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APPLICATION
ELECTRONIC DATA PROCESSING ERRORS & OMISSIONS INSURANCE
CLAIMS MADE POLICY

THIS IS AN APPLICATION FOR A POLICY WITH LIMITS OF LIABILITY WHICH INCLUDE BOTH DAMAGES AND CLAIM EXPENSES. IF THERE ARE ANY QUESTIONS, PLEASE CONSULT WITH YOUR AGENT, BROKER, OR ATTORNEY.

| QUESTIONS | ANSWERS | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|---|------------------------------------|----|-------|-------|----|-------|-------|----|-------|-------|----|-------|-------|----|-------|-------|----|-------|-------|
| 1. Full name and address of Applicant. | 1. | | | | | | | | | | | | | | | | | | | | | |
| 2. Address(es) of Branch Office(s). | 2. | | | | | | | | | | | | | | | | | | | | | |
| 3. Date Established. | 3. | | | | | | | | | | | | | | | | | | | | | |
| 4. The Applicant is: | 4. <input type="checkbox"/> Individual; <input type="checkbox"/> Partnership; <input type="checkbox"/> Corporation; <input type="checkbox"/> _____ . | | | | | | | | | | | | | | | | | | | | | |
| 5. Furnish the number of Partners and Staff: a) Principals/Partners; b) Systems Analysts; c) Systems Designers; d) Programmers; e) Computer Operators; f) Other Employees. | 5. <table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: center;"><u>Full Time</u></td> <td style="text-align: center;"><u>Part Time</u></td> </tr> <tr> <td>a)</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>b)</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>c)</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>d)</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>e)</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>f)</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </table> | | <u>Full Time</u> | <u>Part Time</u> | a) | _____ | _____ | b) | _____ | _____ | c) | _____ | _____ | d) | _____ | _____ | e) | _____ | _____ | f) | _____ | _____ |
| | <u>Full Time</u> | <u>Part Time</u> | | | | | | | | | | | | | | | | | | | | |
| a) | _____ | _____ | | | | | | | | | | | | | | | | | | | | |
| b) | _____ | _____ | | | | | | | | | | | | | | | | | | | | |
| c) | _____ | _____ | | | | | | | | | | | | | | | | | | | | |
| d) | _____ | _____ | | | | | | | | | | | | | | | | | | | | |
| e) | _____ | _____ | | | | | | | | | | | | | | | | | | | | |
| f) | _____ | _____ | | | | | | | | | | | | | | | | | | | | |
| 6. a) Furnish the following information on all principals and key employees: | 6. a) | | | | | | | | | | | | | | | | | | | | | |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;"><u>Full Name</u></td> <td style="width: 20%;"><u>No. Years Experience</u></td> <td style="width: 30%;"><u>Professional Qualifications</u></td> <td style="width: 20%;"><u>How Long a Principal</u></td> </tr> </table> | <u>Full Name</u> | <u>No. Years Experience</u> | <u>Professional Qualifications</u> | <u>How Long a Principal</u> | | | | | | | | | | | | | | | | | | |
| <u>Full Name</u> | <u>No. Years Experience</u> | <u>Professional Qualifications</u> | <u>How Long a Principal</u> | | | | | | | | | | | | | | | | | | | |
| b) If business is not more than TWO years old, attach resumes of the principals and key employees. | b) | | | | | | | | | | | | | | | | | | | | | |
| 7. a) Furnish estimated gross receipts for the NEXT fiscal year; | 7. a) \$ | | | | | | | | | | | | | | | | | | | | | |
| b) Furnish gross receipts for the current year and the past TWO years. | b) 19__ \$ 19__ \$ 19__ \$ | | | | | | | | | | | | | | | | | | | | | |

