

General Applicant Information

1. Name of Applicant: _____

2. Principal Address: _____

3. City: _____ County: _____ State: _____ Zip Code: _____
4. Website Address: _____ Phone: _____
5. Does the Applicant practice as: Corporation Partnership Individual LLC 501(c)(3)
 Other: _____
6. Date Applicant was established: _____ / _____ / _____
MM DD YY
7. Are you owned by, associated with or controlled by any other entity or own another entity? Yes No
If "Yes", please provide full details. _____

Applicant Practice

8. Please describe in detail the professional activities for which coverage is desired:

9. Does any member of the above entities provide professional services, which require a license, other than those mentioned in Question 8.? Yes No
If "Yes", please provide full details. _____
10. Provide information on your Staff:
a. Total Number: _____
b. Number voluntarily or involuntarily terminated within the past 12 months: _____
11. List the revenues for the past two policy periods from these activities in Question 8. In addition, please list projected revenues for the current policy period.
- | Year | Gross Revenue | Cost of Goods Sold | Net Revenue | Grants or Donations |
|--------------------------|---------------|--------------------|-------------|---------------------|
| a. Estimate Upcoming | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| b. Current Policy Period | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| c. Past Fiscal Year | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
12. Has any one client accounted for 25% or more of your gross revenues during the past 12 months? Yes No
If "Yes", please provide the name(s) of the client(s) and percentage. _____
13. What is the average revenue and duration of contract? _____

Technology Related Applicant Services

14. Indicate the principal industries in which your clients specialize:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Aeronautics | <input type="checkbox"/> Communications | <input type="checkbox"/> Consumer / Retail Sales | <input type="checkbox"/> Engineering / Scientific |
| <input type="checkbox"/> Governmental (military) | <input type="checkbox"/> Governmental (non-military) | <input type="checkbox"/> Internet / Technology | <input type="checkbox"/> Medical / Healthcare |
| <input type="checkbox"/> 911 Dispatch / Emergency Call Center | <input type="checkbox"/> Other: _____ | | |

15. For the revenue listed in Question 11., please indicate the approximate percentage of your total operations involving:

- | | |
|---|---|
| _____ % Consulting / Design (Systems/Processes) | _____ % Web Hosting |
| _____ % Custom Software Development | _____ % On-Line Sale of Goods / E-Commerce |
| _____ % Package Software Development | _____ % On-Line Content Provider |
| _____ % Outsourcing | _____ % Hardware / Firmware Development |
| _____ % Support Services | _____ % Wireless Network / Cloud Computing Services |
| _____ % Internet Access Provider | _____ % Application Service Provider |
| _____ % Internet Website Designer | _____ % Other: |

(Total 100%)

16. Indicate the primary applications of your operations:

- Communications _____
- Accounting/Financial:
 - Funds Transfer _____
 - Data Management _____
- Manufacturing:
 - Real-time Systems Monitoring, CAD/CAM/CAE _____
 - Data Management _____
- Publishing/Imaging _____
- Office Automation/Administration:
 - Network Management _____
- Security/Disaster Recovery _____
- Other(Describe): _____

17. a. Is all system design work documented and tested? Yes No
- b. Is a test plan followed for all programs/programming changes? Yes No
- c. Is documentation retained for the life of the system? Yes No
18. Is the client required to provide a written sign-off on all products and services provided? Yes No
19. Do clients have the responsibility for determining the accuracy of products and services? Yes No
20. Do you sell goods over the internet? Yes No
- a. Do you maintain GL Coverage, including Products? Yes No
- Provide Limits of Liability \$ _____

Miscellaneous Professional Liability Related Applicant Services

21. Does any member of the Applicant provide professional services other than those mentioned in Question 8.? Yes No
 If "Yes", please provide full details. _____

22. To what professional association(s) does the applicant belong? _____

23. Please include a list of Applicant's five (5) largest jobs or projects during the past three (3) years.

Project / Client Name	Service Performed for Client	Revenue from those Services	Date Service Began	Former Employer of Applicant (Yes or No)	Pct. of Gross Revenue

Media Activities and Intellectual Property

24. Content of information on your Website: (Check all that apply.)

- For Children
- News or Sports
- Comedy
- Cultural
- Educational
- Radio/TV
- Digital Music
- Product Comparisons
- Religious
- Other: _____
- Adult Only
- Game or Quiz
- Commentary / Blog
- "How To" / Hobbyist
- Company Information
- Software
- Advertising
- Product Sales

25. Average number of daily hits to your website: _____

26. Provide description of standard procedures for checking accuracy and originality of content.

27. Do you have an established procedure to safeguard against infringing on copyrights/trademarks of others? Yes No

28. Do you obtain licensing agreements prior to using content provided by others? Yes No

29. Does legal counsel review the content of your Website or On-Line Service for Media-type offenses? Yes No

Network Security

30. Types of data stored, collected, received, transmitted or stored:

- Credit/Debit Card
- Driver's License Numbers
- Health Records
- Social Security Numbers
- Bank Account Numbers
- Intellectual Property of Others

