

TECHNOLOGY ERRORS & OMISSIONS LIABILITY APPLICATION

NOTICE: THIS IS AN APPLICATION FOR A CLAIMS-MADE AND REPORTED POLICY, WHICH SUBJECT TO ITS PROVISIONS APPLIES ONLY TO CLAIMS WHICH ARE BOTH FIRST MADE AGAINST THE INSURED AND REPORTED TO THE INSURER DURING THE POLICY PERIOD OR AN EXTENDED REPORTING PERIOD, IF APPLICABLE. DEFENSE COSTS ARE INCLUDED WITHIN THE LIMIT OF LIABILITY. THE INFORMATION CONTAINED AND STATEMENTS MADE WITHIN THIS APPLICATION ARE INCORPORATED INTO, AND WILL FORM THE BASIS OF, ANY POLICY OF INSURANCE ISSUED BY CATLIN. THE APPLICANT AND ALL SIGNORS OF THIS APPLICATION WARRANT THAT THE INFORMATION CONVEYED IS TRUE AND CORRECT.

Please fully answer all questions and submit requested information. Bold-faced terms are defined in the Policy and have the same meaning in the **Application**. Any information provided, whether physically attached or available on the Applicant's web site, shall be deemed incorporated into this **Application**. The **Insurer** will hold the **Application** (and all materials submitted herewith) in confidence.

A. General Information

1. Name of Applicant: _____

Address: _____

City: _____ State: _____ Zip Code: _____

2. Website: _____ E-mail address: _____

3. Date of Formation: _____ *If less than 3 years, please include resumes of all principals.*

4. Privately Held: _____ Publicly Traded: _____ (Symbol: _____) Not for Profit: _____

5. Coverage requested:

a) Desired Effective Date: _____

b) Limit of Liability: \$ _____

c) Retention: \$2,500 \$5,000 \$10,000 \$25,000 Other: _____

6. a) Additional Branch offices? Yes No *If Yes, please describe:*

b) Subsidiaries? Yes No *If Yes, please describe:* _____

c) Number of Employees: Principals, Partners, officers, professionals: _____ All others: _____

7. Is Applicant controlled, owned, affiliated or associated with any other entity? Yes No
If Yes, please describe: _____

8. During the past 3 years, has Applicant's name been changed, or has any other business entity acquired, merged or consolidated with the Applicant? Yes No If Yes, please describe:

9. Please list all professional associations to which Applicant belongs:

B. Financial Information

10. Please provide annual **gross** revenue:

	Year	Gross revenue
a) Past fiscal year	_____	_____
b) Current fiscal year	_____	_____
c) Projected next fiscal year	_____	_____

Please attach most recent annual report or financial statement

11. a) Description of Professional Services for which coverage is being sought:

b) Does Applicant provide any other professional services not listed above? Yes No

If Yes, please describe: _____

c) Are any changes in nature or size of Applicant's business anticipated over next twenty four (24) months? Yes No

If Yes, please describe: _____

12. Please provide breakdown of revenue by service provided:

<u>SERVICE</u>	<u>% OF ANNUAL REVENUES</u>
Facilities Management / Application Service Provider (ASP)	_____ %
Internet Service/Access Provider	_____ %
Internet Portal	_____ %
Value Added Reseller	_____ %
Systems Design and Analysis	_____ %
Custom Software Development	_____ %
Packaged Software Development	_____ %
Data Processing/Entry	_____ %
Financial Services	_____ %

System Integration/Installation	_____	%
Repair, maintenance of computer products, networks and systems	_____	%
Web Design and Development	_____	%
Game Development	_____	%
Web Hosting	_____	%
Forum/Chat room Manager	_____	%
Content Provider for Website	_____	%
Web Maintenance/Updates	_____	%
Training in the use of computer hardware or software	_____	%
Equipment or Component Manufacturing	_____	%
Telecommunications Services	_____	%
Other (please describe)	_____	%

INDUSTRIES

% OF ANNUAL REVENUES

Home Use	_____	%
Accounting	_____	%
Aerospace	_____	%
Architectural	_____	%
CAD/CAM: Manufacturing/Engineering tools	_____	%
Banking / Financial/ Funds Transfer	_____	%
Environmental / Pollution	_____	%
Scientific	_____	%
Educational	_____	%
Publishing/ Graphic Design	_____	%
Telecommunications/Utilities	_____	%
Transportation	_____	%
Governmental	_____	%
Medical / Healthcare	_____	%
Fire, Security or other Emergency Applications	_____	%
Wholesale/Retail Trade	_____	%

13. Please list Applicant's five (5) largest projects over the past two (2) years:

Client	Services Performed	Annual Revenue
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

C. Network/Privacy Information

14. a) Does Applicant provide remote access to its computer systems? Yes No
 b) How many users have remote access? _____
 c) Is remote access restricted to Virtual Private Networks (VPNs)? Yes No
15. a) Does Applicant have documented procedures in place for user and password management?
 Yes No
 b) Describe password requirements: _____
16. Does Applicant use a firewall to prevent unauthorized access? Yes No
If Yes, please describe: _____
17. a) Does Applicant terminate all associated computer access and user accounts as part of the regular exit process when an employee leaves the company? Yes No
 b) Does Applicant regularly compare all computer access/ user accounts with a comprehensive employee record to identify potential unauthorized users/accounts? Yes No
18. Does Applicant accept payment on-line for goods sold or services rendered? Yes No
19. a) Does Applicant have a virus protection program in place? Yes No
If Yes, please describe: _____
 b) Does Applicant have an intrusion detection program in place? Yes No
 c) Does Applicant implement patches regularly on network? Yes No
If Yes, how often? _____
20. a) Does Applicant back up data daily? Yes No
 b) If Yes, are data backups stored off site? Yes No
21. Does Applicant have a written disaster recovery and business continuity plan for network systems?
 Yes No
22. a) Does Applicant have an incident response plan in place? Yes No
 b) How long would it take to restore operations after a computer attack? _____ hours
23. Does Applicant have physical security controls in place to control access to network systems?
 Yes No
24. Does Applicant conduct training for every employee user of the network systems in security issues and procedures? Yes No
25. a) Does Applicant have a program in place to periodically test security controls? Yes No
 b) Does Applicant conduct information security/privacy compliance evaluations? Yes No
 For both a) and b, if Yes, is such testing done by an outside third party? Yes No
26. Have you ensured that all sensitive business/consumer information that resides within your organizations systems has been encrypted while 'at rest' within databases or other electronic data files? Yes No

