

# National Risk Solutions

Thank you for choosing National Risk Solutions. We look forward to providing you with a quick, competitive quote.

Please complete the following application in its entirety and include any pertinent underwriting information. Also, please be sure to include a fax # or e-mail where we may return your quote promptly.

Once complete please:

1. E-Mail application to [NRSapps@NRSinsurance.com](mailto:NRSapps@NRSinsurance.com)
- OR
2. Fax application to (877)-743-4252

If you have any questions, please do not hesitate to contact us at (866)-417-4855 ext. 401.

We appreciate your business.

Sincerely,

*The National Risk Solutions Team*



# Technology Professional Liability Product

## TECHNOLOGY PROFESSIONAL LIABILITY APPLICATION

All questions must be answered and application must be signed by the applicant. This is an application for a claims made policy. Please read your policy carefully.

### SECTION I: BACKGROUND INFORMATION

- Name of Insured: \_\_\_\_\_
- Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Date Established: \_\_\_\_\_ (Resume required if less than 3 years in business)  
Website: \_\_\_\_\_ E-mail: \_\_\_\_\_
- Is the Applicant controlled, owned, affiliated or associated with any other firm, corporation or company?  Yes  No  
If **Yes**, please provide details: \_\_\_\_\_  
\_\_\_\_\_
- Does the Applicant have any subsidiaries?  Yes  No  
If **Yes**, please list on a separate sheet and advise if coverage is to apply to them.

### SECTION II: ORGANIZATION OPERATIONS DETAILS:

- Please describe in detail the professional services for which coverage is desired: \_\_\_\_\_  
\_\_\_\_\_
- (a) List total gross receipts from activities in question #5  

	Gross Receipts
Last Year:	\$ _____
Current Year (based on 12 months):	\$ _____
Forecast for New Year:	\$ _____
- (b) Please indicate the percent of receipts listed in 6a from Operations outside of the U.S. and its territories: \_\_\_\_\_
- (c) Did the Applicant have a positive net income in the past 12 months?  Yes  No
- (d) Is the Applicant's overall net equity positive?  Yes  No  
If **No**, please advise net equity and steps being taken to correct the negative net equity. (on a separate sheet)
- Is the applicant an Internet Service or Application Service Provider and/or does it provide collocation services?  Yes  No
- Is the applicant involved in online publishing, portal, and/or services as a web host, web search engine, email hosting, chat room, online database, bulletin board, online sales or auctions?  Yes  No  
If yes to 8, answer questions below and please describe on a separate sheet.  
Does the applicant provide such services via their own server?  Yes  No  
Does the applicant provide such services via third party vendor?  Yes  No  
If yes to 3rd party services, what percentage of revenues? \_\_\_\_\_%

**9. Please indicate the percentage of Applicant's gross Receipts from the last fiscal period involving:**

Section A:

- |   |         |   |         |
|---|---------|---|---------|
| <input type="checkbox"/> Web Site Development                         | _____ % | <input type="checkbox"/> Graphics                                     | _____ % |
| <input type="checkbox"/> Training and Education                       | _____ % | <input type="checkbox"/> Network Architecture/Design                  | _____ % |
| <input type="checkbox"/> Records Management/Retrieval                 | _____ % | <input type="checkbox"/> Packaged Software Installation/Configuration | _____ % |
| <input type="checkbox"/> Hardware Maintenance Services                | _____ % | <input type="checkbox"/> Network/Computer/Application Support         | _____ % |
| <input type="checkbox"/> Network Cabling/Wiring                       | _____ % | <input type="checkbox"/> System/Network Evaluation                    | _____ % |
| <input type="checkbox"/> Custom Software Development                  | _____ % | <input type="checkbox"/> Equipment Evaluation and Selection           | _____ % |
| <input type="checkbox"/> Data/Records Imaging, Warehousing or Storage | _____ % | <input type="checkbox"/> Telecommunications                           | _____ % |

Section B:

- |  |         |  |         |
|--|---------|--|---------|
| <input type="checkbox"/> Technical Project Management  | _____ % | <input type="checkbox"/> Wireless Installation/Configuration | _____ % |
| <input type="checkbox"/> Computer Security             | _____ % | <input type="checkbox"/> Hardware Sales                      | _____ % |
| <input type="checkbox"/> Network Security              | _____ % | <input type="checkbox"/> Packaged Software Sales             | _____ % |
| <input type="checkbox"/> Packaged Software Development | _____ % | <input type="checkbox"/> Online Marketing, Advertising       | _____ % |
| <input type="checkbox"/> Hardware Manufacturing        | _____ % | <input type="checkbox"/> Online Sales                        | _____ % |
|  |         | <input type="checkbox"/> Other Services                      | _____ % |

Section C:

Indicate the percentage of revenue from clients in the following industries:

