



WIRED FOR GROWTH™

Risk Intelligence for Technology Industries



www.wiredforgrowth.com

TECHNOLOGY ERRORS & OMISSIONS 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

1. Company Name: _____
 Address: _____
 Address 2: _____
 City: _____
 State: _____
 Zip: _____
 Web Site: _____
 Contact Person: _____

Contact Phone: _____
 Contact Phone Ext: _____
 Fax: _____
 E-mail: _____
 Additional Contact Person: _____
 Additional Contact Phone: _____
 Phone Ext: _____

2. What category best describes your operations?

- Biopharmaceuticals
- Biotechnology
- Communications/Network/Telecom
- Computer Hardware/ Electronics
- Drug Delivery/Discovery
- Internet-Consumer & Bus Products
- Internet-Consumer & Bus Services
- Internet-Other Retail/Consumer
- Internet-Retail & Consumer
- Internet-Retailers
- IT Consultants
- IT Staffing
- IT Support/Services
- IT Training
- Medical Devices/Equipment

- Network Data Storage
- Pharmaceuticals
- Research & Development
- Semiconductors
- Software Developer-Custom
- Software Developer-Prepackaged
- Software Programming/ Engineering
- Special Advisor-Tech/Chem/Pharm
- Special Materials/Chemicals
- Special Materials/ Tech Mfg
- Value Added Resellers
- Venture Capitalists
- Web Design/Maint/Dev/Mktg
- Other _____

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 or Call Toll Free: **1-877-690-WIRE**

Source Code: 14CDX000



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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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11. Are there, or have there been, any significant changes in the nature or size of the Applicant's business anticipated over the next 12 months? YES NO
If yes, please explain: _____
12. Have there been any significant changes in the past 12 months? YES NO
If yes, please explain: _____
13. What is your average installation or project time frame in months? _____
14. Please describe any operations or products discontinued within the last five (5) years:

15. Does the Applicant maintain and use written contracts with your clients? YES NO
If Yes, what % are reviewed by legal counsel? _____
If No, please provide further information on Risk Management Protocols and Procedures in place: _____
16. Do you ever negotiate contracts with your customers, where your firm accepts liability for consequential damages? YES NO
17. Does the Applicant have any contracts valued over \$1,000,000 and/or customers that represent more than 50% of your revenue? YES NO
18. Briefly describe your customers' training, installation, acceptance and sign-off process and agreement? _____
19. Are outside consultants / contractors utilized? YES NO
If yes, do you typically require consultants / contractors to hold professional liability insurance as a condition of work? YES NO

TECHNOLOGY INFORMATION:

1. Do you have a Web Site/Online services or provide such services to third parties? YES NO
• If Yes, do you have a policy for removing controversial material (libelous, slanderous, etc) from your Online Service, including Online Services provided to Third Parties? YES NO
• If Yes, do you have a policy for removing infringing material (copyright, trademark, etc) from your Online Service, including Online Services provided to Third Parties? YES NO
2. Does your company have a written policy on E-mail and Internet Use? YES NO
3. Are firewalls used to prevent unauthorized access connections from internal networks and computer systems to external networks? YES NO
4. Are anti-virus procedures used on desktop and mission critical servers? YES NO
5. Are backup and recovery procedures documented for all mission critical systems? YES NO
6. Do you develop and/or provide mission critical systems? YES NO
7. Is the nature of your market, products or services:
- a) Adult Related / Pornography YES NO
 - b) Auction Related YES NO
 - c) Aviation, Aerospace and/or Military YES NO
 - d) Domain Name Registration YES NO
 - e) Engineering YES NO
 - f) Entertainment (e.g. MP3, downloading music, video etc.) YES NO

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- | | | |
|---------------------------------------|------------------------------|-----------------------------|
| g) Financial and/or Financial Trading | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| h) Gambling | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| i) Hardware Manufacturing | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| j) Lottery Related | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| k) Medical | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| l) Offline Publishing/Printing | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| m) Process Control | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| n) Political | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| o) Religious | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

GENERAL COVERAGE INFORMATION:

- Does your company currently have any Errors & Omissions coverage or similar insurance in force? **YES** **NO**
 Coverage Currently Maintained Limit: _____
 Effective Date (MM/DD/YYYY) ____/____/____
 Retroactive Date (MM/DD/YYYY) ____/____/____
 (The Retroactive Date means the policy inception date for which the most recent main form application was attached.)
- Please detail any Mergers and Acquisitions undertaken in the last three (3) years:
Check here if N/A _____
- Has the Applicant organization ever been the subject of, or involved in, any disciplinary or regulatory proceeding by any professional body, association, or any regulatory or governmental agency? **YES** **NO**
If yes, please explain: _____
- Does any director, officer, employee or partner of the Applicant organization have knowledge or information of any act, error, or situation, which might reasonably be expected to give rise to a claim? **YES** **NO**
If yes, please explain: _____
- Have any customers refused to pay or requested a refund or invoked contract penalty clauses outside the normal course of business and after any requested remedial work? **YES** **NO**
If yes, please explain: _____
- Has the Applicant organization been party to any lawsuit or other legal proceeding within the past five years? **YES** **NO**
If yes, please explain: _____
- Has any claim or allegation of a nature for which coverage is now being sought been made against the Applicant organization or any of its directors, officers, partners or employees in the last five years, whether covered under any preceding policy or not? **YES** **NO**
If yes, please explain: _____
- Has your firm ever been the victim of a computer attack (including virus, denial of service or unauthorized access) in the past 36 months? **YES** **NO**
If yes, please explain: _____
- Has any errors and omissions or professional liability insurance ever been declined or cancelled? **YES** **NO**
If yes, please explain: _____

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