



**COMMERCIAL PACKAGE 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 &amp; Bus Products</p> <p><input type="checkbox"/> Internet-Consumer &amp; Bus Services</p> <p><input type="checkbox"/> Internet-Other Retail/Consumer</p> <p><input type="checkbox"/> Internet-Retail &amp; 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 &amp; 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 more about any of our insurance products, services and solutions, please contact us at:**  
E-mail: [wired@ars.aon.com](mailto:wired@ars.aon.com) or Call Toll Free: 1-877-690-WIRE



# WIRED FOR GROWTH™

Risk Intelligence for Technology Industries



[www.wiredforgrowth.com](http://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:

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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?

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Package</li> <li><input type="checkbox"/> Workers' Compensation</li> <li><input type="checkbox"/> Commercial Automobile</li> <li><input type="checkbox"/> Network Risk</li> <li><input type="checkbox"/> Technology Errors &amp; Omissions</li> <li><input type="checkbox"/> Clinical Trials</li> <li><input type="checkbox"/> Directors' and Officers' Liability</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Employment Practices Liability</li> <li><input type="checkbox"/> Trade Credit and Political Risk</li> <li><input type="checkbox"/> Cargo/Transit</li> <li><input type="checkbox"/> Employee Benefits</li> <li><input type="checkbox"/> Compensation Surveys</li> <li><input type="checkbox"/> Other: _____</li> </ul> |
|--|---|

10. How did you hear about us?

- |  |  |   |
|--|--|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Accounting Firm</li> <li><input type="checkbox"/> Association</li> <li><input type="checkbox"/> Client Referral</li> <li><input type="checkbox"/> CompTIA</li> <li><input type="checkbox"/> Direct Mail</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> E-newsletter/E-mail</li> <li><input type="checkbox"/> Law Firm</li> <li><input type="checkbox"/> Magazine</li> <li><input type="checkbox"/> Search Engine</li> <li><input type="checkbox"/> Telemarketing</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Tradeshow</li> <li><input type="checkbox"/> Venture Capital Firm</li> <li><input type="checkbox"/> Web Site</li> <li><input type="checkbox"/> Other: _____</li> </ul> |
|--|--|---|

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

Source Code: 14CDX000



**GENERAL BUSINESS INFORMATION:**

1. What is your requested coverage effective date? \_\_\_/\_\_\_/\_\_\_
2. Who do you currently have Business Insurance Coverage with? \_\_\_\_\_
3. Who do you currently have Workers' Compensation Coverage with? \_\_\_\_\_
4. Who do you currently have your Employee Benefits Coverage with? \_\_\_\_\_
5. Describe in detail your operations, products, and services: \_\_\_\_\_  
\_\_\_\_\_
6. Do you have a web site that facilitates chat rooms, message boards, file sharing or file swapping, or search engine capabilities?  Yes  No
7. Do you deal with highly sensitive information, such as medical, credit, legal or other information of a sensitive or confidential nature?  Yes  No
8. How many years do your managing principals have in this type of industry? \_\_\_\_\_
9. How many years have you been in business? \_\_\_\_\_
10. How many employees do you currently have? \_\_\_\_\_
11. What were your total gross U.S. revenues last year? \$ \_\_\_\_\_
12. What are your projected U.S. revenues for the next 12 months? \$ \_\_\_\_\_
13. What are your projected non-U.S. revenues for the next 12 months (foreign)? \$ \_\_\_\_\_
14. If you have non-U.S. revenues, list what countries you have revenues in: \_\_\_\_\_  
\_\_\_\_\_

**REVENUES MEAN ACTUAL SUMS TO BE BILLED OR EXPECTED TO BE BILLED TO CUSTOMERS FOR THE PRODUCTS AND SERVICES RENDERED BY YOUR FIRM.**

15. What was your total annual payroll last year? \$ \_\_\_\_\_
16. What is your projected U.S. payroll for the next 12 months? \$ \_\_\_\_\_
17. What is your projected non-U.S. payroll for the next 12 months? \$ \_\_\_\_\_
18. Has any insurance company declined, non-renewed or cancelled your company's policy or coverage in the past three years?  Yes  No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
19. Have there been any Property, Crime or General Liability losses in the past three years?  Yes  No  
If yes, please explain: \_\_\_\_\_

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E-mail: [wired@ars.aon.com](mailto:wired@ars.aon.com) or Call Toll Free: 1-877-690-WIRE



**PROPERTY LOCATIONS:**

**Location 1**

1. Physical Location:

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. Do you Own or Lease this Location?  Own  Lease