\_\_\_\_\_ % Residential      \_\_\_\_\_ % Retail      \_\_\_\_\_ % Government      \_\_\_\_\_ % Banking Investment  
 \_\_\_\_\_ % Medical/Pharmaceutical      \_\_\_\_\_ % Entertainment      \_\_\_\_\_ % Legal      \_\_\_\_\_ % Other

**10. Does applicant provide any services, which enable or affect any of the following?:**

- |   |                              |                             |         |
|---|------------------------------|-----------------------------|---------|
| CAD/CAM design or control, robotics or process control of industrial equipment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ % |
| Mechanical, electrical, chemical, civil or architectural design or engineering? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ % |
| Fund transfers or financial transactions or stock trading?                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ % |
| Aircraft, air-ground equipment, military defense and/ or weaponry of any kind?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ % |
| Medical, dental or healthcare diagnosis, monitoring or treatment?               | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ % |
| Pharmaceutical formulation, production or prescriptions?                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ % |
| 911 or other emergency response and/or dispatch?                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ % |
| Energy, power plant, utility or pollution monitoring, supply or distribution?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ % |
| Government regulation compliance?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ % |
| GPS, navigation systems (development, maintenance or support)?                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ % |
| Lottery, sweepstakes, gaming, online casino, or other games of chance?          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ % |
| Internet marketing, advertising?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ % |

Please describe any percentages listed above: \_\_\_\_\_

11. Do you provide eCommerce services that promote the sale of goods and/or the ability to transfer funds ( i.e. online monetary exchange for goods and services, shopping cart, credit card processing)? Yes No

12. (a) Describe the 3 largest jobs or projects within the last three years:

Name of Client	Services Provided	Gross Billings
_____	_____	_____
_____	_____	_____
_____	_____	_____

(b) If in business less than 1 year or a start up company, please describe the industries you are targeting for your products and/or services? \_\_\_\_\_

13. (a) Is the Applicant a licensed professional (i.e. Lawyer, Accountant)?  Yes  No  
 If Yes, advise type of licensed professional: \_\_\_\_\_
- (b) Number of principals, partners, officers and professional employees directly engaged in providing services to clients: \_\_\_\_\_
- (c) Number of non-professional employees (clerks, secretaries, etc.): \_\_\_\_\_
14. Does the applicant utilize independent contractors?  Yes  No  
 If Yes, please answer the following question(s) regarding the use of independent contractors.
- (1) How will the Applicant utilize each independent/subcontractor? \_\_\_\_\_
- (2) The total percent of Applicant's work done by independent/subcontractors: \_\_\_\_\_
- (3) Does the Applicant require certificates of professional liability insurance from all independent contractors?  Yes  No
- (4) Do independent contractors work exclusively for the insured?  Yes  No
15. What do you see as your potential exposure to a professional liability claim? \_\_\_\_\_

16. Does the Applicant use a standard written contract or letter of engagement with clients?  Yes  No  
 If yes  In all Cases  Sometimes
17. Do you utilize other company's trademarks on your web site?  Yes  No  
 a. If "yes", do you obtain written permission or are you authorized by contract to use the trademark(s)?  Yes  No
18. Do you sell or distribute products that you do not create?  Yes  No  
 a. If "yes", do you receive revenues from products that you are not authorized to sell?  
 b. If "yes", please attach explanation.
19. Do you purchase appropriate licenses for all software and hardware products utilized and/or require customers to use only licensed products?  Yes  No
20. What do you see as your Intellectual Property exposures? \_\_\_\_\_

**SECTION III: CLAIMS INFORMATION**

Do not complete this section if this is an application for a renewal policy at the same limit of liability with one of the United States Liability Insurance Companies.

21. During the past 5 years, has any claim been made or suit brought against the Insured, its predecessor(s) in business, or any of its present or former owners, partners, officers, directors, employees or independent contractors? (If Yes, please forward a completed USLI supplemental claims application.)  Yes  No
22. Is any owner, partner, officer, director, employee or independent contractor aware of any circumstance, allegation, contention or incident which may result in a claim being made against the Insured, its predecessor(s) in business, or any of its present or former partners, owners, officers, directors, employees or independent contractors? (If Yes, please please forward a completed USLI supplemental claims application.)  Yes  No

**SECTION IV: PROFESSIONAL LIABILITY INSURANCE COVERAGE**

23. Has any policy of or application for professional liability insurance on your behalf or on the behalf of any of your principals, officers, employees, independent contractors or on behalf of any predecessor(s) in business ever been declined, cancelled or non-renewal refused?  Yes  No  
 If Yes, advise details: \_\_\_\_\_
24. Is similar professional liability insurance currently in force?  Yes  No  
 Name of Carrier, Limit, Retro Active date, Deductible, Premium, Policy Period  
 \_\_\_\_\_  
 Length of time coverage has continuously been in force: \_\_\_\_\_

**GENERAL LIABILITY INSURANCE:**

25. Does the Applicant currently have General Liability Insurance? Yes No

If yes, please advise the following:

Name of Carrier \_\_\_\_\_

Limit \_\_\_\_\_

Premium \_\_\_\_\_

Expiration Date \_\_\_\_\_

26. During the last 5 years, has any claim been made or suit been brought against the Applicant? Yes No

(If yes, please provide details on a separate supplemental claim application.)

