

APPLICATION for: Miscellaneous Errors and Omissions Liability Insurance
Claims Made Basis. Underwritten by Underwriters at Lloyd's, London

1. Name of Applicant: _____
(as it should appear on the policy)

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail: _____

Web Site: _____

Is firm: Corporation Partnership Individual LLC Other _____

2. Date Applicant firm was established: _____

3. Has the name of the firm ever changed, or has any merger or consolidation ever taken place? Yes No
If "Yes", please provide details including dates and any liabilities assumed

4. Is the Applicant firm controlled, owned, affiliated or associated with any other firm, corporation or company? Yes No
If "Yes", please list all affiliations:

5. Describe in detail the services for which coverage is desired:

<u>Service Offered</u>	<u>Percent of total</u>
_____	_____
_____	_____
_____	_____

6. Are other services provided for which coverage is not desired? Yes No
If "Yes", please describe services and indicate percent of the insured's total revenue:

7. Does anyone affiliated with Applicant firm provide services to any client in which any partner, director, officer or equity owner or spouse of the Applicant firm serves as partner, director, officer or equity owner of the client firm? Yes No
If "Yes", please provide explanation: _____

8. Revenue:

Total Expected Revenue for the upcoming policy period: \$ _____

Current Year: \$ _____

Last Year: \$ _____

Prior Year: \$ _____

Please attach copy of REPRESENTATIVE CONTRACT used between the Applicant and client.

9. Does the Applicant firm use a written contract with clients describing the services provided?

- Always Most of the Time Some of the Time Never

10. Do the Applicant's contracts contain indemnification or hold-harmless clauses inuring to the Applicant's benefit?

- Always Most of the Time Some of the Time Never

11. Do the Applicant's contracts contain guarantees or warranties?

- Always Most of the Time Some of the Time Never

12. Do the contracts contain disclaimers inuring to the benefit of the Applicant?

- Always Most of the Time Some of the Time Never

13. Does the Applicant ever enter into contracts where the fees for services are contingent upon the client achieving cost reductions or the client achieving improved operating results?

- Yes No

If "Yes", attach a detailed description of such arrangements.

14. Does the Applicant firm utilize the services of Independent Contractors?

- Yes No

Approximate percentage of billings attributable to Subcontractors: _____%

Does the Applicant require Subcontractors to carry their own E&O policies?

- Yes No

15. Staff Information:

A. Per information below, please include all principal and key employee resumes with application:

Name of all Principals, Partners, Owners and Key Employees	Professional Qualifications	Years with Applicant Firm	Years providing service	Continuing Education (Yes or No)	Position with Firm
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

B. Applicant's Staff:

Full Time Part Time

Total Number: _____

Number hired within the past 12 months: _____

Number terminated, retired, or resigned within the past 12 months: _____

16. Please list professional associations to which the Applicant belongs:

17. Please list the Applicant's five largest jobs or projects during the past three (3) years:

Project/Client Name	Services Performed for Client	Revenue from those Services	Date Service Began	Percent of Gross Revenue
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

18. Has the Applicant provided services to any governmental entities? Yes No
 If "Yes", please attach an explanation.

19. Has the Applicant provided services to any employee benefit plans, including any pension plans, or does it plan to do so? Yes No
 If "Yes", please attach an explanation.

20. Has the Applicant provided services to any bank, savings and loan or other financial institution, or does it plan to do so? Yes No
 If "Yes", please attach an explanation.

21. Insurance History:

a) Please list the Applicant's Professional Liability Insurance Coverage carried during the past three (3) years, including any periods without coverage:

Name of Insurer	Policy Period From: MM/DD/YY To: MM/DD/YY	Limits of Liability	Retention	Premium
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

b) Does the current policy have a prior acts limitation or retroactive date? Yes No
 If "Yes", please indicate date: _____

c) Does the Applicant currently carry Commercial General Liability Insurance? Yes No
 Limits of Liability: _____ Effective Date: _____

22. Claims History:

Have any claims, suits, or demands been made against the Applicant, a predecessor firm, any past or present principals, partners, officers, or employees within the past **five (5) years**? Yes No

If "Yes", please provide a claim summary for each claim, consisting of:

- Name of claimant
- Type of service provided
- Date of claim
- Demand amount
- Indemnity and expenses paid/reserved
- Final disposition of claim