| QUESTIONS | ANSWERS | | | | | | | | | | | | | | | |
|---|---|-----------------------|-----------------------|----------|-------|----------|----------|-------|----------|----------|-------|----------|----------|-------|----------|-----------|
| <p>8. a) Furnish the percentage of gross receipts derived from the following:</p> <ul style="list-style-type: none"> 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 _____ . | <p>8. a)</p> <p style="text-align: center;">%</p> <ul style="list-style-type: none"> 1) 2) 3) 4) 5) 6) 7) 8) 9) 10) 11) 12) <p style="text-align: center;">Total 100%</p> | | | | | | | | | | | | | | | |
| <p>9. Furnish the details of the FOUR largest contracts undertaken during the last THREE years and the gross receipts derived from them.</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; width: 30%;"><u>Client</u></th> <th style="text-align: center; width: 40%;"><u>Details</u></th> <th style="text-align: center; width: 30%;"><u>Gross Receipts</u></th> </tr> </thead> <tbody> <tr> <td>a) _____</td> <td>_____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>b) _____</td> <td>_____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>c) _____</td> <td>_____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>d) _____</td> <td>_____</td> <td style="text-align: right;">\$ _____</td> </tr> </tbody> </table> | <u>Client</u> | <u>Details</u> | <u>Gross Receipts</u> | a) _____ | _____ | \$ _____ | b) _____ | _____ | \$ _____ | c) _____ | _____ | \$ _____ | d) _____ | _____ | \$ _____ | <p>9.</p> |
| <u>Client</u> | <u>Details</u> | <u>Gross Receipts</u> | | | | | | | | | | | | | | |
| a) _____ | _____ | \$ _____ | | | | | | | | | | | | | | |
| b) _____ | _____ | \$ _____ | | | | | | | | | | | | | | |
| c) _____ | _____ | \$ _____ | | | | | | | | | | | | | | |
| d) _____ | _____ | \$ _____ | | | | | | | | | | | | | | |
| <p>10. Does the Applicant perform any work which falls into the following categories?</p> <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. | <p>10.</p> <ul style="list-style-type: none"> a) YES/NO b) YES/NO c) YES/NO d) YES/NO e) YES/NO f) YES/NO g) YES/NO h) | | | | | | | | | | | | | | | |

| QUESTIONS | ANSWERS |
|---|--|
| 11. Furnish brochures or other material that completely describes the services provided. | 11. |
| 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. | 12. a) YES/NO b) 1) 2) _____ % 3) 4) 5) YES/NO 6) 7) Applicant [] 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. | 13. a) YES/NO b) |
| 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. | 14. a) YES/NO b) |
| 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? | 15. a) <u>Insurance Co.</u> <u>Policy Limit</u> <u>Expiration Date</u> _____ _____ b) YES/NO c) YES/NO |

| QUESTIONS | ANSWERS | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--------------------------------|----------------------------|----------------------------|-------------------|-------------------------------|-------------------------------|-------|-------|----------|----------|----------|--|-------|-------|-------|-------|-------|--|-------|-------|-------|-------|-------|--|--|
| <p>16. a) Is the Applicant engaged in any other business or profession, or employed by any other firm, full or part-time?</p> <p>b) If "Yes," furnish full details.</p> | <p>16. a) YES/NO</p> <p>b)</p> | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>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?</p> <p>b) If "Yes," furnish full details.</p> | <p>17. a) YES/NO</p> <p>b)</p> | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>18. a) Has the named Applicant had errors and omissions insurance previously; either under their existing name, or that of any predecessor in business?</p> <p>b) If "Yes," furnish full details of errors and omissions coverage for the last THREE years.</p> <table border="0" data-bbox="138 997 1445 1155"> <thead> <tr> <th><u>Insurer</u></th> <th><u>Policy No.</u></th> <th><u>Limits of Liability</u></th> <th><u>Deductible</u></th> <th><u>Premium</u></th> <th><u>Expiration Mo./Day/Yr.</u></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> <td></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td></td> </tr> </tbody> </table> <p>c) Is the Applicant's expiring policy a CLAIMS MADE policy?</p> <p>d) If "Yes," furnish the retroactive date and attach a copy of the expiring policy.</p> | <u>Insurer</u> | <u>Policy No.</u> | <u>Limits of Liability</u> | <u>Deductible</u> | <u>Premium</u> | <u>Expiration Mo./Day/Yr.</u> | _____ | _____ | \$ _____ | \$ _____ | \$ _____ | | _____ | _____ | _____ | _____ | _____ | | _____ | _____ | _____ | _____ | _____ | | <p>18. a) YES/NO</p> <p>c) YES/NO</p> <p>d) YES/NO</p> |
| <u>Insurer</u> | <u>Policy No.</u> | <u>Limits of Liability</u> | <u>Deductible</u> | <u>Premium</u> | <u>Expiration Mo./Day/Yr.</u> | | | | | | | | | | | | | | | | | | | | |
| _____ | _____ | \$ _____ | \$ _____ | \$ _____ | | | | | | | | | | | | | | | | | | | | | |
| _____ | _____ | _____ | _____ | _____ | | | | | | | | | | | | | | | | | | | | | |
| _____ | _____ | _____ | _____ | _____ | | | | | | | | | | | | | | | | | | | | | |
| <p>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?</p> <p>b) If "Yes," furnish full details.</p> | <p>19. a) YES/NO</p> <p>b)</p> | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>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?</p> | <p>20. a) YES/NO</p> | | | | | | | | | | | | | | | | | | | | | | | | |

