



Nationwide Insurance Brokers

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TECHNOLOGY INTERNET MEDIA PROFESSIONAL LIABILITY APPLICATION

GENERAL INFORMATION

- Company Name (Applicant): _____
Street: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
E-mail Address: _____
Web Address: _____

- List the location of principle operations (rank by revenue and assign the relative percentage).

State	Revenue %	State	Revenue %
1. _____	_____	3. _____	_____
2. _____	_____	4. _____	_____

- Is the Applicant controlled or owned by, or associated or affiliated with, or does it own, any other business enterprise? Yes No

If Yes, please explain:

DESCRIPTION OF BUSINESS

- Please indicate the total revenue for the following fiscal years for both the Applicant and any **Subsidiaries** performing professional services seeking to be covered under this policy.

Current Year: _____

Last Year: _____

Next Year (projected): _____

- How many years has the Applicant been in business? _____

- Indicate the number of:

A. Principals, partners and/or officers and provide the following information (attach a separate sheet if necessary):

	Names of Partners, Principals, Officers Providing Professional Services	Professional Qualifications/ Designations	Years in Practice	Years with Applicant
1				
2				
3				

- B. Employees providing professional services: _____
- C. Clerical/administrative personnel: _____
- D. Total employees: _____

PROFESSIONAL SERVICES

7. A. Indicate the professional services for which the Applicant is seeking coverage and the percentage of revenue (total must equal 100%) attributable to each. Check all professional services that apply:

Professional Service	Revenue %	Professional Service	Revenue %
Custom Software Development	_____	EDP Audits	_____
Prepackaged Software Development	_____	Graphic/Presentation Material	_____
Data Processing and/or Entry	_____	Internet Services	_____
Consulting on Hardware Purchases	_____	Systems Installation	_____
Consulting on Software Purchases	_____	Systems Maintenance/Repair	_____
Consulting on Hardware Design	_____	Computer Training	_____
Consulting on Software Design	_____	Time Sharing	_____
Sale of Hardware or Software for others	_____	Systems Integration	_____
Backup Services/Archives	_____		

- B. **Software Development/Consultation:** If the Applicant **does not** provide software development/consultation services, please indicate N/A, and proceed to the next section. N/A

If any responses in Question 7A (**Professional Services**) indicate that the Applicant is involved in software development/consultation, please check for all that apply:

Administrative	_____	Fund Transfer	_____
Accounting/ Financial	_____	Human Resource	_____
Architectural (Model Building Projection)	_____	Inventory	_____
Automation, Word Processing, etc.	_____	Imaging	_____
CAD/CAM: Manufacturing/Engineering Tools	_____	Network Management	_____
CAD CASE: Application Development Tool	_____	Medical Management	_____
Communications	_____	Medical Management (Diagnostic)	_____
Database Management	_____	Payroll	_____
Computer Aided Design	_____	Scientific/Technical	_____
Educational	_____	Other	_____
Facilities Management	_____		

- C. **Internet Services:** If the Applicant **does not** provide services involving the Internet, please indicate N/A, and proceed to the next section. N/A

If the response to 7A (**Professional Services**) indicates that the Applicant provides "Internet Services," please check for all that apply:

Internet Service/Access Provider	_____	Commercial Transactions	_____
Website Ownership Activities	_____	E-Commerce	_____
Web Page Development/Design	_____	Electronic Data Interchange	_____
Web Page Maintenance/Updates	_____	Fulfillment	_____
Web Hosting	_____	Security/Firewalls	_____
Web Page Designer	_____	Networking	_____

Browser	_____	Broadcasting/Streaming	_____
Search Engine	_____	Wireless/Telecommunications	_____
Screening/Parental Controls	_____	Content Provider	_____
Privacy Consultant	_____	Other	_____
Contests, Sweepstakes, or Games of Chance	_____		

D. Internet Content Provider: If the Applicant **does not** provide services involving Internet Content, please indicate N/A, and proceed to the next section.
 N/A

If the response to section 8C indicates that the Applicant is an Internet Content Provider, please answer the following questions:

- a. What is the nature of the Content? Check all that apply:
- | | | | |
|-------------|-------|-----------------------|-------|
| Adult only | _____ | News | _____ |
| Music | _____ | Religious | _____ |
| Advertising | _____ | Financial Information | _____ |
| Children | _____ | Health | _____ |
- b. Does the Applicant's client edit or review the content that the Applicant creates on its behalf? Yes No
- c. Does in-house or outside counsel advise the Applicant on its potential liabilities associated with any and all intellectual property exposures, including but not limited to copyright infringement? Yes No
- d. Please provide any other information regarding the procedures used by the Applicant to help eliminate any lawsuits stemming from any content provided (attach a separate sheet if necessary):
- _____
- _____
- _____

CLIENT INDUSTRIES

8. Indicate the Applicant's clients' industries and the percentage (the total must equal 100%) of revenue attributable to each:

Industry	Revenue %	Professional Service	Revenue %
Aerospace	_____	Government (Non-Military)	_____
Communications/Transportation	_____	Health Care/Medical Services	_____
Construction/Mining/Agriculture	_____	Home Care	_____
Education	_____	Manufacturing/Industrial	_____
Financial Institutions	_____	Trade: Retail/Wholesale	_____
Government (Military)	_____	Other	_____

EXPLANATION OF PROFESSIONAL SERVICES

9. Please provide a **detailed** written summary of the applicant's professional services and the nature of the businesses it serves. Attach a separate sheet if necessary.

