for reasons not mutually agreed upon? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Product recalls? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

If yes, please provide details: _____

2. In the past three years, have any customers withheld payment because your products or services:
Did not meet expectations? YES NO
Did not perform in compliance with your representation or warranty? YES NO

If yes, please provide details: _____

3. Are you aware of any act, error, omission, unresolved contract dispute or any other circumstance that could result in a claim? YES NO

If yes, please provide details: _____



4. Within the past three years, have you sued any customers for nonpayment of contracts? YES NO

If yes, please provide details: _____

5. In the past three years, have you sued any vendors or subcontractors for performance failure, breach of contract, misappropriation or other cause? YES NO

If yes, please provide details: _____

6. Within the past three years, have you sued any vendors, suppliers or other third parties for failure to deliver a product or service?

YES NO

If yes, please provide details: _____

7. Has any company declined to write, cancelled, non-renewed or adversely altered the terms of Errors or Omissions or other Liability coverage for you? YES NO

8. Has any company declined to write, cancelled or non-renewed Errors or Omissions coverage for you? YES NO

9. Do you currently purchase Errors or Omissions coverage? YES NO

If yes, please provide:

Carrier: _____

Policy Period: _____

Limit: _____

Deductible: _____

Retroactive Date: _____



Section 8 APPLICANT ACCEPTANCE

For the purposes of this application, the authorized representative of all person(s) and entity(ties) proposed for this insurance declare that, to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this application, and in any attachments, are true and complete. The company is authorized to make any inquiry in connection with this application. Signing this application shall not constitute a binder or obligate the company to complete this insurance, but it is agreed this application shall the basis, which a policy may be issued.

Signature of Authorized Representative: _____ Date: _____

Please print clearly

Name of Authorized Representative: _____ Title: _____

NOTICE TO ARKANSAS APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRADULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO CALIFORNIA APPLICANTS: ANY PERSON WHO KNOWING PRESENTS FALSE OR FRADULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

NOTICE TO COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORODO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUTHORTIES.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: "WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT."

NOTICE TO FLORIDA APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE."

NOTICE TO KENTUCKY APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURNACE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERE TO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME."

NOTICE TO MAINE APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS."



NOTICE TO NEBRASKA 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 MATERIAL FACT THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, WHERE SUCH PERSON SUBSEQUENTLY SUBMITS A CLAIM.

NOTICE TO NEW JERSEY APPLICANTS: "ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW MEXICO APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES."

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 OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION."

NOTICE TO OHIO APPLICANTS: "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD."

NOTICE TO OKLAHOMA APPLICANTS: "WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY." (365:15-1-10,36 § 3613.1).

NOTICE TO OREGON APPLICANTS: ANY PERSON, WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AND APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY MATERIAL FACT THERETO, MAY BE GUILTY OF AN INSURANCE FRAUD.

NOTICE TO PENNSYLVANIA APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR AN INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

NOTICE TO RHODE ISLAND APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO VIRGINIA APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

NOTICE TO ALL OTHER APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.



