



Computer Services Supplemental Application
ACORD apps must also be submitted

Named Insured _____
Website Address _____

Describe your business operations in detail. _____

Do you use a contract? Yes No

Who are your customers? _____

Are you involved in any of the following?

	YES	NO
Factory automation/manufacturing/process control	<input type="checkbox"/>	<input type="checkbox"/>
Gaming or lottery	<input type="checkbox"/>	<input type="checkbox"/>
Aerospace, aircraft, military, defense,	<input type="checkbox"/>	<input type="checkbox"/>
Petroleum, utilities, transportation, automotive, environmental	<input type="checkbox"/>	<input type="checkbox"/>
Financial, banking, credit card transactions	<input type="checkbox"/>	<input type="checkbox"/>
Communications, security/alarms	<input type="checkbox"/>	<input type="checkbox"/>
Medical/health	<input type="checkbox"/>	<input type="checkbox"/>
Modeling	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please describe

Do you do any website design or updating?

No Yes, please describe Any e-commerce work? Yes, please describe No

Do you install any products?

No Yes, please describe

How long is your average project? Up to 3 months 3 to 12 months Longer

Do you use independent contractors?

No Yes, please describe

APPLICANT'S SIGNATURE: _____

DATE: __/__/__