23. After inquiry with all principals, partners and officers, is the Applicant aware of any dispute, error, omission, act or circumstance that is or could reasonably be expected to become a claim under the policy for which this Application is submitted to the Underwriters? Yes No

24. Limits of Liability requested: \$ _____

Deductible (each Claim): \$ _____

Proposed Effective Date: _____
Month Day Year

Network Security & Privacy Insurance Section

(This section may be omitted if Applicant is not interested in obtaining a quote on this coverage)

25. Does your company use anti-virus software and firewall protection on all desktops, portable devices and mission critical servers, and is it updated in accordance with the software provider's recommendations? Yes No

26. Do you enforce a security policy that must be followed by all employees, contractors, or any other person with access to confidential information? Yes No

27. Is all sensitive and confidential information stored on your organization's databases, servers and data files encrypted? Yes No

28. If encryption is not in place for databases, servers and data files, are the following compensating controls in place:

a) Segregation of servers that store confidential information Yes No

b) Access control with role-based assignments Yes No

29. If your organization stores personal information on portable devices, is such data encrypted to industry standards? Yes No

30. Does your security and privacy policy include mandatory training for all employees? Yes No

31. Please estimate total number of records you store, either electronically or in physical files. _____

32. Does your company process, store or handle credit card information? Yes No

a) If "Yes", are you compliant with all data security standards issued by the card issuers or financial institutions you do business with? Yes No

33. Has the Applicant received any complaints, claims or been subject to litigation involving matters of privacy injury, identity theft, denial of service attacks, computer virus infections, theft of information, damage to third party networks, or the Applicant's customers' ability to rely on the Applicant's network? Yes No
(If "Yes", please provide details)

- To complete the submission, include the following:
- A copy of the Applicant's standard client contract.
 - Any brochures or promotional materials.
 - Resumes of the Applicant's principals or key employees.
 - Claim Supplement(s).

NOTICE TO APPLICANT: PLEASE READ CAREFULLY

THE UNDERSIGNED DECLARES THAT TO THE BEST OF HIS/HER KNOWLEDGE THE STATEMENTS HEREIN ARE TRUE. SIGNING OF THIS APPLICATION DOES NOT BIND THE UNDERSIGNED TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND THIS APPLICATION WILL BE ATTACHED AND BECOME A PART OF SUCH POLICY, IF ISSUED. UNDERWRITERS HEREBY ARE AUTHORIZED TO MAKE ANY INVESTIGATION AND INQUIRY IN CONNECTION WITH THIS APPLICATION AS THEY DEEM NECESSARY.

IT IS WARRANTED THAT THE PARTICULARS AND STATEMENTS CONTAINED IN THE APPLICATION FOR THE PROPOSED POLICY AND ANY MATERIALS SUBMITTED HERewith (WHICH SHALL BE RETAINED ON FILES BY UNDERWRITERS AND WHICH SHALL BE DEEMED ATTACHED HERETO, AS IF PHYSICALLY ATTACHED HERETO), ARE THE BASIS FOR THE PROPOSED POLICY AND ARE TO BE CONSIDERED AS INCORPORATED INTO AND CONSTITUTING A PART OF THE PROPOSED POLICY.

IT IS AGREED THAT IN THE EVENT THERE IS ANY MATERIAL CHANGE IN THE ANSWERS TO THE QUESTIONS CONTAINED HEREIN PRIOR TO THE EFFECTIVE DATE OF THE POLICY, THE APPLICANT WILL NOTIFY UNDERWRITERS AND, AT THE SOLE DISCRETION OF UNDERWRITERS, ANY OUTSTANDING QUOTATIONS MAY BE MODIFIED OR WITHDRAWN.

FOR PURPOSES OF CREATING A BINDING CONTRACT OF INSURANCE BY THIS APPLICATION OR IN DETERMINING THE RIGHTS AND OBLIGATIONS UNDER SUCH A CONTRACT IN ANY COURT OF LAW, THE PARTIES ACKNOWLEDGE THAT A SIGNATURE REPRODUCED BY EITHER FACSIMILE OR PHOTOCOPY SHALL BE THE SAME FORCE AND EFFECT AS AN ORIGINAL SIGNATURE AND THAT THE ORIGINAL AND ANY SUCH COPIES SHALL BE DEEMED ONE AND THE SAME DOCUMENT.

Print Name of Insured, Owner, Partner or Principal

Title

Signature

Date