Professional Liability Application

Supplement A

Privacy Questionnaire

Supplement A

PRIVACY QUESTIONNAIRE

		YES	NO
1.	<p>Do you store, manage, utilize, transmit or otherwise handle Personal Identifying Information (PII) such as Social Security Numbers, Credit Card Numbers, Bank Account Numbers, Health Records, etc for any of the following:</p> <p style="text-align: right;">Employees <input type="checkbox"/> <input type="checkbox"/></p> <p style="text-align: right;">Vendors <input type="checkbox"/> <input type="checkbox"/></p> <p style="text-align: right;">Customers <input type="checkbox"/> <input type="checkbox"/></p> <p style="text-align: right;">Other Third Parties <input type="checkbox"/> <input type="checkbox"/></p> <p>Approx. No. of records kept: <input type="checkbox"/> <5k <input type="checkbox"/> 5-50k <input type="checkbox"/> 50-100k <input type="checkbox"/> 100-500k <input type="checkbox"/> >500k % specify _____</p> <p>Electronic: _____ % Paper _____ %</p>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Do you pull or use credit bureau data on a regular basis? If yes describe below. Do you comply with Payment Card Industry (PCI) standards?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Is access to data files restricted to specific project staff?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Do employees with access to confidential information of any type sign confidentiality agreements?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Are written and explicit policies in place to deal with a Data Breach?	<input type="checkbox"/>	<input type="checkbox"/>
6.	<p>Have the security practices of your firm been audited? If other than Yes, no deficiencies, explain.</p> <p><input type="checkbox"/> Yes, no deficiencies <input type="checkbox"/> Yes, deficiencies <input type="checkbox"/> No audit</p> <p>Details: _____</p>		
7.	Is data that is sent, received and/or stored electronically encrypted with the highest available encryption software? What level of encryption is used? _____	<input type="checkbox"/>	<input type="checkbox"/>
8.	Is a specific data retention/destruction schedule adhered to? Describe protocol below.	<input type="checkbox"/>	<input type="checkbox"/>
9.	<p>Do you permit PII to be stored on electronic devices (i.e. laptop, tablet smartphone, etc...) to be removed from your premises?</p> <p>If yes, describe authorization & control measures: _____</p>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Do all the same internal on-site security measures (physical, electronic and procedural) apply to off site or virtual employees, sub-contractors and vendors who may have access to PII?	<input type="checkbox"/>	<input type="checkbox"/>
11.	Do you require your service providers to maintain at least the same level of data security regimen that you maintain?	<input type="checkbox"/>	<input type="checkbox"/>
12.	Does your firm utilize any Wireless Networking technology in your business?	<input type="checkbox"/>	<input type="checkbox"/>
13.	Does your firm allow use of file sharing or Peer to Peer networking technology?	<input type="checkbox"/>	<input type="checkbox"/>
14.	Do you have pre coded dialing numbers in fax machines used for sending personal information?	<input type="checkbox"/>	<input type="checkbox"/>
15.	Do you assure that all scanners, photocopiers and the like have been scrubbed once they have been removed from service at your firm?	<input type="checkbox"/>	<input type="checkbox"/>
16.	Do you assure that all cell phones, tablets and similar handheld devices used in the course of your business have been scrubbed before being decommissioned, traded-in, etc?	<input type="checkbox"/>	<input type="checkbox"/>
17.	Do you maintain any form of Remote Data Delete, Electronic Document or Laptop Tracking, or similar feature for your company-used computing devices? If YES, please elaborate: _____	<input type="checkbox"/>	<input type="checkbox"/>
18.	<p>Do you have secure storage areas (i.e. locked rooms, locked file cabinets, limited access areas, etc.) for documents containing customer and/or employee personal identification information? If YES:</p> <p>a. Is access to such info restricted to only need to know employees? <input type="checkbox"/> <input type="checkbox"/></p> <p>b. Do you have a sign out procedure when documents are removed from such areas? <input type="checkbox"/> <input type="checkbox"/></p>	<input type="checkbox"/>	<input type="checkbox"/>



		YES	NO
19.	Do you have a written procedure for the secure transport of documents from one location to another?	<input type="checkbox"/>	<input type="checkbox"/>
20.	Do you have a regular document destruction policy?	<input type="checkbox"/>	<input type="checkbox"/>
21.	Do you supply shredding facilities/capabilities for paper documents?	<input type="checkbox"/>	<input type="checkbox"/>
22.	Do you outsource paper shredding and document destruction functions to 3rd parties?	<input type="checkbox"/>	<input type="checkbox"/>
23.	Do you restrict the removal of paper documents containing PII from your premises?	<input type="checkbox"/>	<input type="checkbox"/>
24.	Is the PII of customers, employees, etc. regularly sent out via mail, FedEx, UPS, or other delivery service?	<input type="checkbox"/>	<input type="checkbox"/>
25.	Do you permit PII to be stored on written or other physical documentation (i.e. paper or other physical media) to be removed from your premises? If YES, describe authorization & control measures below.	<input type="checkbox"/>	<input type="checkbox"/>

Signature of Authorized Representative: _____ Date: _____

Please print clearly

Name of Authorized Representative: _____ Title: _____



Professional Liability Application

Supplement B

Communications Liability Questionnaire

Supplement B

COMMUNICATIONS LIABILITY QUESTIONNAIRE

Do you currently purchase coverage for General Liability insurance including Advertising Injury? YES NO

