

NeitClem Wholesale Ins Brokerage Inc. 7442 North Figueroa St., Los Angeles CA 90041 323-258-2600 Fax 323-258-2676 neitclem@neitclem.com www.neitclem.com	APPLICATION FOR TECHNOLOGY ERRORS & OMISSIONS (CLAIMS MADE POLICY)
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TECHNOLOGY ERRORS & OMISSIONS

1. Full name of applicant (including all subsidiaries to be insured): _____

2. Address, City, State and Zip: _____

3. Main Website Address: _____
 Is this website only for informational purposes about your company? Yes ____ No ____
4. Additional Website Addresses Owned: _____

5. Date Established: _____
6. Type: Corp. ____ Partnership ____ Individual ____ Non-Profit ____ Other ____
7. Is the firm owned by, associated with or controlled by any other firm? Yes ____ No ____ (If Yes, please provide details.) _____
8. Within the past five (5) years, have you acquired or merged with another entity? Yes ____ No ____
 If Yes: Name of Entity: _____
 Date of Transaction: ____/____/____ Type of Transaction (circle): Merger or Acquisition
9. Do you perform operations in foreign countries? Yes ____ No ____ (If Yes, which countries?) _____
10. Detailed Description of Professional Services or Internet Services: _____

11. Indicate the percentage of receipts attributed to the following type of services: Receipts %:

____ E-Commerce Website (Wholesale/Retail Sales to General Public)	_____
____ Packaged Software Development/Sales	_____
____ Packaged Hardware Development/Sales	_____
____ Custom Software Development	_____
____ Programming/Maintenance/Consulting	_____
____ Data Entry/Processing	_____
____ Internet Advertising/Marketing for Others	_____
____ Internet Access Services	_____
____ Security - Internet or Data Base	_____
____ Internet Service Provider	_____
____ Computer/Technology Related Training	_____
____ Website Development	_____
____ Website Hosting	_____
____ Application Service Provider	_____
____ Business-to-Business E-Commerce	_____
____ Other: _____	_____
TOTAL _____	100%
12. If you indicated Software/Hardware in Question 10, identify major applications & receipts attributable:

____ Administrative/Human Resources	_____
____ Funds Transfer	_____

_____ Accounting/Financial _____
 _____ CAD/CAM/Manufacturing/Engineering Tools _____
 _____ Data Base Management _____
 _____ Network Management/Services _____
 _____ Other: _____
 TOTAL _____ 100%

13. Indicate the market(s)/clients or emphasis of your products and services by percentage: Receipts %:

_____ Aerospace/Aircraft Related _____
 _____ Telecommunications _____
 _____ Construction/Mining/Agriculture _____
 _____ Human Resources _____
 _____ Financial Institutions _____
 _____ Government _____
 _____ Automotive Related _____
 _____ Healthcare/Medical Related _____
 _____ Home/Consumer Use _____
 _____ Manufacturing/Industrial _____
 _____ Educational Institutions _____
 _____ Small Businesses _____
 _____ Legal _____
 _____ Other: _____
 TOTAL _____ 100%

14. Gross Receipts Estimated for Next 12 months:

Domestic: _____ Foreign: _____

15. Gross Receipts for the last 12 months:

Domestic: _____ Foreign: _____

16. Indicate how your revenue is generated and the percentage:

_____ Software/Hardware Products you create and distribute
 _____ Software/Hardware Products you sell or distribute for others
 _____ Website Advertisements for others
 _____ Premium Paid Services (Describe: _____)
 _____ Other (Describe: _____)

17. Total # of Employees (Do not include Independent Contractors): _____

of Principals _____

of Technical Professionals _____

18. Do You Use Independent Contractors: Yes _____ No _____ (If Yes, answer a. - c.)

a. What percentage of your gross receipts are attributed to services performed by independent

contractors? _____%

b. Do you require these independent contractors to carry professional liability insurance?

Yes _____ No _____ (If yes, what limits: _____ each claim/ _____ aggregate)

c. Do you require "hold harmless" agreements from independent contractors in your favor?

