

ADMIRAL INSURANCE COMPANY
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Seattle, WA 98101
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Internet: <http://www.admiralins.com>

**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. Gross Receipts Estimated for Next 12 months:
Domestic: _____ Foreign: _____

12. Gross Receipts for the last 12 months:
Domestic: _____ Foreign: _____

13. 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: _____)

14. List your three largest projects over the last 12 months.

Customer:	Size: (\$)	Length: (months)	Services & Products Provided:
1.			
2.			
3.			

15. Indicate the types of services and products offered & percentage of revenue: Revenue %

<input type="checkbox"/> Application Service Provider	_____
<input type="checkbox"/> Computer/Technology Related Training	_____
<input type="checkbox"/> Custom Software Development	_____
<input type="checkbox"/> Computer Technical Support	_____
<input type="checkbox"/> Data Entry/Processing	_____
<input type="checkbox"/> E-Commerce Website (Wholesale/Retail Sales to General Public)	_____
<input type="checkbox"/> Hardware Manufacturing	_____
<input type="checkbox"/> Internet Advertising/Marketing for Others	_____
<input type="checkbox"/> Internet Portal (Focus of Content: _____)	_____
<input type="checkbox"/> Internet Service Provider	_____
<input type="checkbox"/> Network Integration and/or Engineering	_____
<input type="checkbox"/> Online Social Networking	_____
<input type="checkbox"/> Packaged Hardware Development & Sales	_____
<input type="checkbox"/> Packaged Software Development & Sales	_____
<input type="checkbox"/> Programming/Maintenance/Consulting	_____
<input type="checkbox"/> Security Consulting	_____
<input type="checkbox"/> System Integration	_____
<input type="checkbox"/> Website Development	_____
<input type="checkbox"/> Website Hosting	_____
<input type="checkbox"/> Other: _____	_____
TOTAL _____	100%

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

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

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? _____%
20. Do you have any industry certifications? Yes ___ No ___ If Yes, which ones? _____
21. Do you sell products on your website? Yes ___ No ___ (If Yes, answer a. - e. below.) What type of products:
- Do you take responsibility for the delivery of such products? Yes ___ No ___
 - Are any of the products labeled with your name or logo? Yes ___ No ___
 - Do you have written contracts with all vendors/suppliers? Yes ___ No ___
 - Do you require certificates of insurance from all vendors/suppliers? Yes ___ No ___
 - Do all vendors/suppliers name you as an additional insured on their insurance policies? Yes ___ No ___

UNAUTHORIZED ACCESS & VIRUS

22. Do you have a full time IT security manager? Yes ___ No ___
23. Do you have a written procedure as respects security? Yes ___ No ___
24. Do you distribute a manual or written procedures on security to all employees? Yes ___ No ___
25. Are there firewalls in place as part of your security system? Yes ___ No ___ If Yes, what firewall security do you use? _____
26. Is sensitive & confidential and critical information stored behind the firewall? Yes ___ No ___
27. Do you keep a firewall log? Yes ___ No ___
28. Is your computer network / database running an anti-virus software application? Yes ___ No ___
- If Yes, what anti-virus software application do you use? _____
 - How often is your anti-virus software updated? _____
29. Are system backups performed on a regular basis? Yes ___ No ___ If yes, how often? _____
30. Do you require employees to change access codes & passwords on a regular basis? Yes ___ No ___
31. Do you have restricted access to your computer room? Yes ___ No ___
32. Do you have alpha/beta testing procedures? Yes ___ No ___
33. As part of your online service, do you gather personal data of visitors to your site? Yes ___ No ___
- Do you have a privacy policy posted on your website? Yes ___ No ___
 - Do you required users to actively acknowledge and accept your privacy policy? Yes ___ No ___
 - Has an attorney reviewed your privacy policy? Yes ___ No ___
 - Do you have specific privacy provisions in your sub-contracting agreements? Yes ___ No ___
 - Is private information sold or shared with third parties? Yes ___ No ___ (If Yes, please provide details: _____)
 - Is private data that travels over a public network encrypted? Yes ___ No ___
 - Is private data that is at rest in your network encrypted? Yes ___ No ___
 - Do you use encryption for sensitive, confidential or critical data? Yes ___ No ___
 - Do you currently have a third party endorsement or certification of your privacy process and practices? Yes ___ No ___ If Yes, name the privacy endorsement: _____
34. Are credit card or funds transfer transactions conducted on your website? Yes ___ No ___