27. Is the Applicant involved in the installation of hardware, electrical work, wiring and/or cable installation of the items for which they are providing consultation services (including work done by Independent Contractors on behalf of the Applicant)? Yes No

28. Additional Insured(s) to be included (List name, address and relationship to Applicant): \_\_\_\_\_

**PROPERTY INSURANCE:**

29. Personal Property Limit: \_\_\_\_\_

30. Building Construction (please check one):

Frame - Bldg. Is made from a wood frame (2x4's/veneers).

Joisted Masonry - Outside walls are constructed with bricks/cinder blocks. Roof is made of wood.

Masonry Non-Combustible - Same as Joisted Masonry, except roof is steel.

Fire Resistive - Structural steel framing, reinforced concrete outside/load bearing walls.

31. Property Protection Class (1-10): \_\_\_\_\_ Zip Code: \_\_\_\_\_

32. (a). Aluminum Wiring: Yes No

(b). Functioning Fire/Smoke Alarms: Yes No

(c). Burglar Alarms: Yes No

33. Is the electrical system connected to circuit breakers?: Yes No

34. During the last 5 years, has any property claim been made or suit been brought against the applicant? Yes No

**SECTION V: REQUIRED INFORMATION**

A. United States Liability Insurance Group Application.

B. Resume.

**Minnesota Notice:** The clause "and/or authorization or agreement to bind the insurance" is replaced with "authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when he contract has been in effect for less than 90 days or is being canceled for nonpayment of premium."

**Virginia Notice:** You have an option to purchase a separate limit of liability for the extension period, Policy common conditions VII. If you do not elect this option, the limit of liability for the extension period shall be part of the and not in addition to limit specified in the declarations. Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

**New York Disclosure Notice:**

**This policy is written on a claims made basis and shall provide no coverage for claims arising out of incidents, occurrences or alleged wrongful acts that took place prior to the retroactive date, if any, stated on the declarations. This policy shall cover only those claims made against an insured while the policy remains in effect and all coverage under the policy ceases upon termination of the policy except for the automatic extended reporting period coverage unless the insured purchases additional extended reporting period coverage. The policy includes an automatic 60 day extended claims reporting period following the termination of this policy. The insured may purchase for an additional premium an additional extended reporting period of 12 months, 24 months or 36 months following the termination of this policy. Potential coverage gaps may arise upon the expiration of this extended reporting period. During the first several years of a claims-made relationship, claims-made rates are comparatively lower than occurrence rates. The insured can expect substantial annual premium increases independent overall rate increases until the claims-made relationship has matured.**

**Colorado Fraud Statement:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**District of Columbia Fraud Statement: WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Florida Fraud Statement:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Kentucky Fraud Statement:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**Maine Fraud Statement:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**New Jersey Fraud Statement:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**New York Fraud Statement:** 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**Ohio Fraud Statement:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Oklahoma Fraud Statement: WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Pennsylvania Fraud Statement:** 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.

**Tennessee and Virginia Fraud Statement:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Fraud Statement (All Other States):** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

If the primary address of the location listed in item #1 is in the state of **New York, Iowa or Florida**, the states of **New York, Iowa and Florida** require that we have the name and address of your (insured's) authorized Agent or Broker.

Name of authorized Agent or Broker \_\_\_\_\_

Address \_\_\_\_\_

Agent or Broker License number \_\_\_\_\_

The undersigned represents that to the best of his/her knowledge and belief the particulars and statements set forth herein are true and agrees that those particulars and statements are material to acceptance of the risk assumed by the Company. The undersigned further declares that any changes to the information contained in this application prior to the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The Company is hereby authorized, but not required to make any investigation and inquiry in connection with the information, statements and disclosures provided in this application. The decision of the Company not to make or to limit any investigation or inquiry shall not be deemed a waiver of any rights by the Company and shall not estop the Company from relying on any statement in this application. The signing of this application does not bind the undersigned to purchase the insurance, nor does the review of this application bind the Company to issue a policy. It is understood the Company is relying on this application in the event the Policy is issued. It is agreed that this Application, including any material submitted therewith, shall be the basis of the contract should a policy be issued and it will be attached and become a part of the policy.

Signature: \_\_\_\_\_  
(Principal, Partner, or Office of the Firm)

Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_