

**NEGLEY**  
**ASSOCIATES**  
 UNDERWRITING MANAGERS

**SCOTTSDALE**  
 SURPLUS LINES INSURANCE COMPANY  
 8877 North Gainey Center Drive  
 Scottsdale, Arizona 85258  
 1-800-423-7675

**Miscellaneous Professional Liability Technology Application**  
 (This is an Application for a Claims Made and Reported Policy)

1. Full Name of Applicant (Firm): \_\_\_\_\_  
 \_\_\_\_\_
2. Principal Business Address: (Please list any secondary or foreign locations on a separate sheet.)  
 \_\_\_\_\_  
 \_\_\_\_\_
3. Business Phone: (\_\_\_\_\_) \_\_\_\_\_ Year firm was established: \_\_\_\_\_  
 Web Site Address: \_\_\_\_\_
4. Is the applicant controlled, owned or associated with any other firm, corporation or company? .....  Yes  No  
 Are any business activities in Question 12 provided to such business enterprises? .....  Yes  No
5. Is the applicant engaged in any business or professional activity other than those described in  
 Question 12? .....  Yes  No  
 If yes, attach explanation and estimated receipts.
6. Has there been acquisition or merger activity in the past five (5) years?.....  Yes  No  
 If yes, please explain. The explanation should include information regarding the percentage of assets and liabilities  
 assumed.
7. Are there future mergers/acquisitions planned in the next twelve (12) months? .....  Yes  No  
 If yes, please explain: \_\_\_\_\_
8. To what professional associations does the applicant/firm belong? \_\_\_\_\_  
 \_\_\_\_\_
9. Number of principals, partners, officers and professional employees providing services to clients: \_\_\_\_\_
10. Number of nonprofessional employees (clerks, secretaries, etc.): \_\_\_\_\_
11. Please provide the following:

Name in Full of ALL Partners/ Principals/Key Employees	Professional Qualifications	How Long in Practice	How Long as Partner/Principal

12. SERVICES	% Revenues	Gross Billings		
		Last Year	Current Year	Next Year
Electronic Data Processing				
EDP Consulting				
Custom Software Development				
Sale of Software of Others				
Sale of Hardware of Others				
Time-Sharing				
Systems Analysis/Design				
Outsourcing				
Hardware Maintenance				
Software Support				
Other (Describe)				
<b>Total</b>				

13. Identify major software applications: Percentage of receipts
- Administrative..... %
  - Accounting/Financial (Non-Fund Transfer)..... %
  - Architectural ..... %
  - CAD/CAM: Manufacturing/Engineering Tools..... %
  - CASE: Application Development Tools..... %
  - Communications: Utilities/Info Services ..... %
  - Data Base Management Systems ..... %
  - Educational ..... %
  - Fund Transfer..... %
  - Imaging..... %
  - LAN/WAN Network Management ..... %
  - Medical Management..... %
  - Office Automation (Word Processing/E-mail) ..... %
  - Scientific/Mathematical ..... %
  - Other: \_\_\_\_\_ %

14. Indicate the market(s) for your products/services:
- Aerospace
  - Construction/Mining/Agriculture
  - Financial Institutions
  - Government (Military)
  - Health Care/Medical Services
  - Manufacturing/Industrial
  - Communications/Transportation
  - Education
  - Gambling/Gaming
  - Government (Non-Military)
  - Home Use
  - Trade: Retail/Wholesale

15. Are you involved with computer-aided manufacturing (CAM), computer-aided engineering (CAE), computer-aided design/drafting (CAD) or real-time monitoring systems or software? .....  Yes  No

- 16. Do you design, manufacture or modify computer hardware or component parts? .....  Yes  No
- 17. Do you service, maintain or install computer hardware or component parts? .....  Yes  No
- 18. Is all of your system and/or software design development work for others documented and tested? .....  Yes  No
- 19. Is a standard test plan followed for all of your system and/or software design development work? .....  Yes  No
- 20. Does your test plan include procedures for detection and correction of bugs, viruses, intrusions, security flaws or other anomalies? .....  Yes  No
- 21. Are your clients responsible for determining the accuracy of test results? .....  Yes  No  
If yes, are they in writing? .....  Yes  No
- 22. Do you retain design, development and testing documentation of the life of the systems and/or software?  Yes  No
- 23. What are your procedures for determining and notifying affected users/licensees of potential bugs, viruses, intrusions, security flaws or other anomalies that may be discovered? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

24. If copyright infringement coverage is desired, please answer the following:  
Describe your procedures to safeguard against potential copyright infringement allegations against you arising out of:  
(1) systems and/or software designed or developed by you for others: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(2) systems and/or software created by others and modified by you: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

25. Do you have a contingency plan in writing in the event of computer failure? .....  Yes  No  
If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

- 26. Does the applicant use a written contract?       Always                       Sometimes                       Never
- 27. Do your contracts contain:  
Hold harmless or indemnity agreements inuring to your benefit? .....  Yes  No  
Hold harmless or indemnity agreements inuring to your clients' benefits? .....  Yes  No  
A specific description of the services you will provide to the client? .....  Yes  No  
Guarantees or warranties? .....  Yes  No  
Limitation of liabilities? .....  Yes  No  
(Please attach a copy of your standard contract, or the contract used with your largest client.)

28. Provide the following information for **General Liability** coverage currently in force:

Company	Limit	Deductible	Policy Term
_____	\$ _____	\$ _____	_____

Does the policy above include coverage for Products/Completed Operations? .....  Yes  No

29. **Please list five (5) largest projects handled during the past three (3) years.** Please give: (1) project/client name; (2) the nature of services performed for the client; and (3) the revenues obtained from those services.

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30. **What percentage of applicant's business involves subcontracting of work to others?** ..... %  
 Are Certificates of Insurance required? .....  Yes  No

31. **Has any insurance company or insurer declined, cancelled or refused to renew any similar insurance for the applicant during the past five (5) years** (Not applicable to Missouri applicants)? .....  Yes  No  
 If yes, give details: \_\_\_\_\_

32. **List all the applicant's prior Professional Liability Insurance carriers for the past five (5) years as follows:**

Name of Insurer	Period	Limit	Deductible	Claims Made or Occurrence	Premium

33. **After inquiry, have any claims been made during the past five (5) years against the applicant or any of the present partners or to the applicant's knowledge against any past directors, partners, or officers?** .....  Yes  No  
 If yes, on attached SUPPLEMENTAL CLAIMS INFORMATION SHEET give full details including status of claim, amounts demanded or paid and dates of claims.

34. **After inquiry, have any claims been made during the past five (5) years against any office workers or employees of the applicant?** .....  Yes  No  
 If yes, on attached SUPPLEMENTAL CLAIMS INFORMATION SHEET give full details including status of claim, amounts demanded or paid and dates of claims.

35. **After inquiry, is the applicant aware of any facts or circumstances or any allegations or contentions of any incident which may result in any claim being made against the applicant, or any of its past or present partners, executive officers, directors, office workers or employees, any predecessors in business or against any corporation that the applicant was formerly employed by, associated with or had an interest in?** .....  Yes  No  
 If yes, on attached SUPPLEMENTAL CLAIMS INFORMATION SHEET give full details including status of claim, amounts demanded or paid and dates of claims.  
 It is agreed that if such knowledge exists, any claim or action arising therefrom is excluded from this proposed coverage.

36. **Limit of Liability desired:**  
 \$100,000/\$100,000                       \$250,000/\$500,000                       \$500,000/\$500,000  
 \$500,000/\$1,000,000                       \$1,000,000/\$1,000,000                       Other \$ \_\_\_\_\_

