

ExecutivePerils  
800 Wilshire Blvd., Suite 1525  
Los Angeles, CA 90017  
CA. Lic # 0E36308

TECHNOLOGY PROFESSIONAL LIABILITY  
APPLICATION  
(CLAIMS MADE FORM)

1. Full name of applicant: \_\_\_\_\_

(Include all dba's and subsidiaries seeking coverage under the policy for which you are applying)

2. Address, City, State and Zip: \_\_\_\_\_

3. Main Website Address: \_\_\_\_\_

Is this website only for informational purposes about your company? Yes \_\_\_ No \_\_\_

4. Additional Website Addresses Owned: \_\_\_\_\_

5. Date Established: \_\_\_\_\_

6. Type of company: \_\_\_ Corp \_\_\_ Partnership \_\_\_ Individual \_\_\_ LLC \_\_\_ Other: \_\_\_\_\_

7. Is the firm owned by, associated with or controlled by any other firm? Yes \_\_\_ No \_\_\_ If Yes, please provide details. \_\_\_\_\_

8. Within the past five (5) years, have you acquired or merged with another entity? Yes \_\_\_ No \_\_\_  
If Yes: Name of Entity: \_\_\_\_\_  
Date of Transaction: \_\_\_/\_\_\_/\_\_\_ Type of Transaction (circle): Merger or Acquisition

9. Do you perform operations in foreign countries? Yes \_\_\_ No \_\_\_ If Yes, which countries? \_\_\_\_\_

10. Detailed Description of Professional Services or Internet Services: \_\_\_\_\_

11. Indicate the percentage of receipts attributed to the following type of services:	Receipts %:
___ Application Service Provider	_____
___ Business-to-Business E-Commerce	_____
___ Computer/Technology Related Training	_____
___ Custom Software Development	_____
___ Programming/Maintenance/Consulting	_____
___ Data Entry/Processing	_____
___ E-Commerce Website (Wholesale/Retail Sales to General Public)	_____
___ Internet Access Services	_____
___ Internet Advertising/Marketing for Others	_____
___ Internet Service Provider	_____
___ Packaged Hardware Development/Sales	_____
___ Packaged Software Development/Sales	_____
___ Security - Internet or Data Base	_____
___ Website Development	_____
___ Website Hosting	_____
___ Other: _____	_____
<b>TOTAL</b> _____	<b>100%</b>

12. If you indicated Software/Hardware in Question 10 or 11, identify major applications & percentage of receipts attributable to each:

	%
_____ Accounting/Financial	_____
_____ Administrative/Human Resources	_____
_____ CAD/CAM/Manufacturing/Engineering Tools	_____
_____ Data Base Management	_____
_____ Funds Transfer	_____
_____ Network Management/Services	_____
_____ Other: _____	_____
<b>TOTAL</b> _____	<b>100%</b>

13. Indicate the market(s)/clients or emphasis of your products and services by percentage: %

_____ Aerospace/Aircraft Related	_____
_____ Automotive Related	_____
_____ Construction/Mining/Agriculture	_____
_____ Educational Institutions	_____
_____ Financial Institutions	_____
_____ Government	_____
_____ Healthcare/Medical Related	_____
_____ Home/Consumer Use	_____
_____ Human Resources	_____
_____ Legal	_____
_____ Manufacturing/Industrial	_____
_____ Small Businesses	_____
_____ Telecommunications	_____
_____ Other: _____	_____
<b>TOTAL</b> _____	<b>100%</b>

14. Gross Receipts Estimated for Next 12 months:

Domestic: \_\_\_\_\_ Foreign: \_\_\_\_\_

15. Gross Receipts for the last 12 months:

Domestic: \_\_\_\_\_ Foreign: \_\_\_\_\_

16. Indicate how your revenue is generated and the percentage:

- \_\_\_\_\_ Software/Hardware Products you create and distribute
- \_\_\_\_\_ Software/Hardware Products you sell or distribute for others
- \_\_\_\_\_ Website Advertisements for others
- \_\_\_\_\_ Premium Paid Services (Describe: \_\_\_\_\_)
- \_\_\_\_\_ Other (Describe: \_\_\_\_\_)

17. Total # of Employees (Do not include Independent Contractors): \_\_\_\_\_

# of Principals \_\_\_\_\_  
 # of Technical Professionals \_\_\_\_\_

18. Do You Use Independent Contractors: Yes \_\_\_\_\_ No \_\_\_\_\_ (If Yes, answer a. - c. )

- a. What percentage of your services are performed by independent contractors? \_\_\_\_\_%
- b. Do you require these independent contractors to carry professional liability insurance?  
 Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, what limits: \_\_\_\_\_ each claim/ \_\_\_\_\_ aggregate)
- c. Do you require "hold harmless" agreements from independent contractors in your favor? Yes \_\_\_\_\_ No \_\_\_\_\_

