



United States Liability Insurance Group

Computer Consultants Supplemental



P.O. Box 768 Hendersonville, TN 37077
800-768-7475 Fax (615) 264-3980
www.bsris.com

APPLICATION

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT.

Applicant's Name: _____ **Date:** _____

1. Please briefly describe the primary computer services for which coverage is desired:

2. Please indicate the percentage of Applicant's annual revenue from the last fiscal period involving:

Advise details next to each item which may help in understanding Applicant's operations.

Training and Education	_____ %	
Records Management/ Retrieval	_____ %	
Hardware Maintenance Services	_____ %	
Package Software Installations	_____ %	
Graphics/ Presentation Materials	_____ %	
Basic Computer Security	_____ %	
Computer Security (High Tech)	_____ %	
Custom Software Development	_____ %	
Equipment Evaluation & Selection	_____ %	
EDP Audit	_____ %	
Needs Evaluation	_____ %	
Packaged Software Development/Sales	_____ %	
Hardware Manufacturing/Sales	_____ %	
Web Site Design	_____ %	
Other	_____ %	
Total (must equal 100%)	_____ %	Gross receipts from these activities last year \$ _____

3. Does the Applicant provide any services other than those services listed above in #2? Yes No
If yes, please provide details on a separate sheet.

4. Is the Applicant an Internet Service Provider and/or does it provide any internet access, online publishing, and/or services as a web portal, web host, web search engine, e-mail service, chat room, online database or bulletin board? If "Yes" please provide details on a separate sheet and % of receipts. Yes No % Receipts _____

5. Does the Applicant provide any consulting services which **enable or affect any of the following?**
(Please provide details below).

	Yes	No	%Receipts
CAD/CAM design or control, robotics or process control of industrial equipment?	<input type="checkbox"/>	<input type="checkbox"/>	
Mechanical, electrical, chemical, civil or architectural design or engineering?	<input type="checkbox"/>	<input type="checkbox"/>	
Fund transfers or financial transactions?	<input type="checkbox"/>	<input type="checkbox"/>	
Aircraft, air-ground equipment, military defense and/or weaponry of any kind?	<input type="checkbox"/>	<input type="checkbox"/>	
Medical, dental or healthcare diagnosis, monitoring or treatment?	<input type="checkbox"/>	<input type="checkbox"/>	
Pharmaceutical formulation, production or prescriptions?	<input type="checkbox"/>	<input type="checkbox"/>	
911 or other emergency response and/or dispatch?	<input type="checkbox"/>	<input type="checkbox"/>	
Energy, power plant, utility or pollution monitoring, supply or distribution?	<input type="checkbox"/>	<input type="checkbox"/>	
Computer security services intended to protect financial assets or privileged government information not intended for public usage/ consumption?	<input type="checkbox"/>	<input type="checkbox"/>	

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

SIGNATURE TITLE DATE



United States Liability Insurance Group

Technology Professional Liability



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800-766-7475 Fax (615) 264-3980
www.bsrlins.com

APPLICATION

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT.
THIS IS AN APPLICATION FOR A CLAIMS MADE POLICY. PLEASE READ YOUR POLICY CAREFULLY.

Section I: Background Information

1. Name of Insured: _____
2. Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Website: _____ Date Established: _____
3. Is the Applicant controlled, owned, affiliated or associated with any other firm, corporation or company?
 Yes No If **Yes**, please provide details: _____
4. 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:

5. Please describe in detail the professional services for which coverage is desired: _____

6. (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) What is the Applicant's overall net equity? Positive Negative
 If **Negative**, please advise net equity and steps being taken to correct the negative net equity. (on a separate sheet)

7. (a) Please indicate the percentage of Applicant's gross receipts from the last fiscal period involving:

Web Site Design	_____	%
Training and Education	_____	%
Record Management/Retrieval	_____	%
Hardware Maintenance Services	_____	%
Package Software Installation	_____	%
Computer Security	_____	%
Custom Software Development	_____	%
Equipment Evaluation and Selection	_____	%
Needs Evaluation	_____	%
Package Software Development / Sales	_____	%
Hardware Manufacturing / Sales	_____	%
Other Technology Related Services (please describe)	_____	
Non-Technology Services (please describe)	_____	
Total (must equal 100%)	_____	%

(b) Does the Applicant provide any services which enable or affect any of the following:

	Yes	No	% Receipts
CAD/CAM design or control, robotics or process control of industrial equipment?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mechanical, electrical, chemical, civil or architectural design or engineering?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fund transfers or financial transactions?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Aircraft, air-ground equipment, military defense and/or weaponry of any kind?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Medical, dental or healthcare diagnosis, monitoring or treatment?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pharmaceutical formulation, production or prescriptions?	<input type="checkbox"/>	<input type="checkbox"/>	_____
911 or other emergency response and/or dispatch?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Energy, power plant, utility or pollution monitoring, supply or distribution?	<input type="checkbox"/>	<input type="checkbox"/>	_____

8. (a) Is the Applicant an Internet Service Provider and/or does it provide any Internet access, online publishing, and/or services as a web host, web search engine, e-mail service, chat room, online database or bulletin board?

