

Philadelphia Insurance Companies

Zain Jeewanjee Insurance Agency est. 1985

1.800.257.7718 Fax: 408.997.7890 Lic.# 0697055 www.indiainsurance.com

PROFESSIONAL LIABILITY FOR SPECIFIED PROFESSIONS APPLICATION FOR CLAIMS-MADE INSURANCE

NOTICE: This is an application for **CLAIMS-MADE INSURANCE**. Such insurance applies only to claims that are first made against you and reported to the Company in writing during the policy period, any subsequent renewal of the policy or any extended reporting period and may additionally limit coverage applicable to acts, errors, omissions or offenses made prior to the inception of the policy period. The limits of liability may be reduced by amounts paid for legal defense and such payments for legal defense may also be applied against the deductible amount.

Please answer **ALL** the questions. This information is required to make an underwriting and pricing evaluation. Your answers hereunder are considered legally material to such evaluation. If a question is not applicable, state "not applicable" not "N/A." If more space is required to answer a question, continue on applicant's letterhead. The application and any supplement(s) must be signed and dated by a principal, partner, or officer of the prospective insured's organization.

1. Applicant's Name: _____
2. Sic #: _____ Fein #: _____
3. Home office address: _____
_____ TEL# _____
_____ ZIP _____ FAX# _____
4. Date established: _____
5. Is the applicant firm controlled, owned, affiliated or associated with any other firm, corporation or company? ___Yes ___No
If Yes, please attach an explanation.
6. Please list addresses of all branch offices and/or subsidiaries. Include a brief description of their operations and indicate if coverage is desired for these offices.

7. During the past 5 years has the name of the firm been changed or has any other business been acquired, merged into or consolidated with the applicant firm? If Yes, attach a complete explanation detailing any liabilities assumed. ___Yes ___No
8. Describe your firm's nature of business.

9. Staffing - Provide a breakdown of your staff into the following categories:

a) principals, partners or officers	_____	c) support staff (including part-time)	_____
b) professionals (not included in A)	_____	d) part-time professionals (less than 20 hours/week)	_____
			TOTAL _____

10. Are any staff members considered "Licensed Professionals" or do any staff members hold any Professional Designations or belong to an Professional Societies/associations? Yes No

If Yes, provide individual's name and designation/affiliation below:

Note: Questions 11 through 15 refer to total gross revenue for a 12 month period, whether or not collected. Such revenue figures should include sub-contracted revenue.

11. Dates of applicant firm's current fiscal period: From: _____, 19____ To: _____, 19____

12.	<u>Past Fiscal</u>	<u>Current Fiscal</u>	<u>Estimate for Next</u>
Total Gross Revenue:	\$ _____	\$ _____	\$ _____
Less Direct Recovery Expenses (travel, per diem, copies, etc.):	(-) \$ _____	(-) \$ _____	(-) \$ _____
TOTAL NET BILLINGS	\$ _____	\$ _____	\$ _____

13. Provide the percentage of your firm's gross revenue from the last fiscal period attributable to the following:

Federal government.	_____ %
State, county or local government and agency thereof.	_____ %
Institutional (schools, hospitals, etc.)	_____ %
Lending institutions	_____ %
Manufacturing	_____ %
Other _____	_____ %
_____	_____ %
TOTAL	100

14. Does your firm provide services for any clients in which a principal, partner, officer or employee of your firm is also a principal, partner, officer, employee or a more than 3% shareholder of said client Yes No
 If Yes, Please provide a) Client Name, b) Applicant's Relationship with client, and c) approximate annual revenue generated from Client.

15. Were more than 50% of your total gross billings for any one year derived from a single client or contract Yes No
 If Yes, please specify a) client, b) services rendered, and c) how long you expect this relationship to continue.

16. Describe your firm's five (5) largest jobs or projects during the past three (3) years.

Client Name	Services Provided	Total Gross Billings
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

17. a) Do you utilize the services of independent contractors or sub-consultants Yes No
 b) Approximate percentage of billings attributable to sub-contractors/consultants _____ %

18. Do you ever enter into contracts where your fees for services provided are contingent upon the client achieving cost reductions or improved operating results? I Yes, attach a detailed description of such arrangements. Yes No

19. a) Does your firm secure a written contract or agreement for every project? (Please attach a sample copy) ___ Yes ___ No

b) Provide the percentage of your revenue where a written contract is secured. _____%

c) Do your contracts contain any of the following: (check all that apply)

- ___ Hold harmless or indemnification clauses in your favor
- ___ Hold harmless or indemnification clauses in your client's favor
- ___ Guarantees or warranties
- ___ A specific description of the services you will provide
- ___ Payment terms?

