

# Technology Professional Services Application

## I. General Information

1. **Legal Name:** \_\_\_\_\_

a. **Street Address:** \_\_\_\_\_

b. **City, State, Zip Code:** \_\_\_\_\_

c. **Telephone Number:** \_\_\_\_\_

2. On a separate sheet please list and describe any entities with which you have ownership interest, are engaged in a joint venture, or by which you are owned.

3. **Please provide Your website address(es):** \_\_\_\_\_

A. Are You aware of any potential or actual disputes over your domain name(s) or domain names under your control?

Yes      No      If Yes, please explain:

4. **In the past five years have any of You changed Your name, acquired, merged or consolidated with any entity :**

Yes \_\_\_ NO \_\_\_ If yes, please provide Details on a separate sheet.

5. **Provide the number of:**

<b>Your Principals, Officers and Partners:</b>
<b>Your employees:</b>
<b>Your independent contractors:</b>

## II. ACTIVITIES OR SERVICES:

1. **Describe the activities or services provided that You wish to insure:**

**B. Please indicate the approx. percentages (%) of your operations derived from the following services**

Internet Advertising and Promotional Services	Internet Marketing Services and Data Mining
Application Service Provider Services	Internet Access Only Services
Web Page Development, Design and Consulting Services	Website Hosting and Administration Activities
Website Ownership Activities	Blog, Chat, Forum or Newsgroup Operations and Services
Cyberspace Software Development (Internet-related software)	Interactive Electronic Environments and Virtual Communities
Internet Content Provider Services (articles, photo, audio, etc.)	Intranets, Extranets and Intra-Business Networks Management and Consulting Services
Search Engines	E-Commerce
Other – Please describe:	

**C. Please indicate the approximate percentages (%) of Your total operations derived from the following**

Technology Security Services and Consulting	Electronic Data Processing
Technology Consulting	Custom Software Development
Package Software Development	Sale of Software on behalf of others
Sale of Hardware on behalf of others (value-added resale)	Time-Sharing
Systems Analysis/Design/Integration/Migration/Consulting	Outsourcing/Independent Contractor Provider
Software Maintenance and Support Services	Local/Long Distance/Cellular Service Provider
Enterprise Resource/Risk Management	Relational Database Systems
Hardware or Components, Machinery, Equipment Installation, Maintenance & Support Services	Design, Manufacture or Modification of Computer Hardware Components, Machinery & Equipment
Other – Please describe:	

**D. Please Describe any non-technology services**

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**E. Please indicate the percentages in each of the following areas in which Your software or services for others has major or primary applications. (Must total 100%.)**

LAN/Network Management	Administrative
Accounting	Educational
Architectural (e.g. Model building/projection)	Imaging
Utilities/Oil & Gas Power/Nuclear Energy	Publishing
Database Management Systems/4GL	Office Automation
Scientific/Mathematical	Internet/Intranet/Extranet
Electronic Data Interchange	Telecommunications
Systems Security/Firewalls/Encryption	Medical
Banking/Financial/Funds Transfer	Fire, Security or other Emergency Applications
Environmental/Pollution	Military
Government (non-Military)	Other – Please describe

**2. Are You involved with computer-aided manufacturing (CAM), computer-aided engineering (CAE), computer-aided design/drafting (CAD) or real-time monitoring systems or software?** Yes \_\_\_\_\_ No

If Yes, provide a complete description of such activity, including end use of applications by client.

**3. Please describe your Top 5 Clients**

Name	Size in \$\$\$	Duration in Months	Services

**III. FINANCIAL RESULTS AND PROJECTIONS:**

1. Please provide the following information regarding **Your** gross revenues from the operations referenced in **Section II.1.B., C. & D.:**

	Previous 12 Month \$	Current 12 Month \$	Estimated 12 Month \$
Domestic Revenue			
Foreign Revenue			
Total Revenue			

Note: New Ventures must give estimated revenues.



