



**TECHNOLOGY E&O  
RENEWAL  
APPLICATION FORM**



# TECHNOLOGY E&O RENEWAL APPLICATION

## APPLICATION

For the purposes of this application, bold terms shall have the meaning as defined in the current Hiscox Duty to Defend Technology Protection Wording. If you do not have a copy of the wording, please obtain a copy from your insurance advisor so that you fully understand these definitions and what is being asked of you on this application.

Notice: This application is for insurance in which the **policy limit** available to pay judgments or settlements shall be reduced by amounts incurred for **defense costs**. Further note that amounts incurred for **defense costs** shall be applied against the **retention** amount.

If a renewal policy is issued, it will provide coverage only for **claims** that are first made against **you** and reported to **us** during the **policy period**, or any extended reporting period, if applicable.

Please include revenue for **existing subsidiaries** (companies in which you directly or indirectly own more than 50% of the assets or outstanding voting shares or interests).

### 1. Applicant details

Name:

Address (Only complete if different to last year):

State:

Zip:

Telephone:

Website:

Email:

### 2. Cover required

Check here if the cover required is the same as last year:

If the cover required is different from last year, please indicate cover required

Limit requested -

Retention requested:

### 3. Functionality

If the functionality of your technology is different to last year, please describe:

### 4. Gross revenue

Past year ending / /	Current year	Estimate for coming year
\$	\$	\$



TECHNOLOGY E&O PROTECTION

5. Large contract details

Please give details of the largest three contracts you have entered into in the last three years:

Table with 5 columns: Name of client, Description of Services, Total revenue associated with contract (US\$), Start of contract, End of contract. Contains 3 empty rows.

6. Claims details

Have you suffered any loss or has any claim whether successful or not ever been made against you? YES [ ] NO [ ]

If YES, please specify details (attach additional information if required):

Empty rectangular box for providing claim details.

MATERIAL INFORMATION

Please provide us with details of any other information which may be material to our consideration of your application for insurance. If you have any doubt over whether something is relevant, please let us have details:

Empty rectangular box for providing material information.

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 CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

DECLARATION

I declare that (a) this application form has been completed after reasonable inquiry, including but not limited to all necessary inquiries of my fellow principals, partners, officers, directors and employees, to enable me to answer the questions accurately and (b) its contents are true and accurate and not misleading.

I undertake to inform you before the inception of any policy pursuant to this application of any material change to the information already provided or any new fact or matter that may be material to the consideration of this application for insurance.

I agree that this application form and all other information which is provided are incorporated into and form the basis of any contract of insurance.

Empty rectangular box for signature.

Signature of Principal/Partner/Officer/Director as authorized representative of the Applicant

Empty rectangular box for date with slashes.

Date (mm/dd/yyyy)

A COPY OF THIS APPLICATION SHOULD BE RETAINED FOR YOUR RECORDS.