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**APPLICATION FOR INFORMATION
TECHNOLOGY PROFESSIONALS
ERRORS & OMISSIONS
INSURANCE**

(CLAIMS MADE COVERAGE)

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.
3. PLEASE READ CAREFULLY THE STATEMENTS AT THE END OF THIS APPLICATION.
(PLEASE TYPE OR PRINT IN INK)

1. APPLICANT INFORMATION

- a. Full name of applicant: _____
- b. Principal Business Address: _____
- c. Corporation? Partnership? Individual? Other? _____
(Specify)
- d. Date established: _____ e. Affiliations with other firms: _____
- f. In the past five years, has the applicant's name been changed or has any other business been purchased, sold or has any merger taken place? Yes No. If yes, please attach explanation and include any changes in operations and/or key employees.
- g. Requested Limits: _____ (per claim) _____ (agg.) Deductible: _____
- h. Provide the number of your:
Principals, partners or officers _____
Technical personnel _____
Clerical personnel _____
Other _____
- i. Attach separately list of:
(i) Partners, key employees, etc. and their professional qualifications;
(ii) Professional societies or organizations to which they or the firm belong(s);
(iii) Your five largest jobs in the past three years.
- j. Attach copies of:
(i) Advertisements, brochures, descriptive literature;
(ii) Sample contract for services between the applicant and its clients;
(iii) Latest financial data (annual report or balance sheet and income statement).
- k. Do you have a business plan that estimates a growth in personnel and equipment commensurate with the growth in revenue?
 Yes No

2. RECEIPTS/OPERATIONS

- a. Actual Gross Receipts for last year: \$ _____ Current year: \$ _____
- b. Estimate for coming year: \$ _____

c. Percentage of this year's receipts derived from:

Data Processing	_____	Internet Presence Provider	_____
Custom Software Development	_____	Web Page Development/Maintenance	_____
Content Provider for Web Page	_____	Packaged Software Development	_____
Systems Analysis/Design	_____	Custom Software 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	_____	Search Engines	_____
Telecommunications	_____	Mailing List Compilation/Sales	_____
Forum/Content Channel	_____		
Interactive Environments	_____		
Virtual Communities (including MUDs, MUCKS, etc.)	_____	Other (describe) _____	
E-Commerce	_____		
	Total		100%

3. WEB/INTERNET SERVICES

a. Content of Information on Internet Service: (Check all that apply.)

- | | | |
|---|-------------------------------------|--|
| <input type="checkbox"/> For Children | <input type="checkbox"/> Radio | <input type="checkbox"/> Adult Only |
| <input type="checkbox"/> Variety | <input type="checkbox"/> News | <input type="checkbox"/> Digital Music |
| <input type="checkbox"/> Game or Quiz | <input type="checkbox"/> Software | <input type="checkbox"/> Comedy |
| <input type="checkbox"/> Product Comparisons | <input type="checkbox"/> Commentary | <input type="checkbox"/> Advertising |
| <input type="checkbox"/> Cultural | <input type="checkbox"/> Religious | <input type="checkbox"/> "How to"/Hobbyist |
| <input type="checkbox"/> Sports | <input type="checkbox"/> Financial | |
| <input type="checkbox"/> Educational (please explain) _____ | | |
| <input type="checkbox"/> Other (please explain) _____ | | |

b. Location of Internet Service is:

- Address on Commercial Service _____
- Internet Address _____
- World Wide Web Address _____
- BBS Main Phone Number _____

c. Who are the targeted users? Adults Children General
If targeted to adults, what controls are used to prevent children from participating?

d. For Web/Internet services, are you the:

- Seller/provider of products/services
- Intermediary between seller/provider and buyer/participant.

e. For Interactive Environments/Virtual Communities, please describe the type of environment/community and nature of the interactions. If not applicable, check this box:

f. For E-commerce, please state the industry of the merchandise sold. If not applicable, check this box
_____. Do you assume responsibility for delivery of the merchandise sold? Yes No

g. Do you guarantee accessibility? Yes No

h. Please state number of subscribers _____

i. Do you have a plan for accommodating an increase in subscribers? Yes No

j. Are all chat rooms, bulletin boards, E-mail, etc. monitored? Yes No

4. SOFTWARE/SYSTEMS SERVICES

a. Please indicate the percentage of your services rendered to the following industries:

Administrative	_____	LAN/Network	_____
Architectural/Engineering	_____	Medical	_____
Communications	_____	Scientific	_____
Database definitions	_____	Retail	_____
Educational	_____	Other (describe)_____	_____
Facilities Management	_____		
Financial	_____	Total	100%

b. Do you have a policy for the testing and documentation of all software and system development? Yes No

c. Do your clients provide written acceptance of all software and system development prior to production or implementation? Yes No

d. Do you design, manufacture or modify hardware? Yes No

e. Do you sell, install or maintain hardware? Yes No If yes, are you covered as a Vendor under the manufacturers Products/Completed Operations coverage? Yes No

5. RISK MANAGEMENT

a. Do you use independent contractors for your services? Yes No If yes, please describe.