If YES, please provide the following:

Carrier: _____ Limits: _____ Effective Date _____

Deductible (if any): _____ Retroactive Date (if any): _____

		YES	NO
1.	Do you have a review process in place to screen material prior to any dissemination, publication, broadcast, or distribution for the following?		
	a. Trade mark infringement	<input type="checkbox"/>	<input type="checkbox"/>
	b. Trade name infringement	<input type="checkbox"/>	<input type="checkbox"/>
	c. Trade dress infringement	<input type="checkbox"/>	<input type="checkbox"/>
	d. Service mark infringement	<input type="checkbox"/>	<input type="checkbox"/>
	e. Service name infringement	<input type="checkbox"/>	<input type="checkbox"/>
	f. Copyright infringement	<input type="checkbox"/>	<input type="checkbox"/>
	g. Libel or slander	<input type="checkbox"/>	<input type="checkbox"/>
	h. Slogans	<input type="checkbox"/>	<input type="checkbox"/>
	i. Domain name infringement	<input type="checkbox"/>	<input type="checkbox"/>
	j. Privacy violations	<input type="checkbox"/>	<input type="checkbox"/>

Who in your firm, or outside of your firm, is responsible for reviewing and approving this information?

Name: _____

Firm: _____

		YES	NO
2.	Do your intellectual property internal compliance procedures include the following: a. Training of employees on copyright & trademark issues b. Periodic review by legal counsel of applicable privacy laws If YES, how often are reviews performed? _____ c. Periodic intellectual property audits performed by legal counsel If YES, how often are audits performed? _____ d. Acquisition of all intellectual property rights for all licenses, releases and/or consents	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3.	Are trademark and copyright searches on your behalf performed by: <input type="checkbox"/> Employees <input type="checkbox"/> Law Firm <input type="checkbox"/> Professional Search Firm <input type="checkbox"/> Other - please provide name & address of outside firm if applicable (describe): _____	<input type="checkbox"/>	<input type="checkbox"/>
4.	If searches are performed by outside firms, do you obtain certificates of insurance evidencing professional liability coverage is in place? If yes, what is the minimum limit of liability you require: \$ _____	<input type="checkbox"/>	<input type="checkbox"/>
5.	Does your website include chatrooms, bulletin boards or other forms of electronic communication that allow users to post or upload content? If YES, please answer the following: a. Is content reviewed & approved by you prior to publication? b. Do you review post publication to assure accuracy? c. Do you have a written policy that requires review of material and its compliance with policy?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>



		YES	NO
	d. Who is responsible for adherence to your protocols? Name: _____ Title: _____		
6.	Do you allow employees or others to post material to web logs? If YES, is all content reviewed by an attorney prior to publication?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
7.	Has legal counsel confirmed that your domain name and metatags do not infringe on another's trademark?	<input type="checkbox"/>	<input type="checkbox"/>
8.	Do all of your new employees that have knowledge of other's intellectual property rights information, including but not limited to; your engineering, research & development employees, and contractors, sign statements agreeing that they will not distribute or use previous employer or client trade secrets?	<input type="checkbox"/>	<input type="checkbox"/>
9.	Do you qualify for exemption of liability for copyright infringement under the Safe Harbor Provision, Section 512, of the Digital Millennium Copyright Act? If yes, is your compliance with the Digital Millennium Copyright Act reviewed regularly by an attorney?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
10.	Does your company have an established procedure for editing or removing from your website content that infringes upon the intellectual property rights of others (copyrights, trademarks, trade names, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
11.	Please describe established procedures in place for the formal review of data, content, and material for your websites or Internet service (or attach a copy of your company's written procedure: _____ _____		
12.	Does your company use material provided by others, such as content, music, graphics or video stream, in your communications, daily operations, in your products, goods, services, or on your web site? If yes, please answer the following: a. Please describe the type of material that is provided by others: _____ _____ b. Do you always obtain written contracts, consent agreements, or license agreements in connection with such materials? c. Please describe your process for obtaining written licenses and consent agreements for the use of these materials: _____ _____ d. Do such licenses and agreements hold you harmless from intellectual property claims involving such material? e. Do contracting parties warrant that their work does not violate another's intellectual property rights? f. Do contracting parties agree to indemnify you if an intellectual property infringement claim is made against you for their work, material(s), or data?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
13.	Are you aware of any actual or alleged incident which could lead to a claim against your organization for intellectual property infringement? If YES, please attach details separately.	<input type="checkbox"/>	<input type="checkbox"/>
14.	During the past three years, have you been given notice of any incident alleging your infringement of another's intellectual property rights? If YES, please attach details separately.	<input type="checkbox"/>	<input type="checkbox"/>