3. If you own this building please provide the full replacement value: \_\_\_\_\_

4. What is the total replacement value of your Business Personal Property at this location?

Computer: \$ \_\_\_\_\_

Furniture: \$ \_\_\_\_\_

Fixtures: \$ \_\_\_\_\_

Equipment: \$ \_\_\_\_\_

Machinery: \$ \_\_\_\_\_

Raw Materials: \$ \_\_\_\_\_

Finished Goods: \$ \_\_\_\_\_

Any Leasehold Improvements: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

5. What is the Total Square Footage of this space or building? \_\_\_\_\_

6. What is the Total Square Footage you occupy? \_\_\_\_\_

7. What is the Year of the Construction of the building? \_\_\_\_\_

8. How many stories in the building? \_\_\_\_\_

9. If the building is over 25 years old, please provide us with an overview of the renovations: \_\_\_\_\_

10. Has the electrical and plumbing been updated in the last 15 years?  Yes  No

11. Is there a working sprinkler system protecting most of this building?  Yes  No

12. Are working smoke detectors protecting most of this building?  Yes  No

13. Is there a burglar alarm on your premises?  Yes  No

14. What is this building constructed of?

Frame

Joisted Masonry

Non-Combustible

Masonry Non-Combustible

Fire Resistive

Concrete Tilt-up

Other \_\_\_\_\_

15. Please describe any prior property losses at this location: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Location 2 (if applicable)**

1. Physical Location:

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. Do you Own or Lease this Location?  Own  Lease

3. If you own this building please provide the full replacement value: \_\_\_\_\_

4. What is the total replacement value of your Business Personal Property at this location?

Computer: \$ \_\_\_\_\_

Furniture: \$ \_\_\_\_\_

Fixtures: \$ \_\_\_\_\_

Equipment: \$ \_\_\_\_\_

Machinery: \$ \_\_\_\_\_

Raw Materials: \$ \_\_\_\_\_

Finished Goods: \$ \_\_\_\_\_

Any Leasehold Improvements: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

5. What is the Total Square Footage of this space or building? \_\_\_\_\_

6. What is the Total Square Footage you occupy? \_\_\_\_\_

7. What is the Year of the Construction of the building? \_\_\_\_\_

8. How many stories in the building? \_\_\_\_\_

9. If the building is over 25 years old, please provide us with an overview of the renovations: \_\_\_\_\_

10. Has the electrical and plumbing been updated in the last 15 years?  Yes  No

11. Is there a working sprinkler system protecting most of this building?  Yes  No

12. Are working smoke detectors protecting most of this building?  Yes  No

13. Is there a burglar alarm on your premises?  Yes  No

14. What is this building constructed of?

Frame

Joisted Masonry

Non-Combustible

Masonry Non-Combustible

Fire Resistive

Concrete Tilt-up

Other \_\_\_\_\_

15. Please describe any prior property losses at this location: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**If you have any additional locations, please provide above information for each location and attach to this application.**



**BUSINESS INCOME & EXTRA EXPENSE:**

1. Are you strictly a research and development facility?  Yes  No
2. What is your estimated time (in months) to restore operations if you have a major property loss to your premises? \_\_\_\_\_
3. Business Income and Extra Expense Limit Requested: \$ \_\_\_\_\_  
(Amount it would take to become fully operational after loss and continue operations through the period of restoration.)
4. Is your payroll included in this limit amount?  Yes  No
5. Do you have any Contingent Business Income?  Yes  No

**OPTIONAL GLOBAL COVERAGES:**

6. Do you sell your products and services to any territories outside the U.S.?  Yes  No
7. Do you want your Premises and Product coverage extended worldwide?  Yes  No
8. Do you want Hired and Non-Owned Auto coverage extended worldwide?  Yes  No
9. Do you want foreign voluntary Workers' Compensation for your U.S. employees working abroad?  Yes  No
10. Do you want your Employee's Personal Belongings coverage extended worldwide?  Yes  No
11. Do you want your Property in Transit coverage extended worldwide?  Yes  No
12. Do you want your Unscheduled Locations coverage extended worldwide?  Yes  No

**PLEASE ATTACH ALL PRIOR INSURANCE INFORMATION INCLUDING LOSS HISTORY**

**BUSINESS AUTOMOBILE:**

We will automatically provide a quote for Hired and Non-Owned Coverage as part of our Package Proposal.

13. Do you rent cars for business use?  Yes  No
14. Does the company own any automobiles?  Yes  No  
(If yes, additional information will be required.)

(IF YOU ANSWERED YES TO QUESTION #14, PLEASE COMPLETE THE AUTO APPLICATION. THANK YOU.)

**If you have any questions, or to learn more about any of our insurance products, services and solutions, please contact us at:**  
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