

	Receipts %
<input type="checkbox"/> Administrative/Human Resources	_____
<input type="checkbox"/> Funds Transfer	_____
<input type="checkbox"/> Accounting/Financial	_____
<input type="checkbox"/> CAD/CAM Manufacturing/Engineering Tools	_____
<input type="checkbox"/> Database Management	_____
<input type="checkbox"/> Network Management/Services	_____
<input type="checkbox"/> Other: _____	_____
TOTAL (combined percentages must equal 100%): _____	_____

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

	Receipts %
<input type="checkbox"/> Aerospace/Aircraft Related	_____
<input type="checkbox"/> Telecommunications	_____
<input type="checkbox"/> Construction/Mining/Agriculture	_____
<input type="checkbox"/> Human Resources	_____
<input type="checkbox"/> Financial Institutions	_____
<input type="checkbox"/> Government	_____
<input type="checkbox"/> Automotive Related	_____
<input type="checkbox"/> Healthcare/Medical Related	_____
<input type="checkbox"/> Home/Consumer Use	_____
<input type="checkbox"/> Manufacturing/Industrial	_____
<input type="checkbox"/> Educational Institutions	_____
<input type="checkbox"/> Small Businesses	_____
<input type="checkbox"/> Other: _____	_____
TOTAL (combined percentages must equal 100%): _____	_____

13. Gross Receipts Estimated for next 12 months:

Domestic: _____ Foreign: _____

14. Gross Receipts for the last 12 months:

Domestic: _____ Foreign: _____

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

<input type="checkbox"/> Software/Hardware Products you create and distribute	_____
<input type="checkbox"/> Software/Hardware Products you sell or distribute for others	_____
<input type="checkbox"/> Website Advertisements for others	_____
<input type="checkbox"/> Premium Paid Services (Describe: _____)	_____
<input type="checkbox"/> Other: (Describe: _____)	_____

16. Total # of Employees (Do not include independent contractors):

of Principals _____

of Technical Professionals _____

17. Do you use independent contractors: YES NO. If yes, answer questions a through c below.

- What percentage of your gross receipts is attributed to services performed by independent contractors? _____%
- Do you require these independent contractors to carry professional liability insurance? YES NO. If yes, what limits: _____ each claim/aggregate: _____.
- Do you require "hold harmless" agreements from independent contractors in your favor? YES NO.

18. What percentage of your customers enter into written contracts with you that specify the services you will provide? _____%

19. Do you have a full-time IT security manager? _____ YES _____ NO.
20. Do you have a written procedures as respects security? _____ YES _____ NO.
21. Do you distribute a manual or written procedures on security to all employees? _____ YES _____ NO.
22. How many PC's does your company own and operate: _____.
23. How many of your PC's are equipped with antivirus software: _____.
24. How often is you antivirus software updated? _____.
25. What is the brand name of your antivirus software: _____.
26. Are there firewalls in place as part of your security system? _____ YES _____ NO.
27. What firewall security do you use? _____.
28. Was it configured/installed by your staff or a third party? _____.
29. Briefly describe your safeguards for preventing unauthorized persons from accessing your website or online service database:

30. Do you require employees to change access codes and passwords on a regular basis? _____ YES _____ NO.
31. Do you have restricted access to your computer room? _____ YES _____ NO.
32. Do you host your own websites and computer networks? _____ YES _____ NO.
33. Is hosting and maintenance outsourced? _____ YES _____ NO. If outsourced, which company hosts your site? _____

34. Are credit card or funds transfer transactions conducted on your website? _____ YES _____ NO
35. 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.
36. Does your website contain materials designed to be downloaded, such as software, plug-in's, MP3 files? _____ YES _____ NO.
37. 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: _____

38. 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

39. Do you sell products on your website? _____ YES _____ NO, (If yes, answer questions a through 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 additional insured on their insurance policies? _____ YES _____ NO
40. Does your website contain a privacy policy? _____ YES _____ NO. If yes, has it been reviewed by counsel? _____ YES _____ NO
41. 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.

69. Have you ever been sued, threatened with suits, or had a claim made against you for libel, slander, invasion of privacy, piracy, plagiarism, infringement or copyright, trademark, trade name or errors and omissions? _____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):

70. 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 will be in full reliance upon the statements and representations made in this application and this application will be made a part of the policy.

Date

Signature of Authorized Representative

Title