Yes _____ No _____

19. What percentage of your customers enter into written contracts with you that specify the services you

will provide? _____%

UNAUTHORIZED ACCESS & VIRUS

20. Do you have a full time IT security manager? Yes _____ No _____

21. Do you have a written procedure as respects security? Yes _____ No _____

22. Do you distribute a manual or written procedures on security to all employees? Yes _____ No _____

23. How many PC's does your company own and operate: _____

24. How many of your PC's are equipped with antivirus software: _____

25. How often is your antivirus software updated? _____ (Last update: ____/____/____)

26. What is the brand name of your antivirus software: _____

27. Are there firewalls in place as part of your security system? Yes ____ No ____
28. What firewall security do you use? _____
29. Was it configured/installed by your staff or a third party? _____
30. Briefly describe your safeguards for preventing unauthorized persons from accessing your website or database. _____
31. Do you require employees to change access codes & passwords on a regular basis? Yes ____ No ____
32. Do you have restricted access to your computer room? Yes ____ No ____
33. Do you host your own websites and computer networks? Yes ____ No ____
34. Is hosting and maintenance outsourced? Yes ____ No ____ If Outsourced, which company hosts your site? _____
35. Are credit card or funds transfer transactions conducted on your website? Yes ____ No ____
36. As part of your online service, do you gather personal data of visitors to your site? Yes ____ No ____
If Yes, is this information sold or shared with third parties? Yes ____ No ____ (If Yes, please provide details: _____)
37. Does your website contain materials designed to be downloaded, such as software, plug in's, MP3 files? Yes ____ No ____ (If Yes, please describe: _____)
38. To the best of your knowledge, have you or any of your employees transmitted a computer virus to a third party? Yes ____ No ____ If Yes, please provide details. _____
39. To the best of your knowledge, have you ever had a security system breached? Yes ____ No ____
If Yes, please provide details. _____

INTELLECTUAL PROPERTY NOT Covered

WEBSITE RELATED ACTIVITIES

40. Do you sell products on your website? Yes ____ No ____ (If Yes, answer a. - e. below.) What type of products: _____
- a. Do you take responsibility for the delivery of such products? Yes ____ No ____
- b. Are any of the products labeled with your name or logo? Yes ____ No ____
- c. Do you have written contracts with all vendors/suppliers? Yes ____ No ____
- d. Do you require certificates of insurance from all vendors/suppliers? Yes ____ No ____
- e. Do all vendors/suppliers name you as an additional insured on their insurance policies?
Yes ____ No ____
41. Does your website contain a privacy policy? Yes ____ No ____ (If Yes, has it been reviewed by legal counsel? Yes ____ No ____)
42. Do you require membership agreements in order to gain access to your website? Yes ____ No ____ (If Yes, do these agreements contain hold harmless agreements from subscribers to the information they upload to your website? Yes ____ No ____)
43. Does your website display disclaimers as to the content, including the content of others, available on your website? Yes ____ No ____
44. Does your website contain links to other websites that are not owned by you? Yes ____ No ____ (If Yes, do you obtain permission from all linked sites? Yes ____ No ____)
45. Please select the items that accurately describe the services available on your website:
- | | |
|------------------------------|----------------------------------|
| ____ E-Mail | ____ Files/Software for Download |
| ____ Message/Bulletin Boards | ____ Chat Rooms/Forums |

46. Please select the items that accurately describe any content or information available on your website:

- | | | |
|--|--|---|
| <input type="checkbox"/> Medical | <input type="checkbox"/> For Children | <input type="checkbox"/> Game or Quiz |
| <input type="checkbox"/> Product Comparisons | <input type="checkbox"/> Cultural | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Radio/TV | <input type="checkbox"/> News | <input type="checkbox"/> Software |
| <input type="checkbox"/> Religious | <input type="checkbox"/> Educational | <input type="checkbox"/> Adult/Pornographic |
| <input type="checkbox"/> Comedy | <input type="checkbox"/> Digital Music | <input type="checkbox"/> Advertisements |
| <input type="checkbox"/> "How To"/Hobbyists | <input type="checkbox"/> Celebrity Information | <input type="checkbox"/> Entertainment/Movies |

47. Have you ever received a complaint regarding the content of your website? Yes No (If Yes, please provide details.) _____

48. How would you respond to such complaints and in what time frame? _____

49. Does your website advertise services or products of others? Yes No (If Yes, in what format, i.e. banners, border or buttons.) _____

50. Do you provide the content for these advertisements? Yes No (If Yes, do you have the authority/ability to censor or edit the advertisements? Yes No)

51. Do you receive compensation for these advertisements? Yes No

OTHER INSURANCE

52. Prior Professional Liability Insurance for the last three years:

<u>Policy Period</u>	<u>Carrier</u>	<u>Limits</u>	<u>Deductible</u>	<u>Premium</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

What is the retroactive date on your current policy: _____

53. Do you maintain General Liability Insurance? Yes No

If Yes, Carrier: _____ Policy Period: _____ Limits: _____

Personal Injury Liability is: Included Excluded

Advertising Injury Liability is: Included Excluded

Products Liability is: Included Excluded

Are you interested in a quote for General Liability Insurance? Yes No

54. Has any insurer declined, canceled or non-renewed any similar insurance for which you are applying? Yes No (If Yes, please provide details.) _____)

55. Have you ever been sued, threatened with suits, or had a claim made against you for errors and omissions, libel, slander, invasion of privacy, piracy, plagiarism, infringement of copyright, trademark, or trade name? Yes No (If Yes, please provide complete details, i.e. allegation, date of loss, damages and expenses paid, loss reserves set, open or closed status.) _____

56. Do you know of any incidents which may give rise to a claim? Yes No (If Yes, please provide complete details. _____)

The applicant declares that the above statements and representations are true and correct and that no facts have been suppressed or misstated. The completion of this application does not bind the company to sell nor the applicant to purchase this insurance, but any subsequent contract issued with be in full reliance upon the statements and representations made in this application and this application will be made a part of the policy.

Signature of Authorized Representative: _____

Date Signed: _____