27. Have you ensured that all sensitive business/consumer information that is physically transmitted via tape or any other medium between your organization's facilities and those of your business partners/service providers has been encrypted? Yes No

28. Does Applicant outsource any aspect of the computer network or security processes (hosting, back up, firewall, etc)? Yes No

If Yes, please describe: _____

D. Contract Procedures

29. a) What percentage of engagements are entered into pursuant to a written contract? _____%

b) Does Applicant have a standard contract? Yes No *If Yes, provide a copy.*

c) Do modifications to your standard contract require legal department signoff? Yes No

d) Do contracts and agreements contain:

- description of services
- hold harmless/indemnity agreements to clients benefit
- warranties or guarantees
- Hold harmless/indemnity agreements to your benefit
- payment terms

30. a) Does Applicant subcontract work to others? Yes No Approximate % _____

b) Are subcontractors required to carry E&O Insurance? Yes No

31. Does any principal, partner, officer or employee of Applicant serve on the board of directors or have more than a 3% shareholder interest in any client of the Applicant? Yes No

If Yes, please describe: _____

E. Prior Insurance

32. Is any errors and omissions or professional liability insurance currently in force? Yes No

If Yes, please describe:

Name of Insurer: _____ Effective Date: _____

Limit: _____ Retention: _____ Premium: _____

Length of time coverage has been in force/Retro active date on current policy: _____

33. Does Applicant currently carry commercial general liability insurance? Yes No

34. Has any policy or application for similar insurance on behalf of the Applicant or its predecessor(s) in business ever been declined, cancelled, rescinded or refused renewal? Yes No

If Yes, please describe: _____

F. Risk Management and Claims Information

35. Does Applicant have a Risk Manager or person/group responsible for information security? Yes No

If No, describe steps taken to minimize and manage business risks:

36. a) Within the past three (3) years, has Applicant received any complaints concerning security of computer systems or websites or experienced any loss of service? Yes No

If Yes, please describe: _____

b) Within the past three (3) years, has Applicant had any security breaches including unauthorized access/use/disclosure, virus, denial of service attack, theft of data, fraud, electronic vandalism, sabotage or other security event? Yes No

If Yes, please describe: _____

37. Has any owner, principal, director, officer, agent or employee of the Applicant ever been the subject of an investigation, disciplinary or criminal action as a result of their professional activities? Yes No

If Yes, complete a Claim Supplement for each incident.

38. Have any claims, suits or demands for arbitration been made, whether reported or not, under the provisions of any professional liability coverage, against the Applicant, its predecessors or any past or present principal, partner, officer or employee within the fast five (5) years? Yes No If Yes, complete a Claim Supplement for each incident.

39. Does any director, officer, employee or partner of the Applicant have knowledge or information of any fact, circumstance or any actual or alleged act, error or omission which might reasonably be expected to give risk to a claim? Yes No If Yes, complete a Claim Supplement for each incident.

G. Warranty

The undersigned authorized owner, partner, director, or officer represents and warrants on behalf of the Named Insured and all persons/entities for whom insurance is being sought that to the best of his/her knowledge and belief after diligent inquiry, the statements set forth herein and attached hereto are true. It is understood that the statements in this Application, including material submitted to or obtained by the underwriter, are material to the acceptance of the risk, and relied upon by the underwriter. The Applicant further agrees that in the event of any material misrepresentation or omission in the Application, including materials submitted to or obtained by the underwriter, this Policy shall be void.

The undersigned authorized officer of the applicant declares that the statements set forth herein are true. The undersigned agrees that if the information supplied on this **Application** changes between the date of this **Application** and the effective date of the insurance that he/she will immediately notify the **Insurer** of such changes, and the **Insurer** may withdraw or modify any outstanding quotations or authorizations or agreements to bind the insurance.

Signing this **Application** does not bind the applicant or the **Insurer** to complete the insurance, but it is agreed that this **Application** shall be the basis of the contract should a policy be issued, and it will be attached to and become part of the Policy.

SIGNED: _____ DATE: _____

PRINTED NAME: _____ TITLE: _____

Fraud Prevention – General Warning

NOTICE: Any person who knowingly, or knowingly assist another, files an application for insurance or claim containing any false, incomplete or misleading information for the purpose of defrauding or attempting to defraud an Insurance Company may be guilty of a crime and may be subject to criminal and civil penalties and loss of insurance benefits.

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 for 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 insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

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 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 knowingly 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 fact materially false information or conceal 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 PUERTO RICO APPLICANTS: Any person who knowingly and with the intention to defraud includes false information in an application for insurance or file, assist or abet in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousands dollars (\$5,000), not to exceed ten thousands dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

NOTICE TO TENNESSEE 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 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 WEST VIRGINIA 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.

ADDITIONAL INFORMATION

This page may be used to provide additional information to any question on this Application. Please identify the question number to which you are referring.

Signature: _____

Date: _____

Agent Name: _____

Agency Name: _____

Email Address: _____

Phone Number: _____

Please select your option below: