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## Technology Errors and Omissions Application

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This application is designed to develop information that will help us assess the potential for you to incur claims for damages resulting from your business activities. If additional space is required in order to address certain questions, please attach whatever is necessary to thoroughly complete this application. In so doing, you will help us understand your business activities, the associated risks and your needs. This will allow us to complete our analysis and price the desired insurance coverage.

**GENERAL INFORMATION**

Website: \_\_\_\_\_

Full Legal Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Name of any subsidiaries or associated companies and nature of operations:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_Merger or Acquisition activity within the last 3 years:  
\_\_\_\_\_

Number of Employees: \_\_\_\_\_ Years in Business: \_\_\_\_\_

**COVERAGE REQUESTED****LIMITS OF COVERAGE**

Effective Date: \_\_\_\_\_ Each Claim: \$ \_\_\_\_\_ Aggregate Limit: \$ \_\_\_\_\_

*Deductible*  
\$10,000      \$25,000      \$100,000      \$250,000      Other: \$ \_\_\_\_\_

Deductibles exceeding \$250,000 may require letter of credit or other financial guarantee.  
\_\_\_\_\_**REVENUE/FINANCIAL INFORMATION**

*Please attach copies of your most recent annual reports, 10k, or your most recent audited financial statement.*

Estimate revenue\* for the next 12 months:

Domestic: \$ \_\_\_\_\_ Foreign: \$ \_\_\_\_\_ Total \$ \_\_\_\_\_

If you have foreign revenue, please list the countries in which you do business:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*\*Revenues mean actual sums billed to customers for products and services rendered. This includes all necessary support activity. i.e. consulting system analysis, design, programming, ect. DO NOT include receipts form "In-House operations."*

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### Business Description

Briefly describe your Principal Business Operations:

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*Please provide copies of your current marketing brochures for those products/services to be covered.*

How are your products/services marketed?

Proprietary Sales Force  
VAR's  
Other (please describe)

Manufacturers Representatives  
Retail Stores

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What new products/services are to be released within the next 12 month period:

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What is the value of your largest single installation, service or product?      \$ \_\_\_\_\_

What is the average value of a single installation, service or product?      \$ \_\_\_\_\_

### CONTRACTORS AND/OR CO-VENTURES

1. Are you involved or do you plan to be in any joint ventures with other firm(s) for research, development, sale and/or distribution of an electronic product, software or computer services? Yes    No

If yes, please explain: \_\_\_\_\_

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2. Do all joint ventures, subcontractors and independent contractors carry their own Errors and Omissions insurance? Yes    No

If yes, please explain: \_\_\_\_\_

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### PRODUCT DEVELOPMENT, QUALITY CONTROL AND CUSTOMER SERVICE/SUPPORT

1. Do you have a written System Development Methodology? Yes    No  
*(If yes, check appropriate box below)*

Feasibility study plan  
Physical system requirements  
Logical plan for system design  
System implementation

Testing in operational environment  
Other (please describe) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What is the worst thing that could happen to your customers' operations if your product/service were to fail to operate according to specifications?

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3. a. Do you archive Development Documentation? Yes    No
- b. How long are development documents retained? \_\_\_\_\_ Years
4. How far in advance of discontinuation of support for any product, software or computer service do you provide formal notice to your customers. \_\_\_\_\_  
\_\_\_\_\_
5. a. What % of your products/services are made to the specifications of others? \_\_\_\_\_ %
- b. For those products built to other's specification, describe the procedures to control development to insure compliance with those specifications.  
\_\_\_\_\_  
\_\_\_\_\_
6. a. Please list your products or services which must conform to any government standards:  
\_\_\_\_\_
- b. Have you implemented a form Total Quality Management strategy that would conform to criteria such as Malcolm Baldrige or ISO 9000? Please explain:  
\_\_\_\_\_  
\_\_\_\_\_
7. *Please attach sample labels/instructions.* Please check the boxes that apply to your labeling practices:
- |  |                                   |                               |
|--|-----------------------------------|-------------------------------|
|  | Company Name                      | Factory Numbers               |
|  | Date of Manufacture (if hardware) | Date of release (if software) |
|  | Instructions                      |                               |
8. What are the pre-leasing/testing procedures used to protect your customers from the possibility of a computer virus (*or other unauthorized access*) in any software shipped by your firm. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. What is the anticipated life of your hardware or software products? \_\_\_\_\_
10. List any product which you have discontinued by which may still be in use:  
(*Indicate the last year of distribution and annual sales*)
- | PRODUCT | YEAR  | ANNUAL SALES |
|---------|-------|--------------|
| _____   | _____ | _____        |
| _____   | _____ | _____        |
11. Is physical installation of your products at the customer site performed by your employees or representatives of your firm? Yes    No
12. Industries served:
- |                                     |                                      |       |
|-------------------------------------|--------------------------------------|-------|
|                                     | Transportation                       | _____ |
|                                     | Banking/Financial                    | _____ |
| <i>Indicate % of Total Revenues</i> | Manufacturing/Industrial             | _____ |
|                                     | Medical/Health                       | _____ |
|                                     | Telecommunications                   | _____ |
|                                     | Internet providers/Web page builders | _____ |
|                                     | Other: _____                         | _____ |

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13. a. Do you provide maintenance service for your hardware or software customers? Yes No
- b. Do you subcontract such maintenance services to others? Yes No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
14. What % of delivered products are returned or require repair on site at initial delivery? \_\_\_\_\_%
15. a. Do you have a product recall plan in place? Yes No
- b. Have you ever had to recall any of your products for any reasons? Yes No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
16. a. How do you inform your customer of bugs you discover in your software?  
\_\_\_\_\_  
\_\_\_\_\_
- b. From the time they are first discovered, how long does it take to inform all your customers of product bugs?  
     Less then 1 day Less than 1 month, but more than 1 week  
     Less than 1 week, no more than 1 day More than 1 month

### CONTRACT INFORMATION

*Please include copies of your standard contracts/agreements*

1. a. Are all of your customer contacts in writing? Yes No
- b. Are all contact modifications put in writing? Yes No
2. Does your legal counsel review all customer contracts prior to signing? Yes No
3. Do you ever negotiate contracts with your customers in which you accept liability for consequential damages? Yes No  
If yes, please explain in detail when and how often and provide copies os such contracts:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Do all your contracts contain the following classes/language?
- |                             |     |    |  |
|-----------------------------|-----|----|--|
| Disclaimer of warranties    | Yes | No |  |
| Exclusive Remedy            | Yes | No |  |
| Limitation of Liability     | Yes | No |  |
| Customer/vendor Maintenance | Yes | No |  |
| Provision                   | Yes | No |  |

## Technology Errors and Omissions Application

### PRIOR INSURANCE HISTORY

Prior 3 Insurance Carriers	Policy Term	Annual Premium
_____	_____	_____
_____	_____	_____
_____	_____	_____

### CLAIMS EXPERIENCE FOR THE PAST 5 YEARS FOR COVERAGES REQUESTED

Date of Loss	Description	Cost to Settle
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

1.     What measures have been taken to prevent similar losses in the future?  
 \_\_\_\_\_  
 \_\_\_\_\_
  
2.     Except as described above, please state all circumstances of which you are aware of any person or entity suffering damage as the result of any alleged error in your electronic product, software or computer service?  
 \_\_\_\_\_  
 \_\_\_\_\_

*As per the provisions of the policy, any claims or incidents noted above are excluded from coverage.*

### APPLICABLE IN NEW YORK STATE

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

The undersigned is an authorized employee of the applicant and certifies that reasonable inquiry has been made to obtain the answers herein which are true, correct and complete to his/her best knowledge and belief.

Signing this Application does not bind the applicant to accept the Insurance nor is the company bound to issue a policy. The applicant warrants that the answers to the above questions are complete and correct. Should a policy be issued and accepted, this application will be the basis of the insurance and will become a part of the policy.

\_\_\_\_\_  
 Applicants Signature (*authorized representative of the prospective insured*)

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date