35. Do you have formal record management procedures in place? Yes ___ No ___
36. Have you ever had a business customer, consumer or government agency accuse you of a privacy violation? Yes ___ No ___ If yes, please provide details: _____
37. Have you or any of your employees ever transmitted a computer virus to a third party? Yes ___ No ___ If yes, please provide details: _____
38. Have you ever sustained a significant systems intrusion, tampering, virus or malicious code attack, loss of data, hacking incident, data theft or similar event? Yes ___ No ___ If Yes, please provide details: _____
39. Have you ever had a security system breached? Yes ___ No ___ If Yes, please provide details: _____

INTELLECTUAL PROPERTY & MEDIA LIABILITY

40. Are any of the following activities or services provided on your website(s)? Check all that apply:

- | | |
|---|--|
| <input type="checkbox"/> Advertising for others for a fee | <input type="checkbox"/> Files/Software for Download |
| <input type="checkbox"/> Message/Bulletin Boards | <input type="checkbox"/> Chat Rooms/Forums/Blogs |
| <input type="checkbox"/> Counseling, Advice or Referrals | |

41. Please select the items that accurately describe any content or information on your website:

- | | | |
|--|--|---|
| <input type="checkbox"/> Medical | <input type="checkbox"/> For Children | <input type="checkbox"/> Game or Quiz |
| <input type="checkbox"/> Product Comparisons | <input type="checkbox"/> Cultural | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Radio/TV | <input type="checkbox"/> News | <input type="checkbox"/> Software |
| <input type="checkbox"/> Religious | <input type="checkbox"/> Educational | <input type="checkbox"/> Adult/Pornographic |
| <input type="checkbox"/> Auction | <input type="checkbox"/> Music | <input type="checkbox"/> Advertisements |
| <input type="checkbox"/> "How To"/Hobbyists | <input type="checkbox"/> Celebrity Information | <input type="checkbox"/> Entertainment/Movies |
| <input type="checkbox"/> Gambling | <input type="checkbox"/> Financial | <input type="checkbox"/> Home Improvement |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |

42. Do you use material or content created or provided by others, such as music, graphics, or video streams? Yes ___ No ___
43. Do you always obtain written licenses and consent agreements for the use of materials & content provided by others? Yes ___ No ___ If Yes, describe the policies and procedures you have in place for collecting and reviewing the licenses and consent agreements: _____
44. Does your website contain any downloadable materials? Yes ___ No ___ If Yes, what: _____
45. What are your procedures for reviewing content posted on your website? _____
46. Do you have procedures in place for removing or editing infringing or slanderous content posted on your website? Yes ___ No ___ If Yes, do you review and remove content:
- before posting? Yes ___ No ___
 - after posting? Yes ___ No ___

47. Do you require membership agreements in order to gain access to your website? Yes ___ No ___
 If Yes, do these agreements contain hold harmless agreements from subscribers for the information they upload to your website? Yes ___ No ___
48. Have you ever received a complaint concerning the content of your website, or received notice that your domain name, website content, or advertisements posted on your website infringed the intellectual property rights of others, or have you been the subject of any action or investigation by a regulatory, administrative or governmental agency for violations related to your advertising, sales activities or intellectual property infringements?
 Yes ___ No ___ If Yes, please provide complete details: _____

49. Have you ever been sued, threatened with suit, or had a claim made against you for libel, slander, invasion of privacy, piracy, plagiarism, or infringement of copyright, trademark, trade name or any other intellectual property? Yes ___ No ___ If Yes, provide complete details: _____

OTHER INSURANCE

50. Please provide information as respects your professional liability coverage for the last five years beginning with the most current coverage.

Policy Period	Carrier	Limits	Deductible	Premium	Retro Date
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

51. What is the date of the first policy that you have since carried continuous coverage for Intellectual Property and Media Liability: ____ / ____ / ____

52. Do you maintain General Liability Insurance? Yes ___ No ___
 If Yes, Carrier: _____ Policy Period: _____ Limits: _____
 Personal Injury Liability is: ___ Included ___ Excluded
 Advertising Injury Liability is: ___ Included ___ Excluded
 Products Liability is: ___ Included ___ Excluded
 Are you interested in a quote that includes General Liability Insurance? Yes ___ No ___

53. Has any insurer declined, canceled or non-renewed any similar insurance for which you are applying?
 Yes ___ No ___ If Yes, please provide details. _____

54. Have any claims or suits ever been made against you? Yes ___ No ___ If Yes, attach a completed claim supplement for each.

55. Have you ever discontinued any software, product or service? Yes ___ No ___ If Yes, please provide details.

56. Are you aware of any actual or alleged facts, circumstances, situations, errors, omissions or incidents that might give rise to a claim against you? Yes ___ No ___ If Yes, attach a completed claim supplement for each.

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**

