



WORKERS' COMPENSATION 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: _____	Phone: _____
Address: _____	Phone Ext: _____
Address 2: _____	Fax: _____
City: _____	E-mail: _____
State: _____	Additional Contact Person: _____
Zip: _____	Additional Contact Phone: _____
Web Site: _____	Phone Ext: _____
Contact Person: _____	

2. What category best describes your operations?

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

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



WIRED FOR GROWTH™

Risk Intelligence for Technology Industries

AON

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 | |

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



GENERAL BUSINESS & FINANCIAL INFORMATION:

1. Requested Coverage Effective Date: ____/____/____
2. Federal Employer ID #: _____
3. Please enter the following information for each of your locations:

Location	Class Code* Class Description	Current # of Employees	Projected Payroll Next 12 Months	Projected # of Employees Next 12 Months
Address: City, State, Zip	Class Description: If Other:		\$	
Address: City, State, Zip	Class Description: If Other:		\$	
Address: City, State, Zip	Class Description: If Other:		\$	

Totals = _____ \$ _____

****Commonly Used Class Codes and Descriptions :***

- 8810 – Clerical***
- 8742 – Outside Sales***
- 8809 – Executive Officers***
- 8805 – Accountants***
- 8859 – Computer Programmers (CA Only)***

If Other, please describe.

If you have more than three (3) locations, please attach additional information to this application.



COVERAGE FOR PARTNERS, CORPORATE OFFICERS & RELATIVES

Officer 1

1. Name: _____	Remuneration: _____
Title: _____	Stock Ownership: _____%
Date of Birth: ____/____/____	% of U.S. Travel: _____
Description of Duties: _____	% of Non-U.S. Travel: _____
_____	Countries Traveled In: _____
_____	_____

Officer 2

2. Name: _____	Remuneration: _____
Title: _____	Stock Ownership: _____%
Date of Birth: ____/____/____	% of U.S. Travel: _____
Description of Duties: _____	% of Non-U.S. Travel: _____
_____	Countries Traveled In: _____
_____	_____

Officer 3

3. Name: _____	Remuneration: _____
Title: _____	Stock Ownership: _____%
Date of Birth: ____/____/____	% of U.S. Travel: _____
Description of Duties: _____	% of Non-U.S. Travel: _____
_____	Countries Traveled In: _____
_____	_____

Officer 4

4. Name: _____	Remuneration: _____
Title: _____	Stock Ownership: _____%
Date of Birth: ____/____/____	% of U.S. Travel: _____
Description of Duties: _____	% of Non-U.S. Travel: _____
_____	Countries Traveled In: _____
_____	_____

If you have more than four (4) Officers, please attach additional information to this application.



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GENERAL QUESTIONS:

1. Is a formal safety program in operation? YES NO
2. Do you conduct scheduled safety meetings? YES NO
3. Do you offer pre-employment drug testing? YES NO
4. Are physicals required after offers of employment are made? YES NO
5. Do you lease employees to or from other employers? YES NO
6. Any prior coverage declined or cancelled/non-renewed during the last 3 years? YES NO

If yes, please explain in detail: _____

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

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