



COMMERCIAL AUTOMOBILE APPLICATION

This application will be treated as confidential. This provides basic information to appropriate underwriters in order to obtain non-binding indications of Business Insurance coverage. If you would like to receive a quote for insurance, please complete this application and return this form to:

- *Affinity Insurance Services, Inc., Wired for Growth, Attention: Julie K. Davis, 225 W. Santa Clara Street, Suite 1150, San Jose, California 95113*
- *Fax: 1-408-289-9021*
- *If you would prefer to speak to a client representative, please call us at 1-877-690-WIRE.*

CLIENT PROFILE

<p>1. Company Name: _____</p> <p>Address: _____</p> <p>Address 2: _____</p> <p>City: _____</p> <p>State: _____</p> <p>Zip: _____</p> <p>Web Site: _____</p> <p>Contact Person: _____</p>	<p>Contact Phone: _____</p> <p>Contact Phone Ext: _____</p> <p>Fax: _____</p> <p>E-mail: _____</p> <p>Additional Contact Person: _____</p> <p>Additional Contact Phone: _____</p> <p>Phone Ext: _____</p>
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2. What category best describes your operations?

- | | |
|--|---|
| <p><input type="checkbox"/> Biopharmaceuticals</p> <p><input type="checkbox"/> Biotechnology</p> <p><input type="checkbox"/> Communications/Network/Telecom</p> <p><input type="checkbox"/> Computer Hardware/ Electronics</p> <p><input type="checkbox"/> Drug Delivery/Discovery</p> <p><input type="checkbox"/> Internet-Consumer & Bus Products</p> <p><input type="checkbox"/> Internet-Consumer & Bus Services</p> <p><input type="checkbox"/> Internet-Other Retail/Consumer</p> <p><input type="checkbox"/> Internet-Retail & Consumer</p> <p><input type="checkbox"/> Internet-Retailers</p> <p><input type="checkbox"/> IT Consultants</p> <p><input type="checkbox"/> IT Staffing</p> <p><input type="checkbox"/> IT Support/Services</p> <p><input type="checkbox"/> IT Training</p> <p><input type="checkbox"/> Medical Devices/Equipment</p> | <p><input type="checkbox"/> Network Data Storage</p> <p><input type="checkbox"/> Pharmaceuticals</p> <p><input type="checkbox"/> Research & Development</p> <p><input type="checkbox"/> Semiconductors</p> <p><input type="checkbox"/> Software Developer-Custom</p> <p><input type="checkbox"/> Software Developer-Prepackaged</p> <p><input type="checkbox"/> Software Programming/ Engineering</p> <p><input type="checkbox"/> Special Advisor-Tech/Chem/Pharm</p> <p><input type="checkbox"/> Special Materials/Chemicals</p> <p><input type="checkbox"/> Special Materials/ Tech Mfg</p> <p><input type="checkbox"/> Value Added Resellers</p> <p><input type="checkbox"/> Venture Capitalists</p> <p><input type="checkbox"/> Web Design/Maint/Dev/Mktg</p> <p><input type="checkbox"/> Other _____</p> |
|--|---|

If you have any questions, or to learn about more of our insurance products, services and solutions, please contact us at:
E-mail: wired@ars.aon.com or Call Toll Free: 1-877-690-WIRE



WIRED FOR GROWTH™

Risk Intelligence for Technology Industries



www.wiredforgrowth.com

3. What is your business type?

- Corporation Individual L.L.C. Partnership Franchise Other

4. What stage is your business in?

- Startup Product Development Product in Beta Test/Clinical Trials
 Shipping Profitable Restart

5. Describe in detail your operations, products, and services:

6. What month/year did you open for business: ____/____

7. How many employees do you currently have: _____

8. What stage of financing are you currently in?

- Early Stage Financing: Angel Investing, Seed Round
 Venture Capital Rounds: First Round, Second Round
 Late Stage Financing: Third Round and up, Private Placement, Mezzanine
 Liquidity Event: IPO, Merger and Acquisition, Subsequent Offering