Yes No If **Yes**, please provide details on a separate sheet.

(b) Does the Applicant provide such services via their own server? Yes No

9. Describe the 5 largest jobs or projects during the past 3 years

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

10. (a) Please provide the following:

Names of Partners, Principals, Key Employees and Independent/Qualifications/ Sub Contractors	Professional in Practice Designations	# of Years
_____	_____	_____
_____	_____	_____

(b) Is the Applicant a licensed Professional (i.e. Lawyer, Accountant...)? Yes No If **Yes**, advise type of licensed Professional: _____

(c) Number of principals, partners, officers and professional employees directly engaged in providing services to clients: _____

(d) Number of non-professional employees (clerks, secretaries, etc.): _____

(e) Number of independent/subcontractors: _____

11. 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/subcontractor. _____

(3) Does the Applicant require Certificates of Professional Liability Insurance from all independent contractors? Yes No

12. What do you see as your potential exposure to a professional liability claim? _____

13. Does the Applicant use a written contract or letter of engagement with clients?

In all Cases Sometimes No

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 USLI Companies.

14. 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? Yes No **(If Yes, please provide details on a separate supplemental claim application.)**

15. 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? Yes No **(If Yes, please provide details on a separate supplemental claim application.)**

Section IV: Professional Liability Insurance Coverage

16. 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: _____

17. Is similar professional liability insurance currently in force? Yes No

Name of Carrier	Limit	Retro date (if any)	Deductible	Premium	Policy Period
_____	_____	_____	_____	_____	_____

Length of time coverage has continuously been in force: _____

Section V: General Liability Insurance

18. Does the Applicant currently have General Liability Insurance? Yes No
 Name of Carrier _____ Limit _____ Premium _____ Expiration Date _____
19. Describe any General Liability Losses in the past 5 years: _____
20. (a) Number of Employed Consultants/Persons rendering Professional Services as described in Question 5: _____
 (b) Does the applicant use Independent Contractors? Yes No If Yes, please answer 20 (c) and (d).
 (c) Is General Liability coverage to include Independent Contractors? Yes No
 (d) Number of Independent Contractors used: _____
21. Is the Applicant involved in 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
22. Additional Insureds to be included (list names, address and relationship to Applicant): _____

Section VI: Personal Property Insurance

23. (a) Personal Property Limit (at 80% Coinsurance/Replacement Cost): _____
 (b) EDP Equipment Limit \$ _____
 (c) Burglar Alarm Yes No Central Station Yes No
 Sprinklers Yes No Central Station Yes No
 Fire Alarm Yes No Central Station Yes No
24. Property Protection Class (1-10): _____
25. If located in first tier coastal county, distance from water (ocean, bay or inlet): _____
26. Property Claims Paid or Pending during 5 years: _____

SECTION VII: Required Information

A. USLI Application.

ARIZONA, PENNSYLVANIA AND OREGON 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 MAY BE SUBJECT TO A CIVIL PENALTY (AND A CRIMINAL PENALTY IF IN PENNSYLVANIA).

UTAH, CONNECTICUT, OHIO FRAUD STATEMENT: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE 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.

VIRGINIA FRAUD STATEMENT: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD AN INSURER, SUBMITS AN APPLICATION FOR INSURANCE OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

FRAUD STATEMENT (ALL OTHER STATES): 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 THOUSANDS DOLLARS AND THE STATED VALUE OF THE CLAIM FOR SUCH VIOLATION.

TEXAS APPLICANTS: THE INSURANCE FOR WHICH YOU ARE APPLYING IS AVAILABLE TO MEMBERS OF CONSULTANTS PRORISK PURCHASING GROUP AND IS SUBJECT TO TERMS AND CONDITIONS OF THE POLICY BY UNITED STATES LIABILITY INSURANCE GROUP TO CONSULTANTS PRORISK PURCHASING GROUP UPON INCEPTION OF COVERAGE IN ACCORDANCE WITH AND SUBJECT TO ITS BY-LAWS. CONSULTANTS PRORISK PURCHASING GROUP IS A PURCHASING GROUP IN ACCORDANCE WITH THE FEDERAL LIABILITY RISK RETENTION ACT OF 1986.

THE STATES OF FLORIDA AND NEW YORK REQUIRE THAT WE HAVE THE NAME AND ADDRESS OF YOUR (INSURED'S) AUTHORIZED AGENT OR BROKER.

NAME OF AUTHORIZED AGENT OR BROKER _____
 ADDRESS _____
 LICENSE NO. _____
 MAIL COMPLETED _____
 APPLICATION THROUGH _____
 LOCAL AGENT OR _____
 BROKER TO: _____

Signature of Applicant or Insured: _____
 Must be signed by a Principal, Partner or Officer of the Firm

Date: _____