

QUESTIONS

8. a) Furnish the percentage of gross receipts derived from the following:
- 1) Custom software design and development;
 - 2) Programming/software maintenance;
 - 3) Sale of packaged software;
 - 4) System analysis and design;
 - 5) Data entry/processing for others;
 - 6) EDP consulting;
 - 7) Network design;
 - 8) Implementation;
 - 9) Sales of hardware/hardware maintenance;
 - 10) Turnkey systems;
 - 11) Internet software development;
 - 12) Other _____

ANSWERS

8. a) %
- 1) _____
 - 2) _____
 - 3) _____
 - 4) _____
 - 5) _____
 - 6) _____
 - 7) _____
 - 8) _____
 - 9) _____
 - 10) _____
 - 11) _____
 - 12) _____
- Total 100%

9. Furnish the details of the FOUR largest contracts undertaken during the last THREE years and the gross receipts derived from them.

9.

<u>Client</u>	<u>Details</u>	<u>Gross Receipts</u>
a) _____	_____	\$ _____
b) _____	_____	\$ _____
c) _____	_____	\$ _____
d) _____	_____	\$ _____

10. Does the Applicant per-form any work which falls into the following categories?

10.

- | | |
|---|---|
| <ul style="list-style-type: none"> a) Aerospace equipment, aircraft guidance systems, or group support systems b) Medical equipment or records; c) Manufacturing or chemical process control or monitoring d) Industrial equipment and systems, robotics; e) Pollution control or environmental monitoring equipment or systems; f) Transportation; g) Construction / mining /agriculture - h) If "Yes," to any of the above, furnish full details. | <ul style="list-style-type: none"> a) YES <input type="checkbox"/> NO <input type="checkbox"/> b) YES <input type="checkbox"/> NO <input type="checkbox"/> c) YES <input type="checkbox"/> NO <input type="checkbox"/> d) YES <input type="checkbox"/> NO <input type="checkbox"/> e) YES <input type="checkbox"/> NO <input type="checkbox"/> f) YES <input type="checkbox"/> NO <input type="checkbox"/> g) YES <input type="checkbox"/> NO <input type="checkbox"/> h) _____ |
|---|---|

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- 11. Furnish brochures or other material that completely describes the services provided.
- 12. a) Does the Applicant hire electronic data processing subcontractors?
b) If "Yes," furnish the following,:
 - 1) The number of subcontractors hired in the last year;
 - 2) The percentage of gross receipts derived from the subcontractor's work;
 - 3) The type of work done by the subcontractor;
 - 4) Furnish the qualifications required of the subcontractors by the Applicant;
 - 5) Are the subcontractors required to have their own errors and omissions insurance;
 - 6) Describe the procedures used to review the subcontractor's work;
 - 7) Do the subcontractors work under the supervision of the Applicant or the Applicant's client.
- 13. a) Does the Applicant enter into a standard contract signed by all clients? If "Yes," attach a copy of the contract terms.
b) If "No," furnish full the terms on which work is accepted and state whether legal advice has been taken on these terms.
- 14. a) is work performed for any companies having a financial or executive interest in the Applicant?
b) If "Yes," furnish full details of the relationship between the companies and the gross receipts derived from these operations.
- 15. a) Furnish the following information about the general liability insurance carried by the Applicant:
b) Does the general liability insurance include contractual liability coverage?
c) Does the general liability insurance include products/completed operations coverage?

- 11.
- 12. a) YES NO
b)
 - 1) _____
 - 2) _____ %
 - 3) _____

 - 4) _____

 - 5) YES NO
 - 6) _____

 - 7) Applicant
 Applicant's Client
- 13. a) YES NO
b) _____

- 14. a) YES NO
b) _____

- 15. a) Insurance Co. Policy Limit Expiration Date
_____ _____ _____
b) YES NO
c) YES NO

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16. a) Is the Applicant engaged in any other business or profession, or employed by any other firm, full or part-time?

b) If "Yes," furnish full details.

17. a) During the past FIVE years has the name of the Applicant been changed or has any other business been purchased, merged or consolidated with the Applicant?

b) If "Yes," furnish full details.

18. a) Has the named Applicant had errors and omissions insurance previously; either under their existing name, or that of any predecessor in business?

b) If "Yes," furnish full details of errors and omissions coverage for the last THREE years.

16. a) YES NO

b)

17. a) YES NO

b)

18. a) YES NO

<u>Insurer</u>	<u>Policy No.</u>	<u>Limits of Liability</u> \$ _____	<u>Deductible</u> \$ _____	<u>Premium</u> \$ _____	<u>Expiration Mo./Da./Yr.</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

c) Is the Applicant's expiring policy a CLAWS MADE policy?

d) If "Yes," furnish the retroactive date and attach a copy of the expiring policy.

c) YES NO

d) YES NO

19. a) Has any application for this type of insurance made by the Applicant or their predecessors in business ever been declined, or has any similar insurance ever been canceled, non-renewed, refused, or had special terms imposed?

b) If "Yes," furnish full details.

19. a) YES NO

b)

20. a) Has any Claim been made during the last FIVE years against the Applicant, any of their past or present owners, officers, partners, directors, or employees, either individually or otherwise on account of errors and omissions?

20. a) YES NO

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20. b) If "Yes," furnish the following:
 1) Date the Claim was made;
 2) Name of the Claimant;
 3) Value of the Claim;
 4) If the Claim is settled or outstanding
 5) Amount of the settlement;
 6) Brief description.

20. b) 1) _____
 2) _____
 3) _____
 4) _____
 5) _____
 6) _____

21. a) Is the Applicant aware of any circumstances, or any allegation or contentions, as to any incident which may result in a Claim being made against the Applicant or any past or present owners, partners, officers, employees, or predecessors in business?

21. a) YES NO

b) If "Yes," furnish the following:
 1) Date the Applicant first became aware of any such alleged negligent act, error or omission;
 2) Name of the potential Claimant;
 3) Estimated value;
 4) Brief description.

b) 1) _____
 2) _____
 3) _____
 4) _____

23. Does the Applicant agree that this Application is for a CLAIMS MADE policy?

23. YES NO

24. a) Limit of Liability required?
 b) Amount of deductible required?

24. a) \$ _____
 (Each Claim / Aggregate)
 b) \$ _____

I/we hereby declare that the above statements and particulars are true and that I/we have not suppressed or mis-stated any material facts and I/we agree that this declaration shall be the basis of the contract between me/us and the Company and that this Application will form a part of the policy.

*Name of Firm: _____

By: _____
 (Owner, Partner, or Senior Officer)

Title: _____

Date: _____ 19 _____

* Signing this form does not bind the Applicant or the Company to complete the insurance

Agent: _____

Address: _____
