ExecutivePerils

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dba: Executive Perils Insurance Services

# COMPUTER CONSULTANT /WEBSITE DESIGNER

# Errors & Omissions

APPLICANT’S INSTRUCTIONS:

1. Answer all questions. If the answer requires detail, please attach a separate sheet.
2. Application must be signed and dated by owner, partner or officer of the named insured.
3. PLEASE READ CAREFULLY THE STATEMENTS AT THE END OF THIS APPLICATION.
4. **APPLICANT INFORMATION**
5. Full name of applicant:
6. Principle Business Address:

1. **[ ]** Corporation **[ ]** Partnership **[ ]** Individual **[ ]** Other (specify)

## Years in business under present name:

1. Affiliations with other firms:
2. In the past 5 years has the applicants name been changed or has any other business been purchased, sold or has any merger taken place **[ ]** yes **[ ]**  no

If “yes”, please explain and include any changes in operations and/or key employees.

|  |  |
| --- | --- |
| G. Requested Limits: (per claim)$  | Deductible: $  |

1. **RECEIPTS/OPERATIONS**

|  |  |  |  |
| --- | --- | --- | --- |
|  A. | Actual Gross Receipts for last year: $  |  | 1st Previous: $  |

#### B. Estimate for coming year: $

C. Percentage of this years receipts derived from :

|  |  |  |  |
| --- | --- | --- | --- |
| Data Processing:  | % | Internet Presence Provider | % |
| Customer Software Development | % | Web Page Develop./ Maint | % |
| Packaged Software Development | % | Content Provider for WEB Page | % |
| Systems Analysis Development | % | Commercial On Line Service | % |
| Computer Security | % | Electronic Bulletin Board Services | % |
| Systems Integration | % | Internet Access Provider | % |
| Computer Related Training | % | Time Sharing | % |
| Fulfillment Services | % | Hardware Sales  | % |
| Mailing List Compilation/Sales | % |  | % |
| Forum/Content Channel | % | Other:  | % |

 Total 100%

Please indicate the percentage of your software/services that serve the following industries:

|  |  |  |  |
| --- | --- | --- | --- |
| Administrative | % | LAN / Network | % |
| Architectural Engineering | % | Medical | % |
| Communications | % | Scientific | % |
| Database definitions | % | Retail | % |
| Educational  | % | Facilities Management | % |
| Financial | % |  |  |
| Other: Describe: |  %  | % |

####  Total 100%

E. Please attach a list of your five major clients and services provided to each.

F. Please attach copies of;

1. Advertisements, brochures, descriptive literature;
2. Sample contract between you and your clients outlining services to be rendered;
3. Latest financial data;
4. Partners, key employees, etc. and their professional qualifications
5. Features available on Internet Service (check all that apply)

[ ]  E-mail Visits per week

[ ]  Files for download Visits per week

[ ]  Chat Room Visits per week

[ ]  Conference Room

[ ]  Other (please explain) :

H. Content of Information on Internet Service (check all that apply)

[ ]  For Children [ ]  Radio [ ]  Adult only

[ ]  Variety [ ]  News [ ]  Music

[ ] Game or Quiz [ ]  Software [ ]  Comedy

[ ]  Product Comparisons [ ]  Commentary [ ]  Advertising

[ ]  Cultural [ ]  Religious [ ]  “How to” / Hobbyist

[ ]  Sports [ ]  Financial

[ ]  Educational (please explain):

[ ]  Other (please explain):

I Location of Internet Service is:

 [ ]  Address on Commercial Site:

 [ ]  Internet Address:

 [ ]  World Wide Web Address:

 [ ]  BBS Main Phone Number:

1. **RISK MANAGEMENT (if any questions are answered “no”, please explain on a separate sheet)**
2. Are all program and changes documents , tested and the results retained for the active life of each

Program? [ ]  Yes [ ]  No

1. Do all of your clients have responsibility for determining accuracy of results? [ ]  Yes [ ]  No
2. Do they confirm to you in writing? [ ]  Yes [ ]  No
3. If your are performing data processing services for others , have you arranged for substitute facilities in the event of a shutdown? [ ]  Yes [ ]  No

E. Do you have a formalized quality control program? [ ]  Yes [ ]  No

1. **INTERNET SERVICES CONTROLS**

A. Do you have a policy for removing libelous or slanderous material from your Internet Services? [ ]  Yes [ ]  No

 (1) How often is libelous and slanderous material removed from you Internet Services?