31. Are Anti-Virus programs installed on all PC's and networks? Yes No

How often are virus definitions updated and disseminated? _____

32. Do all external communications pass through a firewall? Yes No

33. Are all firewalls updated regularly and when patches become available? Yes No

34. Is network based intrusion detection software installed? Yes No

How often are logs reviewed? _____

35. Is confidential data stored on webservers? Yes No

If so, for how long? _____

Risk Management

36. Is there an individual in the organization whose sole job is IT security? Yes No

37. Are employees of the organization trained on privacy laws and their responsibility to keep information confidential? Yes No

38. Does the organization have a written information security policy? Yes No

a. Does it provide special handling of confidential information? Yes No

b. How often is it reviewed/updated? _____

39. Does the organization have an Incident Response Plan that addresses data breaches? Yes No

If Yes, how often is it tested? _____

40. Is all valuable/confidential information backed up on a daily basis? Yes No

If Yes, is that information stored off site? _____

41. Has the insured had a third party penetration assessment in the past two (2) years? Yes No

If Yes, were all recommendations complied with? Yes No

42. Does the organization have a Business Continuity or Disaster Recovery Plan? Yes No

a. Does it address Denial of Service attacks? Yes No

b. How often is it tested? _____

c. How long would it take to get the organization back to full operating capacity? _____

43. Does the organization sell data it collects about customers to third parties? Yes No

a. Is this disclosed in the privacy policy? Yes No

b. Is there an opt-out option? Yes No

Compliance

44. Is the organization subject to any of the following:

Gramm Leach Bliley Act

Red Flag Rules

HIPAA / HITECH

Payment Card Industry Data Security Standards

For those regulations that you are subject to, are you in compliance? Yes No

If not, please explain. _____

Encryption

45. Do the following hold, store or transmit confidential information? And is the data encrypted?

	Confidential Information		Encryption	
Servers	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Laptops	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
PDAs, Smart Phones, tablets	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Email	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Backup tapes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Credit/Debit Card Transactions

46. Does your organization accept Credit/Debit cards? Yes No

a. How many are processed annually? _____

b. What percentage of revenues is derived from online transactions? _____

OutSourcing

47. Are any of the following outsourced:

a. Website hosting? Yes No

b. Application services? Yes No

c. Infrastructure operations? Yes No

d. Back up and archiving? Yes No

48. Does the organization require contracts with technology service providers? Yes No

a. Does the contract give the service provider primary responsibility for the security of the organization's information? Yes No

b. Does the service provider have contractual liability for losses associated with any failure to safeguard the organization's data? Yes No

c. Does the organization review the service provider's most recent security audit? Yes No

Physical Security

49. What physical security is in place to protect mainframes, servers, switches, routers, etc.? Yes No

Locks Keycard or other loggable devices Other: _____

Alarm System BioMetrics

Is access to these machines limited to specific job descriptions? Yes No

Insurance History

50. In the past five (5) years, has any professional liability, media liability or cyber liability claim or suit ever been made against you or any of your predecessors' firms? Yes No

If yes, how many? Please complete the Claim Supplement and provide currently valued company loss runs for the past 5 years.

51. Does any principal, owner, partner or employee know of any incident, act, error or omission that could result in a claim or suit against the Applicant or any predecessor firms? Yes No

If yes, how many? Please complete the Claim Supplement and provide currently valued company loss runs for the past 5 years.

52. Have all matters in Questions 50 and 51 been reported to your former or current insurer(s) or to the former insurer of a current member of the Firm? Yes No

53. Please list your Professional Liability Insurance Coverage carried during the past three (3) years, including any periods without coverage.

Name of Insurer	Policy Period From: MM/DD/YY To: MM/DD/YY	Limits of Liability	Deductible/Retention	Premium
-----------------	---	---------------------	----------------------	---------

54. Does the current policy have a retroactive date? (This date should be the date which the Applicant first purchased claims made coverage that has been continuously renewed.) Yes No

If yes, please indicate date: / /
MM DD YY

55. Have you ever purchased an extended reporting endorsement? Yes No

56. In the past five (5) years, have you or any of your members ever had professional liability insurance or similar insurance declined, cancelled or nonrenewed? Yes No

If yes, please provide full details. _____

Limits Desired: _____ Deductible Desired: _____
Desired Effective Date: / /
MM DD YY

Please Include:

- A. Any brochures or promotional materials.
- B. Resumes of the Applicant's principals or key employees.
- C. A copy of the Applicant's standard client contract or agreement.

Representations

The Applicant declares that the above statement and representations are true and correct, and that no facts have been suppressed or misstated. All written statements and materials furnished to the Company, in conjunction with this application will be incorporated by reference into this application and made part hereof.

This application does not bind the Applicant to buy, or the Company to issue the insurance, but it is agreed that this form shall be the basis of the contract should a policy be issued, and it will be attached to and made part of the policy. The undersigned Applicant declares that if the information supplied on this application changes between the dates of this application and the time when the policy is issued, the Applicant will immediately notify the company of such changes, and the Company may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance.

Signature of the Insured, Owner, Partner or Principal

Title

Date