Signature of Authorized Representative: _____ Date: _____

Please print clearly

Name of Authorized Representative: _____ Title: _____



Professional Liability Application

Supplement C

Telecommunications Services Questionnaire

Supplement C
TELECOMMUNICATIONS SERVICES QUESTIONNAIRE

1. Please indicate all of the following services currently generating revenue for your organization:

	Type	% of Prior Year Revenue	% of Current Annual Revenue
A.	24 X 7 access to help desk, remote management, network support services	_____	_____
B.	911 Services	_____	_____
C.	Asset services (describe): _____	_____	_____
D.	Call Centers – other (describe): _____	_____	_____
E.	Call reception, logging and management	_____	_____
F.	Data Centers: hosting, co-location, aggregation, etc. (describe): _____	_____	_____
G.	Design, build, optimize secure, fixed and wireless networks	_____	_____
H.	Engineering services to perform roll-outs, software and hardware upgrades, equipment moves and installation	_____	_____
I.	Engineering services to provide warranty and maintenance support of major desktop systems, software and peripherals	_____	_____
J.	Enterprise and personal computing solutions	_____	_____
K.	Integration & logistic services	_____	_____
L.	Internet protocol only	_____	_____
M.	Internet telephony / VoIP	_____	_____
N.	Local exchange services	_____	_____
O.	Long distance	_____	_____
P.	Managed maintenance of IT and non-IT environments	_____	_____
Q.	Public switched and internet protocol	_____	_____
R.	Public switched telephone network only	_____	_____
S.	Reseller, network (indicate switched or switchless and nature of service) _____	_____	_____
T.	Satellite communications	_____	_____
U.	Security: managed security, firewalls, filters, SPAM detection, etc. Explain: _____	_____	_____
V.	Single point of contact call management and problem resolution	_____	_____
W.	Video/teleconferencing services	_____	_____
X.	Virtual Private Networks	_____	_____
Y.	Wireless, indicate what: A. Beeper/pager B. Cellular telephone communication carrier C. Cellular telephone services D. Microwave telecommunication resellers E. Other wireless/radio, explain _____	A. _____ B. _____ C. _____ D. _____ E. _____	A. _____ B. _____ C. _____ D. _____ E. _____
Z.	Other (describe): _____	_____	_____
	TOTAL	100%	100%



