

TECHNOLOGY ERRORS AND OMISSIONS LIABILITY PROTECTION APPLICATION

Please attach copies of your standard contracts and agreements, most current audited or annual financial statements, loss runs for the past five (5) years (if this is a new submission to us), and any other information that will better help us analyze and price your insurance coverage. If additional space is needed to properly address certain questions, please use the additional space at the end of this application or attach additional sheets on your letterhead as necessary.

IMPORTANT NOTE: *Technology Errors and Omissions is provided on a claims-made basis. Defense expenses are included within the limits of coverage. The retroactive dates for your claims-made coverage are the first effective dates of Technology Errors and Omissions coverage with The St. Paul, unless we agree to a different date.*

General Information

| | |
|--|---|
| Full Name of Applicant | Years in Business |
| Mailing Address of First Named Insured <i>(including zip code)</i> | |
| Website Home Page Address(es) | |
| List Subsidiary Names <i>(attach separate sheet if necessary)</i> | List Website Address <i>(If different from above)</i> |
| Please list all mergers, acquisitions, or divestitures within past three years, including dates and whether you acquired or retained assets, liabilities or both for each transaction. | |

Did your due diligence include the following:

- Review of prior and pending litigation? Yes No
- Evaluation of all outstanding contracts or service agreements to be included as part of transaction? Yes No
- Analysis of Intellectual Property Rights, including any 3rd party interest in or liens on these rights? Yes No

Insurance

If you currently have Errors and Omissions coverage, please provide the following information:

| Policy Period | Insurance Company | Limits | Deductible | Retroactive Date |
|---------------|-------------------|--------|------------|------------------|
|---------------|-------------------|--------|------------|------------------|

Within the past 3 (three) years, has E&O or similar coverage been declined, cancelled or nonrenewed? Yes No
If yes, please provide details: _____

Coverage Requested:

Limits of Coverage Requested *(Each wrongful act limit /total limit)*

- \$500,000/\$500,000
 \$2,000,000/\$2,000,000
 \$4,000,000/\$4,000,000
 \$1,000,000/\$1,000,000
 \$3,000,000/\$3,000,000
 \$5,000,000/\$5,000,000
 Other: _____

Deductible Requested *(Each wrongful act deductible)*

- \$10,000
 \$25,000
 \$50,000
 Other: _____

Revenues

| Source of Revenue * | Current Annual Revenue as of ____/____ MM / YYYY | Projected Annual Revenue |
|-----------------------|---|--------------------------|
| Total U.S. Revenue | \$ | \$ |
| Total Foreign Revenue | \$ | \$ |
| Total Revenue | \$ | \$ |

Please list the countries which account for your foreign revenue:

Revenue means the gross income of a nonprofit or for-profit entity. Examples of revenue include sources such as:

- sales, receipts, fees, commissions;
- donations, contributions, dues, grants received by nonprofit and membership organizations; and
- any other type of income of nonprofit or for-profit entities.

Revenue does not include investment income, intra-entity revenue, and returns from overpayment of taxes.

Your Technology Business Activities

Please provide the current percentage of revenues for all activities that apply, and check all that apply for projected business activities.

| | Current Percentage | Within 1 year | Within 2 years |
|---|--------------------|--------------------------|--------------------------|
| 1. Data Processing Services: Including maintenance and support | % | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Pre-packaged software development: | % | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Sales of pre-packaged software of others: | % | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Custom software development: | % | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Disaster recovery services: | % | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. ERP, CRM, Supply Chain or similar software and services: | % | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Systems security software, hardware or services: | % | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Systems consulting, analysis and design: | % | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Hardware sales or services: | % | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Manufacturing of hardware, software or related products: | % | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Telecommunications products or services: | % | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Other, please describe: | % | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | |

Business Operations

1. Please indicate the principal market(s) for your products or services:

Please check all that apply.

- | | | |
|--|--|---|
| <input type="checkbox"/> Agricultural / Environmental <input type="checkbox"/> Aviation / Aircraft <input type="checkbox"/> Emergency Services (e.g. 911, fire, security) <input type="checkbox"/> Entertainment / Gaming <input type="checkbox"/> Financial services, including banking, insurance or investment services | <input type="checkbox"/> Government (military) <input type="checkbox"/> Government (non-military) <input type="checkbox"/> Healthcare / Medical <input type="checkbox"/> Manufacturing / Industrial / Robotics <input type="checkbox"/> Personal Use / Home PC | <input type="checkbox"/> Professional services, (e.g., legal, accounting, medical or other services provided by licensed professionals) <input type="checkbox"/> Retail <input type="checkbox"/> Technology companies <input type="checkbox"/> Utilities |
|--|--|---|

Other: _____

2. What is the worst-case scenario to your customer or your customer's operations if your product or service were to fail? _____