20. Describe steps taken to minimize/ manage business risks:

21. Has any policy of or application for similar insurance on your behalf or on the behalf of any of your principals, partners, officers, employees, or on behalf of any predecessors in business ever been declined, canceled, or renewal refused ___ Yes ___ No

22. Do you currently carry Commercial General Liability insurance ___ Yes ___ No

23. Please provide the following information on your professional liability (E&O) insurance for the past three (3) years:

Name of Insurer	Limits of Liabilit	Deductible	Policy Period	Premium
_____	_____	_____	____/____/____	_____
_____	_____	_____	____/____/____	_____
_____	_____	_____	____/____/____	_____

Retroactive Date of current policy (if any): _____/_____/_____

LOSS EXPERIENCE

24. Have any claims, suits, or demands for arbitration been made against the firm, its predecessor(s) or any past or present principal, partner, officer or employee within the past five (5) years ___ Yes ___ No

If Yes, provide details on a separate sheet, including:

- a) name of claimant;
- b) type of service provided and allegations made;
- c) date claim made;
- d) demand amount; and
- e) final disposition including indemnity and expense amounts.

25. Having inquired all principals, partners and officers, are you aware of any act, error, omission, unresolved job dispute or any other circumstance that is or could be a basis for a claim under the proposed insurance ___ Yes ___ No

If Yes, provide details on a separate sheet for each situation, including a) name of potential claimant, b) nature of situation, c) dates and d) amount of potential damages.

NOTICE TO PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY EMPLOYER OR EMPLOYEE, INSURANCE COMPANY, OR SELF-INSURED PROGRAM, FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

SIGNATURES AND ACKNOWLEDGEMENTS

I / we hereby declare that the above statements and particulars are true and that I / we have not suppressed or misstated any material facts and I / we agree that this application and its supplement(s) shall be the basis of the contract with the Company. It is understood and agreed that the completion of this application and its supplement(s) does not bind the company to sell or the applicant to purchase the insurance.

NAME

SIGNATURE

TITLE

DATE

Philadelphia Insurance Companies Inc.

Zain Jeewanjee Insurance Agency, 6155 Almaden Expy, 310, San Jose CA 95120

PHONE: 408.323.9980 FAX: 408.997.7890

PROFESSIONAL LIABILITY FOR SPECIFIED PROFESSIONS COMPUTER CONSULTANTS SUPPLEMENT

Instructions:

A. Please answer ALL questions. If more space is required to answer a question, continue on applicant's letterhead.

B. This supplement must be signed and dated by a principal, partner, officer of the prospective insured's organization and will be attached to the policy, should one be issued.

1. Please list and provide a brief discription of your primary software and service applications.
(i.e. payroll, fund transfer, educational , etc.)

2. Please indicate the percentage of your annual revenue from the last fiscal period involving:

training and education	_____%	hardware / software sales	_____%
records management / retrieval	_____%	equipment evaluation and selection	_____%
package software installations	_____%	computer security	_____%
minor hardware installations	_____%	EDP audit	_____%
hardware maintenance / service	_____%	"needs" evaluations	_____%
graphics / presentation materials	_____%		
hardware / software pass-thru sales (sold at cost)	_____%		

TOTAL (B) _____%

TOTAL (A) _____%

custom software development	_____%
system design	_____%
turnkey installations	_____%
hardware / software manufacturing	_____%
research and development	_____%

TOTAL (A) _____%
+ TOTAL (B) _____%
+ TOTAL (C) _____%

100%

TOTAL (C) _____%

3. Does the applicant provide any services other than those services listed above in 2?
If yes, provide details on a separate sheet.

___ Yes ___ No

4. Please attach the following sample contracts, where applicable:

- a) EDP and Consulting Agreement.
- b) Software Licence Agreement.
- c) Distribution Agreement with software and / or hardware manufacturer.
- d) Sales agreement.
- e) Timeshare Agreement.

THIS COMPUTER CONSULTANTS' SUPPLEMENTAL APPLICATION IS ATTACHED TO AND FORMS PART OF THE PROFESSIONAL LIABILITY FOR SPECIFIED PROFESSIONS APPLICATION. THIS SUPPLEMENT IS SUBJECT TO THE SAME PROVISIONS CONCERNING REPRESENTATIONS MADE IN THE BASIC APPLICATION.

NAME

SIGNATURE

TITLE

DATE