SECURITY & OPERATIONS

2. Who is responsible for data/network security within your firm?

Name: _____

Title: _____

		YES	NO
3.	Are anti-virus tools and procedures used on desktops and mission critical servers?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Do you have a formal patch management process in place?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Do you receive CERT advisories or any other similar notification? If yes, what action do you take as a result and what is the time frame for such action? _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
6.	Do you state that your network is secure?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Do you authenticate remote users prior to allowing them to connect to private or dedicated lines, VPN's, computer systems, or internal networks?	<input type="checkbox"/>	<input type="checkbox"/>
8.	Are all forms of Firewalls, SPAM Filters, Virus Protection and similar security measures updated at least quarterly?	<input type="checkbox"/>	<input type="checkbox"/>
9.	Does your security system include password protection?	<input type="checkbox"/>	<input type="checkbox"/>
10.	Do you have internal data security?	<input type="checkbox"/>	<input type="checkbox"/>
11.	Do you store, manage, utilize, transmit or otherwise handle Personal Identifying Information (PII) such as Social Security Numbers, Credit Card Numbers, Bank Account Numbers, Health Records, etc for any of the following: Employees Vendors Customers Other Third Parties Approx. No. of records kept: <input type="checkbox"/> <5k <input type="checkbox"/> 5-50k <input type="checkbox"/> 50-100k <input type="checkbox"/> 100-500k <input type="checkbox"/> >500k % specify _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
12.	Do others rely on your network for directly generating revenue or taking customer orders?	<input type="checkbox"/>	<input type="checkbox"/>
13.	Do you provide 911 services as part of your service offering? If no, is this clearly outlined in your contract with your customers? If yes, is this service outsourced to a third party? Do you obtain certificates of insurance from the third party? What is the minimum limit of liability required? \$ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
14.	Are back-up and recovery procedures for all mission critical systems in place and documented?	<input type="checkbox"/>	<input type="checkbox"/>
15.	Are business continuity plans in place for all mission critical business processes?	<input type="checkbox"/>	<input type="checkbox"/>
16.	Are your network and computer systems monitored?	<input type="checkbox"/>	<input type="checkbox"/>
17.	Do you outsource the management or maintenance of any part of your computer system or network, such as servers, firewalls, etc. to others? If yes, please provide details of vendors, including their names and services provided: _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
18.	Do you perform background checks, including credit and criminal history, on employees, independent consultants, and vendors?	<input type="checkbox"/>	<input type="checkbox"/>
19.	Are all employees required to sign a statement that allows you to conduct mid-employment screenings at your discretion?	<input type="checkbox"/>	<input type="checkbox"/>
20.	Are all employees provided with your systems security policy manual? If yes, are they required to provide written confirmation acknowledging that they have read and understand the security policy?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>



		YES	NO
21.	Are employees required to sign a statement confirming that failure to follow security procedures as set forth in your systems security policy manual will result in disciplinary action that could include termination?	<input type="checkbox"/>	<input type="checkbox"/>
22.	Do employee termination procedures include immediate revocation of all access to systems, facilities and networks?	<input type="checkbox"/>	<input type="checkbox"/>
23.	Have you experienced a physical, network or system security breach? If yes, please provide details: _____ _____ If Yes, What steps have you taken to prevent it from occurring again? _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
24.	How do you learn about newly discovered weaknesses? _____ _____		
25.	Describe firewalls used to prevent unauthorized access from computer systems and both internal & external networks? _____ _____		
26.	Describe encryption used to secure data and information. _____ _____		
27.	How often are the tools and procedures updated? _____		

NETWORK - AVAILABILITY & REDUNDANCY

28. Does your network redundancy and availability loss prevention include the following?

		YES	NO
a.	Looped network architecture	<input type="checkbox"/>	<input type="checkbox"/>
b.	Network monitoring with automatic response	<input type="checkbox"/>	<input type="checkbox"/>
c.	Load balancing available and offered to all customers	<input type="checkbox"/>	<input type="checkbox"/>
d.	Management of third party providers (audits, agreements, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
e.	Dependency on third party networks	<input type="checkbox"/>	<input type="checkbox"/>
f.	Back-up power	<input type="checkbox"/>	<input type="checkbox"/>
g.	Automatic virus/SPAM detection operating over your entire network	<input type="checkbox"/>	<input type="checkbox"/>
h.	Do you use a standard service level agreement where parameters for network availability are clearly explained	<input type="checkbox"/>	<input type="checkbox"/>

If none of the above referenced processes/procedures are used, please explain your approach to network redundancy and loss prevention: _____



PHYSICAL PROTECTION

29. Does your physical protection include the following?

		YES	NO
a.	Automatic sprinkler system connected to a central station alarm	<input type="checkbox"/>	<input type="checkbox"/>
b.	Automatic smoke detection connected to a central station alarm	<input type="checkbox"/>	<input type="checkbox"/>
c.	Automatic heat detection connected to a central station alarm	<input type="checkbox"/>	<input type="checkbox"/>
d.	Premises intrusion detection connected to a central station alarm	<input type="checkbox"/>	<input type="checkbox"/>
e.	Power surge protection	<input type="checkbox"/>	<input type="checkbox"/>
f.	Independent back-up power supply	<input type="checkbox"/>	<input type="checkbox"/>
g.	Emergency response team	<input type="checkbox"/>	<input type="checkbox"/>
h.	100% hot site redundancy (back-up site)	<input type="checkbox"/>	<input type="checkbox"/>

Signature of Authorized Representative: _____ Date: _____

Please print clearly

Name of Authorized Representative: _____ Title: _____