

ADMIRAL INSURANCE COMPANY
520 Pike Street, Suite 2929
Seattle, WA 98101
Phone: 206-467-6511- Fax: 206-467-6557
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. 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: _____	_____
TOTAL	100%

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: _____	_____
TOTAL _____	100%

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: _____	_____
TOTAL _____	100%

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? _____%

UNAUTHORIZED ACCESS & VIRUS

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. _____

INTELLECTUAL PROPERTY NOT COVERED

WEBSITE RELATED ACTIVITIES

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 ___

42. 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 to the information they upload to your website? Yes ___ No ___
43. Does your website display disclaimers as to the content of your website? Yes ___ No ___
44. Does your website contain links to other websites that are not owned by you? Yes ___ No ___ If Yes, do you obtain permission from all linked sites? Yes ___ No ___
45. Please select the items that accurately describe the services available on your website:
___ E-Mail ___ Files/Software for Download
___ Message/Bulletin Boards ___ Chat Rooms/Forums
46. Please select the items that accurately describe any content or information available on your website:
___ Medical ___ For Children ___ Game or Quiz
___ Product Comparisons ___ Cultural ___ Sports
___ Radio/TV ___ News ___ Software
___ Religious ___ Educational ___ Adult/Pornographic
___ Comedy ___ Digital Music ___ Advertisements
___ "How To"/Hobbyists ___ Celebrity Information ___ Entertainment/Movies
47. Have you ever received a complaint regarding the content of your website? Yes ___ No ___ If Yes, please provide details. _____
48. How would you respond to such complaints and in what time frame? _____
49. Does your website advertise services or products of others? Yes ___ No ___ If Yes, answer the following:
a) In what format, i.e. banners, border or buttons? _____
b) What is your annual income from these services? _____
50. Do you provide the content for these advertisements? Yes ___ No ___ If Yes, do you have the authority/ability to censor or edit the advertisements? Yes ___ No ___

OTHER INSURANCE

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

<u>Policy Period</u>	<u>Carrier</u>	<u>Limits</u>	<u>Deductible</u>	<u>Premium</u>	<u>Retro Date</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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 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