19. What percentage of your customers enter into written contracts with you? \_\_\_\_\_%

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## UNAUTHORIZED ACCESS & VIRUS

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20. Do you have a full time IT security manager? Yes \_\_\_\_\_ No \_\_\_\_\_

21. Do you have a written procedure as respects security? Yes \_\_\_\_ No \_\_\_\_
22. Do you distribute a manual or written procedures on security to all employees? Yes \_\_\_\_ No \_\_\_\_
23. How many PC's does your company own and operate: \_\_\_\_\_
24. How many of your PC's are equipped with antivirus software: \_\_\_\_\_
25. How often is your antivirus software updated? \_\_\_\_\_ (Last update: \_\_\_\_/\_\_\_\_/\_\_\_\_)
26. What is the brand name of your antivirus software: \_\_\_\_\_
27. Are there firewalls in place as part of your security system? Yes \_\_\_\_ No \_\_\_\_
28. What firewall security do you use? \_\_\_\_\_
29. Was it configured/installed by your staff or a third party? \_\_\_\_\_
30. Briefly describe your safeguards for preventing unauthorized persons from accessing your website or database.
31. Do you require employees to change access codes & passwords on a regular basis? Yes \_\_\_\_ No \_\_\_\_
32. Do you have restricted access to your computer room? Yes \_\_\_\_ No \_\_\_\_
33. Do you host your own websites and computer networks? Yes \_\_\_\_ No \_\_\_\_
34. Is hosting and maintenance outsourced? Yes \_\_\_\_ No \_\_\_\_ If outsourced, which company hosts your site?  
\_\_\_\_\_
35. Are credit card or funds transfer transactions conducted on your website? Yes \_\_\_\_ No \_\_\_\_
36. As part of your online service, do you gather personal data of visitors to your site? Yes \_\_\_\_ No \_\_\_\_  
If Yes, is this information sold or shared with third parties? Yes \_\_\_\_ No \_\_\_\_ (If Yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_
37. Does your website contain materials designed to be downloaded, such as software, plug in's, MP3 files?  
Yes \_\_\_\_ No \_\_\_\_ If Yes, please describe: \_\_\_\_\_
38. To the best of your knowledge, have you or any of your employees transmitted a computer virus to a third party?  
Yes \_\_\_\_ No \_\_\_\_ If Yes, please provide details. \_\_\_\_\_  
\_\_\_\_\_
39. To the best of your knowledge, have you ever had a security system breached? Yes \_\_\_\_ No \_\_\_\_  
If Yes, please provide details. \_\_\_\_\_

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## INTELLECTUAL PROPERTY NOT COVERED

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## WEBSITE RELATED ACTIVITIES

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40. Do you sell products on your website? Yes \_\_\_\_ No \_\_\_\_ (If Yes, answer a. - e. below.) What type of products:
  - a. Do you take responsibility for the delivery of such products? Yes \_\_\_\_ No \_\_\_\_
  - b. Are any of the products labeled with your name or logo? Yes \_\_\_\_ No \_\_\_\_
  - c. Do you have written contracts with all vendors/suppliers? Yes \_\_\_\_ No \_\_\_\_
  - d. Do you require certificates of insurance from all vendors/suppliers? Yes \_\_\_\_ No \_\_\_\_
  - e. Do all vendors/suppliers name you as an additional insured on their insurance policies? Yes \_\_\_\_ No \_\_\_\_
41. Does your website contain a privacy policy? Yes \_\_\_\_ No \_\_\_\_  
If Yes, has it been reviewed by legal counsel? Yes \_\_\_\_ No \_\_\_\_



54. Have you ever been sued, threatened with suits, or had a claim made against you for errors and omissions, libel, slander, invasion of privacy, piracy, plagiarism, infringement of copyright, trademark, or trade name?  
Yes \_\_\_\_ No \_\_\_\_ (If Yes, please provide complete details, i.e. allegation, date of loss, damages and expenses paid, loss reserves set, open or closed status.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

55. Do you know of any incidents which may give rise to a claim? Yes \_\_\_\_ No \_\_\_\_ (If Yes, please provide complete details.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The applicant declares that the above statements and representations are true and correct and that no facts have been suppressed or misstated. The completion of this application does not bind the company to sell nor the applicant to purchase this insurance, but any subsequent contract issued with be in full reliance upon the statements and representations made in this application and this application will be made a part of the policy.

Signature of Authorized Representative: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Please attach the following documents to this application:

- Resumes or CV's on key personnel
- Five years of currently valued company loss runs