9. What other insurance products or solutions would you like information on?

- | | |
|---|--|
| <input type="checkbox"/> Package | <input type="checkbox"/> Employment Practices Liability |
| <input type="checkbox"/> Workers' Compensation | <input type="checkbox"/> Trade Credit and Political Risk |
| <input type="checkbox"/> Commercial Automobile | <input type="checkbox"/> Cargo/Transit |
| <input type="checkbox"/> Network Risk | <input type="checkbox"/> Employee Benefits |
| <input type="checkbox"/> Technology Errors & Omissions | <input type="checkbox"/> Compensation Surveys |
| <input type="checkbox"/> Clinical Trials | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Directors' and Officers' Liability | |

10. How did you hear about us?

- | | | |
|--|--|---|
| <input type="checkbox"/> Accounting Firm | <input type="checkbox"/> E-newsletter/e-mail | <input type="checkbox"/> Tradeshow |
| <input type="checkbox"/> Association | <input type="checkbox"/> Law Firm | <input type="checkbox"/> Venture Capital Firm |
| <input type="checkbox"/> Client Referral | <input type="checkbox"/> Magazine | <input type="checkbox"/> Web Site |
| <input type="checkbox"/> CompTIA | <input type="checkbox"/> Search Engine | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Direct Mail | <input type="checkbox"/> Telemarketing | |

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Source Code: 14CDX000



GENERAL BUSINESS INFORMATION:

1. Requested Coverage Effective Date: / /
2. Do you have Hired and Non-Owned Automobile Exposure? Yes No
 - **Hired Automobiles** are vehicles that you rent on company business.
 - **Non-Owned Automobiles** are vehicles that your company does not own, lease, hire, rent or borrow, but are used in connection with your business operations.
 - **Hired and Non-Owned Automobile** coverage does not provide physical damage coverage and only responds to cover your firm in the event of a covered accident. If your employees use their own vehicle in the course of their employment with your firm, they should have their own personal automobile insurance to protect them.
3. Do you rent automobiles for business use? Yes No
4. Does your company own any automobiles? Yes No
If yes, please complete the following:

5. Coverage and Limits Desired: (Standard limits have been filled in.)

Coverages	Limits	
Liability	BI/person BI/accident	\$1,000,000 Combined Single Limit
Personal Injury Protection	Deductible:	\$ <input type="text"/>
Medical Payments		\$10,000 Per Person
Uninsured Motorists	BI/person BI/accident	\$1,000,000 \$1,000,000
Hired / Borrowed Property Damage		\$ <input type="text"/>
Non-Owned Hired Liability		\$1,000,000

6. Do you need comprehensive and collision coverage for your owned automobiles? Yes No
7. Do you need Hired/Borrowed Property Damage? Yes No

Higher limits may be available. Please give us a call.



DRIVER INFORMATION:

(You may include up to 10 drivers. If you have more than 10, please contact us at 1-877-690-WIRE.)

Driver #	Name	DOB	DL #	State Licensed	Use Veh. #

SCHEDULED VEHICLE INFORMATION:

(You may include up to 10 vehicles. If you have more than 10, please contact us at 1-877-690-WIRE.)

Veh #	Year	Make	Model	VIN#	Garage Location City, State	Cost New

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GENERAL INFORMATION:

- | | | |
|--|------------------------------|-----------------------------|
| 1. Are all Vehicles owned & registered to the Applicant? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Do over 50% of the employees use their autos in the business? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Is there a vehicle maintenance program in operation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Are any vehicles leased to others? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Are any vehicles customized, altered or have special equipment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Are ICC, PUC or other filings required? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Do operations involve transporting hazardous material? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Any hold harmless agreements? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Any vehicles used by family members? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Does the Applicant obtain MVR verification? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Does the Applicant have a specific driver recruiting method? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Are any drivers not covered by Workers' Compensation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. Any vehicles owned but not scheduled on this application? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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