## VII. SECURITY MEASURES:

### 1. Describe the security measures used to prevent unauthorized access to:

Your premises and facilities:	
Your computer systems/servers entrusted to others:	
Your computer systems/servers entrusted to employees:	
Your computer systems/servers located on Your premises:	
Computer systems/services of others in Your care, custody and/or control:	

2. Describe the security measures used by You to protect confidentiality and integrity of data:	
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### 3. Advise technology You use for:

Encryption:	
Authentication:	
Anti-virus:	

### 4. Do You perform security audits? Yes No

If Yes, who performs the audit? \_\_\_\_\_

How frequently are the audits performed? \_\_\_\_\_

What actions have been taken to correct any unfavorable results? \_\_\_\_\_

### 5. A. Do You have a formal, documented security policy? Yes No

B. Do You document that all employees have read and understand Your security policy?  Yes  No

### 6. In the last two years, have You experienced any security breaches? Yes No

If Yes, please explain and identify the steps taken to prevent future security breaches.

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### 7. Backup of Your computer systems and data: \_\_\_\_\_

How often are backups performed? \_\_\_\_\_

Are backups stored off site? Yes No

## VIII. RISK MANAGEMENT:

1. What do You see as Your potential exposures to liability for claims arising out of the activities or services        You perform?
2. What safeguards do You employ to avoid these claims or reduce these exposures?
3. A. Do You have a written disaster recovery plan in place? Yes No  
B. If You do have a disaster recovery plan in place, how often do You review the plan with Your employees?
4. A. Do You use written contracts or agreements related to the activities or services that will be provided?  Yes  No  
B. Percentage of time agreements referenced in Section VIII.4.A. are used: \_\_\_\_\_ %  
C. Do Your contracts contain hold harmless or indemnity agreements for the benefit of:  
(1) You? Yes No  
(2) the other parties? Yes No  
(3) both parties on a mutually beneficial basis? Yes No  
D. Do Your contracts contain:  
(1) guarantees or warranties by You?  Yes  No  
(2) disclaimers to Your benefit?  Yes  No
5. Has a law firm experienced in Your field reviewed Your:  
Contract? Yes No  
Procedures? Yes No  
Content? Yes No
6. A. Is all of Your system and/or software design and development work for others documented and tested?  Yes  No  
B. Is a standard test plan followed for all of Your system and/or software design and development work?  Yes  No  
C. Does Your test plan include procedures for detection and correction of bugs, viruses, intrusions, security flaws or other anomalies?  
Yes No  
D. Are Your clients responsible for determining the accuracy of test results?  Yes  No  
E. Do Your clients provide written acceptance of the systems and/or software prior to production or implementation? Yes   
No   
F. Do You retain design, development and testing documentation for the life of the systems and/or software?  Yes  No  
If No, how long are these critical documents retained?
7. If bugs, viruses, intrusions, security flaws or other anomalies are discovered in systems and/or software You provide to others, what are Your procedures for determining affected users/licensees, notifying them of potential problems and providing necessary modifications?
8. Describe Your procedures to safeguard against potential copyright infringement arising out of:  
A. Systems and/or software designed or developed by You for others:  
B. Systems and/or software created by others and modified by You:
9. A. Do You use independent contractors or vendors for any of Your services?  Yes  No  
B. If Yes, what percentage of total revenues is attributable to independent contractor or vendor work? %  
C. Why do You use independent contractors or vendors?  
(1) As a regular supplement to staff? Yes No  
(2) For expertise that does not exist within Your operations for a particular project? Yes No  
(3) Other:
10. Describe in detail the type of services Your independent contractors or vendors provide.
11. Describe experience/qualification requirements for independent contractors or vendors.
12. Describe how You monitor and manage the quality of services performed by Your independent contractors or vendors.
13. Do You obtain certificates of insurance for every independent contractor or vendor You use showing coverage for Errors and Omissions or professional liability? Yes No  
Please provide sample copies of contracts used with independent contractors or vendors.

**IX. CLAIMS EXPERIENCE:**

1. Have any claims, suits or proceedings been made during the past five years against **You** or any of **Your** predecessors in business, subsidiaries or affiliates or against any of the past or present partners, owners, officers, sales persons or employees arising out of the activities described in this application?

Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, complete a Supplemental Claim Information Form for each.