1. Do you obtain membership agreements from all persons that access you Internet Services?

 [ ]  Yes [ ]  No

C. Do these membership agreements contain hold harmless agreements from subscribers to the information they upload to your Internet Services? [ ]  Yes [ ]  No

D. Do you obtain hold harmless agreements from all content providers? [ ]  Yes [ ]  No.

E. Do you have a policy for removing infringing material (copyright, trademark, intellectual property right, etc.) from you Internet Services? [ ]  Yes [ ]  No

F. Are licenses and consents obtained from the following entities for all of your Internet Services?;

**Yes No**

1. Authors and writers of all works, including software [ ]  [ ]
2. Music owners, including the rights for the

a) Lyrics [ ]  [ ]

b) Music [ ]  [ ]

c) Recording and synchronization [ ]  [ ]

d) Performance rights [ ]  [ ]

e) Distribution rights [ ]  [ ]

1. ASCAP, BMI, SESAC or other music licensing services [ ]  [ ]

 If “yes”, attach copy of license

 **Yes No**

1. Film Clip Owners, including from;
2. licensing entities [ ]  [ ]

 (if “yes”, attach a copy of license)

b) copyright owners [ ]  [ ]

1. music owners, including the rights for the
2. lyrics [ ]  [ ]
3. music [ ]  [ ]
4. recording and synchronization [ ]  [ ]
5. performance rights [ ]  [ ]

 d) writers or authors of underlying work [ ]  [ ]

1. Persons (alive or deceased) whose name or likeness is used on the

On Line Service [ ]  [ ]

1. **VIRUS / UNAUTHORIZED COMPUTER ACCESS CONTROLS**

(if any questions are answered “no”, please explain on a separate sheet)

 **Yes No**

1. Do you have a procedure for screening for viruses? [ ]  [ ]
2. Do you have a disaster recovery plan in effect for the investigation, reporting,

 and correction of any information compromised by viruses/

 unauthorized computer access? [ ]  [ ]

1. Do you have a designated security manager? [ ]  [ ]
2. Do you have a security manual or procedures which are distributed and

explained to all employees? [ ]  [ ]

 **Yes No**

1. Do you have randomly changed access codes and passwords? [ ]  [ ]
2. Do you have restricted access procedure for your computer room? [ ]  [ ]
3. If any of your receipts are derived from the installation of software, systems,

analysis / design, computer security or systems integration, do you require

that your client maintain the above controls “a.-f”, regarding their computer

system? [ ]  [ ]

1. If any of your receipts are derived from computer security:

(i) What percentages of those services are for financially related industries? %

What types of security systems are used? (use additional sheet if necessary) :

1. **Claims History**
2. (If “yes” to any of the following questions, please attach details)
3. Have any professional liability claims been made against you in the **Yes No**

last five years? [ ]  [ ]

1. Are you aware of any incidents or circumstances which might give

 rise to a professional liability claim [ ]  [ ]

1. Has any insurer canceled or refused to renew any similar insurance

 during the past five years? [ ]  [ ]

1. **Previous Coverage:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Term | Insurer | Claims Made | Occ. | Limits of Liability | Deductible | Premium |
|  |  | **[ ]**  | **[ ]**  |  |  |  |
|  |  | **[ ]**  | **[ ]**  |  |  |  |
|  |  | **[ ]**  | **[ ]**  |  |  |  |
|  |  | **[ ]**  | **[ ]**  |  |  |  |

NOTICE TO APPLICANT: THE COVERAGE APPLIED FOR IS SOLELY AS STATED IN THE POLICY, WHICH PROVIDES COVERAGE ON CLAIMS-MADE BASIS FOR ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD, unless the extended reporting period option is exercised in accordance with the terms of the policy.

WARRANTY: I/WE warrant to the insurer, that I/we understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Insurer evidence it’s acceptance of this application by issuance of a policy.

Name of Applicant Title (Officer, Partner, etc.)

Signature of Applicant Date

SIGNING this application does not bind the Applicant or the Insurer or the Underwriting Manager to complete the insurance, but one copy of this application will be attached to the policy if issued.