_____ Do you require them to maintain professional liability insurance? Yes No

b. Do you use written contracts for your services? Always Sometimes Never

c. Do your contracts contain a hold harmless for the benefit of:
 You Client Mutual Neither

d. Is a backup and recovery policy been established? Yes No

e. Do you have a policy for removing libelous, slanderous or potentially infringing material? Yes No

f. Do you obtain hold harmless agreements from all content providers? Yes No

g. Prior to publishing content, releasing software or registering domain names, do you have an attorney facilitating a copyright and/or trademark search? Yes No
If yes, please provide name of law firm _____

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

	<u>Yes</u>	<u>No</u>
(i) Authors and writers of all works, including software	<input type="checkbox"/>	<input type="checkbox"/>

(ii) Music Owners, including the rights for the		
a) lyrics	<input type="checkbox"/>	<input type="checkbox"/>
b) music	<input type="checkbox"/>	<input type="checkbox"/>
c) recording and synchronization	<input type="checkbox"/>	<input type="checkbox"/>
d) performance rights	<input type="checkbox"/>	<input type="checkbox"/>
e) distribution rights	<input type="checkbox"/>	<input type="checkbox"/>

(iii) ASCAP, BMI, SESAC or other music licensing Services.	<input type="checkbox"/>	<input type="checkbox"/>
If yes, attach a copy of license.		

- | | <u>Yes</u> | <u>No</u> |
|---|------------|-----------|
| (iv) Film Clip Owners, including from | | |
| a) licensing entities | [] | [] |
| If yes, attach a copy of license. | | |
| b) copyright owners | [] | [] |
| c) music owners, including the rights for the | | |
| lyrics | [] | [] |
| music | [] | [] |
| recording and synchronization | [] | [] |
| performance rights | [] | [] |
| d) writers or authors of underlying work | [] | [] |
| (v) Persons (alive or deceased) whose name or likeness is used on your Internet service | [] | [] |
| i. If you facilitate the uploading/downloading of content, including software, describe your policy regarding copyrighted material and licensing of software. | | |

6. VIRUS/UNAUTHORIZED COMPUTER ACCESS CONTROLS

If any questions are answered "no", please explain on a separate sheet.

- | | <u>Yes</u> | <u>No</u> |
|--|------------|-----------|
| a. Do you have a procedure for screening for viruses? | [] | [] |
| b. Do you conduct electronic credit card transactions?
If yes, how are these transactions controlled? _____ | [] | [] |
| _____ | | |
| c. Do you have a designated security manager? | [] | [] |
| d. Do you have a security manual or procedures which are distributed and explained to all employees? | [] | [] |
| e. Are firewalls used as part of your security system? | [] | [] |
| f. Are all PCs equipped with anti-virus software?
If yes, what brand? _____ | [] | [] |

7. APPLICANT HISTORY

- a. List any professional liability claims actually made against you in the past five years, including status of claim, amounts demanded or paid, date of claim, and action taken to prevent the same type of claim in the future:
-
-
-
-
- b. List any known incidents which might give rise to a professional liability claim:
-
-

c. Has any insurer cancelled or refused to renew any similar insurance during the past five years? Yes No
If yes, please explain: _____

d. Do you carry General Liability insurance? Yes No
If yes, please state: Carrier _____ Policy Period _____
Limit _____ Does it include Products/Completed Operations? Yes No

e. Current and previous professional liability coverage:

<u>Policy Period</u>	<u>Insurer</u>	<u>Claims Made</u>	<u>Occurrence</u>	<u>Limits of Liability</u>	<u>Deductible</u>	<u>Premium</u>
_____	_____	[]	[]	_____	_____	_____
_____	_____	[]	[]	_____	_____	_____
_____	_____	[]	[]	_____	_____	_____
_____	_____	[]	[]	_____	_____	_____

If current insurance is a claims made policy, what is the retroactive date? _____

NOTICE TO APPLICANT: The coverage applied for is SOLELY AS STATED IN THE POLICY, which provides coverage on a "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 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 its 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.