**THE POLICY FOR WHICH YOU ARE APPLYING, IF ISSUED, WILL NOT INSURE ANY CLAIMS, SUITS OR PROCEEDINGS MADE AGAINST YOU BEFORE THE INCEPTION DATE OF THE POLICY OR ANY SUBSEQUENT CLAIMS, SUITS OR PROCEEDINGS ARISING THEREFROM .**

2. Are any of **You** aware of any actual or alleged fact, circumstance, situation, error or omission, which may reasonably be expected to result in a claim being made against **You** or any of the persons or entities described in **Section IX.1.** above?

Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please explain:

**THE POLICY FOR WHICH YOU ARE APPLYING, IF ISSUED, WILL NOT INSURE ANY CLAIMS THAT CAN REASONABLY BE EXPECTED TO ARISE FROM ANY ACTUAL OR ALLEGED FACT , CIRCUMSTANCE, SITUATION, ERROR OR OMISSION KNOWN TO ANY OF YOU BEFORE THE INCEPTION DATE OF THE POLICY .**

3. Have any of **You** or any of **Your** predecessors in business, subsidiaries or affiliates or any of their past or present partners, owners, officers, sales persons or employees been investigated and/or cited by any regulatory agency for violations arising out of their activities? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please explain:

**X. PRIOR OR CURRENT COVERAGE:**

1. A. Provide the following information for Commercial General Liability coverage currently in force:

Carrier	Limit	Deductible	Policy Term	Products Coverage	Personal Injury Coverage

2. Please provide information on your current Professional Liability Policy

Carrier	Limits	Retention	Policy Term	Retro-Date	ERP

## **XII. REPRESENTATIONS:**

By signing this application, **You** agree that:

1. The statements and answers given in the application and any attachments to it are accurate and complete;
2. The statements and answers **You** furnish to the Company are representations **You** make to the Company on behalf of all persons and entities proposed for coverage;
3. Those representations are a material inducement to the Company to provide a proposal for insurance;
4. Any policy the Company issues will be issued in reliance upon those representations;
5. **You** will report to the Company immediately, in writing, any material change in **Your** activities, services, condition or answers provided in this application that occur or are discovered between the date of this application and the effective date of any policy, if issued; and
6. The Company reserves the right, upon receipt of any such notice, to modify or withdraw any proposal for insurance the Company has offered.

### **WARNING**

**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 MAY BE PUNISHABLE BY FINES AND CONFINEMENT IN PRISON.**

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**Name** (please type or print)

**Name** (signature of authorized representative)

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**Title**

**Date**

**NOTICE TO ARKANSAS 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 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 COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

**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 OF THE THIRD DEGREE.

**NOTICE TO KENTUCKY APPLICANTS:**

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE 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 THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

**NOTICE TO LOUISIANA 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 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 MARYLAND APPLICANTS:**

ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY 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 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.

**NOTICE TO PENNSYLVANIA 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 SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**SURPLUS LINES NOTICE FOR RHODE ISLAND APPLICANTS:**

THIS INSURANCE CONTRACT HAS BEEN PLACED WITH AN INSURER NOT LICENSED TO DO BUSINESS IN THE STATE OF RHODE ISLAND BUT APPROVED AS A SURPLUS LINES INSURER. THE INSURER IS NOT A MEMBER OF THE RHODE ISLAND INSURERS INSOLVENCY FUND. SHOULD THE INSURER BECOME INSOLVENT, THE PROTECTION AND BENEFITS OF THE RHODE ISLAND INSURERS INSOLVENCY FUND ARE NOT AVAILABLE.

**SURPLUS LINES NOTICE FOR SOUTH CAROLINA APPLICANTS:**

THIS COMPANY HAS BEEN APPROVED BY THE DIRECTOR OR HIS DESIGNEE OF THE SOUTH CAROLINA DEPARTMENT OF INSURANCE TO WRITE BUSINESS IN THIS STATE AS AN ELIGIBLE SURPLUS LINES INSURER, BUT IT IS NOT AFFORDED GUARANTY FUND PROTECTION.

**NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON 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.