CONTRACTS AND PROJECT MANAGEMENT

10. Describe the specific types of claims that can arise from the Applicant's services. Try to avoid generic

responses such as “breach of contract claims” or “claims for errors in developing software.” The goal is to determine the Applicant’s precise exposures and the types of claims situations in which the Applicant may find itself.

11. Does the Applicant derive more than 20% of its total revenue from any single customer? Yes No
If Yes, please describe (including the percentage of revenue):

12. Does the Applicant always have a contract in place with clients? Yes No

13. Was the Applicant’s standard contract reviewed and approved by counsel? Yes No

14. Does the Applicant ever amend the standard wording in its contracts? Yes No
If Yes, please describe the typical changes that would be made.

15. Does the Applicant’s contracts contain indemnification clauses running in its favor? Yes No

16. Does the Applicant do business through independent contractors? Yes No

a. If Yes, what percentage of the Applicant’s work is with Independent contractors? _____ %

b. If Yes, are independent contractors required to carry professional liability insurance? Yes No

17. Is system design work tested and documented? Yes No

18. Is the documentation retained for the life of the system? Yes No

19. Does the Applicant require a written client “sign-off” on completion of assignment? Yes No

20. Does the Applicant implement back-up procedures for clients? Yes No

21. Does the Applicant provide client with a written definition of job? Yes No

22. Does the Applicant estimate the time and cost of the projects it undertakes? Yes No

23. Does the Applicant develop weekly status reports? Yes No

24. Does the Applicant confirm in writing client requested changes? Yes No

25. Does the Applicant confirm acceptance criteria on client requested changes? Yes No

INTELLECTUAL PROPERTY

If Intellectual Property coverage is sought, please complete this section. Completing this section does not guarantee that such coverage will be offered. If this coverage is not sought, please indicate N/A, and proceed to the next section. N/A

26. Is the Applicant seeking intellectual property coverage for exposure to the gathering or dissemination of

content over the internet? Yes No

27. Is the Applicant seeking intellectual property coverage stemming from its other business operations? Yes No

a. If Yes, does the Applicant have written procedures to safeguard against the infringement of the intellectual property rights of others? Yes No

b. Does the Applicant conduct intellectual property searches? Yes No
If Yes, what method do you utilize to conduct this search?

Legal counsel? _____

Internet _____

Other (Please describe) _____

28. Are the Applicant's employees required to sign statements that they will not use any previous employer's trade secrets or other information critical to the development of your products? Yes No

If No, what controls does the Applicant have to prevent potential infringement of trade secrets or proprietary information of third parties?

CLAIMS

29. Have any of the Applicant's owner, principals, directors, officers or employees ever been the subject of disciplinary or criminal actions as a result of their professional activities? Yes No

If Yes, please explain:

30. Has the Applicant ever been served with an order to cease and desist or been named as a defendant in a suit claiming that the Applicant infringed a patent, copyright, or breached a license agreement or misappropriated another's trade dress, style of doing business or were a party to the theft of proprietary information or trade secrets. Yes No

If Yes, please explain:

31. Has the applicant ever brought a claim or suit against another party alleging any of the above claims? Yes No

32. Have you ever made a claim under any insurance policy for disputes involving intellectual property rights or claims, including but not limited to trademark, trade dress, copyright, patent or trade secrets – either for defense or enforcement? Yes No

33. Have any professional liability claims ever been made against any proposed Insured(s)? Yes No
If Yes, please explain:

34. Does any proposed Insured have knowledge of any act, error or omission which might reasonably give rise to a claim against any proposed Insured or its predecessors in business? Yes No

If Yes, please describe or attach detailed claims information.

It is understood and agreed that if the answer to any of the questions in this section are "Yes," any such claim or potential claim is specifically excluded from this proposed coverage.

35. List any industry associations/membership:

36. Does the Applicant currently carry professional liability insurance?

Yes No

If Yes, please complete the following information:

Carrier: _____
Policy Limit: _____
Retention: _____
Premium: _____
Retroactive Date: _____
Expiration Date: _____

37. Please indicate the terms of coverage that the Applicant is seeking:

Policy Limit: _____
Retention: _____
Retroactive Date: _____

Please attach any sample contracts, principal resumes, or additional information we may find helpful in evaluating your risk.

NOTICE TO APPLICATN: PLEASE READ CAREFULLY

Warranty: The applicant warrants that the information contained herein is true as of the date of this application is executed and understands that it shall be the basis of the policy of insurance and deemed incorporated herein if the Insurers accept this application by issuance of a policy. It is understood and agreed that this warranty constitutes a continuing obligation to report to the Insurers, as soon as possible, any material change in the circumstances of the applicant's business, including but not limited to size of the firm, area of business engaged in by the firm and information contained on each Supplemental application submitted by the applicant.

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

THE APPLICATION MUST BE SIGNED AND DATED BY AN OWNER, OFFICER OR PARTNER.

Applicant Signature: _____ Date (Mo-Day-Yr): _____

Name and Title (Please Print): _____