3. Have any products, services or operations been discontinued or recalled within the last five years? Yes No
 If yes, please describe in detail which products/services were discontinued or recalled, including procedures for informing customers: _____

Do your procedures include providing continuing service, support or other remedy for discontinued products or services? Yes No

4. What is the acceptable downtime for your product/service according to your average customer's needs?
 No downtime is acceptable Downtime of less than 1 day is acceptable Downtime of less than 2 days is acceptable
 More than 2 days downtime is acceptable Other: _____
5. How would you rate the technical sophistication of your average customer?
 Little or no technical sophistication (first time users, or requiring training and support) Average (frequent user requiring some training and support) High (sophisticated user – complex systems)
6. How would you rank your customer's potential for consequential damage and resulting dollar loss if your product or service were to fail?
 Little or none Average High Other _____
7. If your product or service were to fail, how many users could potentially be affected?
 Few or none Some Several Other _____
8. What is your average and longest installation, service or project time-frame (in months)?
Average: _____ Months
Longest: _____ Months
9. What is the size of your average and your largest contract, project or licensing agreement?
Average: \$ _____
Largest: \$ _____
10. What percentage of your services are provided by independent contractors? _____ %
Do you require independent contractors to provide proof of Errors and Omissions coverage? Yes No

Product Development / Quality Control

1. Do you have a written system development methodology or quality control procedure?..... Yes No
If yes, does it include the following:
Alpha testing Yes No
Beta testing Yes No
Customer acceptance procedures Yes No
Vendor certification process Yes No
2. Do your products/services comply with any widely accepted industry standards? Yes No
If yes, please check all that apply:
 ISO 9000 UL/CSA ANSI Other: _____
3. How do you inform your customers of problems/bugs with your products or services? _____

4. Do you obtain written customer acceptance at pre-defined milestones or project stages?..... Yes No
Do you obtain written final acceptance, or other sign-off agreement from all customers upon delivery or completion of your products/services? Yes No
If no, what are your acceptance procedures? _____

5. Do you have a post-implementation evaluation or review procedure in place? Yes No
If yes, please describe: _____
6. Do you have a formal policy in place for handling customer complaints or requests for changes or fixes?..... Yes No
Are all customer complaints or requests documented in writing? Yes No
Do you have an escalation process in place to resolve any customer complaints? Yes No
7. How long do you retain copies of documentation and contracts?
_____ Weeks _____ Months _____ Years _____ Unlimited
Other (Please explain): _____
8. Within the past three years, have you or your independent contractors experienced any project delays or past due contract issues with any customer? Yes No
If yes, please describe, including your policy for handling: _____

Contracts
(Please provide copies of standard contracts with application)

1. Do you require written contracts with all customers? Yes No
 Are all modifications or mid-term changes to a contract (or service agreement) made in writing? Yes No
If no to either of the above, please describe when you would not require: _____

2. Do all of your contracts contain the following provisions?

| | | |
|---|------------------------------|-----------------------------|
| Arbitration clause | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Conditions of product/service acceptance | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Customer maintenance provision | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Disclaimer of warranties | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Exclusive Remedy | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Force Majeure | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Integration clause | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Limitation of liabilities | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Limitation of liability for consequential damages | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Project phases or milestones, including testing | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

3. How many of your customer contracts contain deviations from your standard provision (number or percentage)? _____
 Are all contracts reviewed by legal counsel? Yes No
If no, please explain: _____

 Who can approve any variation in standard contract or service agreement provisions?
 In-house counsel only
 Other (Include title or department) _____

4. Do you ever negotiate contracts with customers where you accept liability for consequential damages? Yes No
If yes, please explain when and how often: _____

5. Do you enter into contracts that include a fixed time frame for completion of all or portions of the project? Yes No
If yes, do you require customer sign-off and acceptance at all milestones? Yes No

6. Does your sales and marketing staff receive training regarding acceptable and standard provisions in your contracts or agreements? Yes No

Complaints, Claims or Suits

1. Have you ever received any complaint concerning the products or services provided by you or independent contractors working on your behalf? Yes No
If yes, please provide details of the complaint, including how your company responds to these types of complaints.

2. Within the past two (2) years, have you sued any customers for non-payment of fees? Yes No
If yes, please provide details: _____

3. Does any person in your organization have any knowledge or information of any fact, circumstance, or incident that has resulted in a dispute or claim or may reasonably be expected to result in a claim against your company? Yes No
If yes, please describe below or attach complete details on a separate sheet:

| Date of Loss | Description of The Loss | Actual or Estimated Loss | Is The Loss Currently in Suit or Arbitration? | Status of Loss (Open or Closed) |
|--------------|-------------------------|--------------------------|--|---|
| | | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Open <input type="checkbox"/> Closed |
| | | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Open <input type="checkbox"/> Closed |
| | | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Open <input type="checkbox"/> Closed |

