



# TECHNOLOGY ERRORS & OMISSIONS COVERAGE SMALL BUSINESS APPLICATION

## General Applicant Information:

|                        |   |
|------------------------|---|
| Company Name: _____    |   |
| Street Address: _____  |   |
| City: _____            | State: _____ Zip: _____   |
| Website Address: _____ | Years in Operation: _____   |
| Primary SIC: _____     |   |
| Operation Type:        | Public <input type="checkbox"/> Private <input type="checkbox"/> LLC <input type="checkbox"/>                                 |
|                        | Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Independent Contractor <input type="checkbox"/> |

**Coverage Requested:**      **Effective Date:** \_\_\_\_\_      **Limit:** \$ \_\_\_\_\_  
**Retro Date:** \_\_\_\_\_      **Deductible:** \$ \_\_\_\_\_

## About the Company:

Describe what you do: \_\_\_\_\_

1. Are your top 3 contracts larger than 50% of Annual revenue?      Yes  No
2. Are any of your contracts more than 12 months?      Yes  No
3. Intended End User:      General Public  Most sophisticated  Savvy, but not expert
4. Customization by:      User  Jointly  You  None
5. Quality Control Procedures:      Alpha Testing  Beta Testing  Record Keeping   
     Customer signature on each phase of project:  Customer Acceptance Procedures   
     Written/formalized QC program:  Back-up contingency plan   
     employees/customers
6. Complexity of Software Services:      Simple  Well understood  Relatively new
7. Do your contracts contain: (check all that apply)
 

|   |   |
|---|---|
| a. <input type="checkbox"/> Statement of work and specifications?         | e. <input type="checkbox"/> Disclaimer of Warranties? |
| b. <input type="checkbox"/> Limitation of Liabilities?                    | f. <input type="checkbox"/> Exclusive Remedies?       |
| c. <input type="checkbox"/> Limit of Liability for Consequential Damages? | g. <input type="checkbox"/> Dispute Resolution?       |
| d. <input type="checkbox"/> Force Majeure?                                | h. <input type="checkbox"/> Venue or Governing Law?   |

*A Copy of your contract must be received to issue policy.*

## Loss Experience:

1. Within the past 5 years have any claims, suits or demands been made against you, your predecessor or any past or present principle, executive officers, risk manager or any employee who is responsible for your claim reporting?      Yes  No

## Financial Information:

|                          |         |                      |
|--------------------------|---------|----------------------|
| Total Annual Revenue: \$ | U.S. \$ | Foreign: \$          |
| Total Assets: \$         |         | Total Liabilities \$ |
| Net Income: \$           |         | \$                   |

## Current Carrier Information:

| <u>Coverage</u>     | <u>Current Carrier</u> | <u>Premium</u> | <u>Limits</u> | <u>Expiration Date</u> |
|---------------------|------------------------|----------------|---------------|------------------------|
| Errors & Omissions: |                        | \$             | \$            |                        |
| General Liability:  |                        | \$             | \$            |                        |



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|                          |             |               |  |
|--------------------------|-------------|---------------|--|
| <b>From Broker Name:</b> |             |               |  |
| <b>Address:</b>          |             |               |  |
| <b>Phone:</b>            | <b>Fax:</b> | <b>Email:</b> |  |

## WARRANTY

Applicant hereby declares, after diligent inquiry, that the information contained herein and in any supplemental applications or forms required hereby, are true, accurate and complete, and that no material facts have been suppressed or misstated. Applicant acknowledges a continuing obligation to report to the CNA Company to whom this Application is made ("the Company") as soon as practicable any material changes in all such information, after signing the application and prior to issuance of the policy, and acknowledges that the Company shall have the right to withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance based upon such changes.

Further, Applicant understands and acknowledges that:

- 1) Completion of this application and any supplemental applications or forms does not bind the Company to issue the policy;
- 2) If a policy is issued, the Company will have relied upon, as representations, this application, any supplemental applications and any other statements furnished to the Company in conjunction with this application;
- 3) All supplemental applications, statements and other materials furnished to the Company in conjunction with this application are hereby incorporated by reference into this application and made a part thereof;
- 4) This application will be the basis of the contract and will be incorporated by references into and made a part of such policy;
- 5) If a policy is issued, the limit of liability contained in the policy shall be reduced and may be completely exhausted by the payment of damages and claims expenses. In such event the Company shall not be liable for damages or claims expenses to the extent that such cost or amount exceeds the limit of liability of this policy;
- 6) If a policy is issued, claims expenses which are incurred shall be applied against the deductible or retention amount as provided in the policy;
- 7) Applicant's failure to report to its current insurance company any claim made against it during the current policy term, or act, omission or circumstances which the Applicant is aware of that may give rise to a claim before expiration of the current policy, may create a lack of coverage.

Applicant hereby authorizes the release of claim information to the Company from any current or prior insurer of the Applicant or any Subsidiary or Predecessor Firm listed in this application. Application must be signed by duly authorized partner, officer or director of the Applicant.

Applicant's Authorized Representative:

\_\_\_\_\_  
Signature of authorized Representative

\_\_\_\_\_  
Print Name of Authorized Representative

Date:        /        /  
                  Month            Day            year

\_\_\_\_\_  
Title of Authorized Representative

### FRAUD NOTICE – WHERE APPLICABLE UNDER THE LAW OF YOUR STATE

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 or incomplete 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 SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES (for New York residents only: 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.) (For Pennsylvania Residents only: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven year and payment of a fine of up to \$15,000.) (For Tennessee Residents only: Penalties include imprisonment, fines and denial of insurance benefits.)

## ExecutivePerils

GSL1001 (10/04)

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