



Name of Applicant: _____ DBA: _____

Primary Contact Person Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Phone #: _____

Total Annual Sales: _____

Full-time Employees: _____

Part-time Employees: _____

In what year did your business start? _____

Have you ever had an E&O claim? Yes No

Please Indicate % of Revenues From (the total must equal 100%):

Managed Services	_____ %
Hardware Sales	_____ %
Break/Fix Operations	_____ %
Cloud Solutions	_____ %
IT Staffing	_____ %
Software Development	_____ %
Telecommunication Services	_____ %
Consulting	_____ %

Please Indicate the market(s) for the Applicant's products/services (the total must equal 100%):

Education	_____ %
Financial Institutions	_____ %
Government (Federal)	_____ %
Government (other)	_____ %
Health Care/Medical Services	_____ %
Legal	_____ %
Accounting	_____ %
Manufacturing/Industrial	_____ %
Business-to-Business	_____ %

Are you involved in the development or any custom-integration solutions for medical, aviation, financial, or telecommunications software? If 'yes', please provide full details: Yes No

Risk Control Questions

1. What % of sales is services? %
 - a. What % of your service revenues is security or regulatory compliance related? %
 - b. What % of your service revenues is support related? %
 - c. What % of your service revenues is Implementation related? %
2. Does the company offer 24X7 perimeter security monitoring? Yes No
3. Does the company offer 24X7 internal network security monitoring? Yes No
4. Does the company offer regulatory compliance services? Yes No
If 'yes', please explain: _____
5. Do you provide managed backup services to your clients where you are responsible to ensure backups are 100% completed and data is available in the event of a necessary restore? Yes No
If yes, do you confirm the backups to ensure they are completing successfully on the covered data at least quarterly? Yes No
6. Do you perform a test restore of data at least annually? Yes No
7. Does the Applicant perform data backups of their computer systems (as well as client systems) a minimum of every seventy-two (72) hours? Yes No
If not, how often? _____

Please e-mail completed application to: justinr@techrug.com

Statement of Fact

Do you and your subsidiaries comply with all the requirements detailed in the Statement of Fact below? Yes No

- 1. You do not provide financial transfer software, live trading platforms, medical software (clinical context), SCADA software; nor do you manufacture hardware. (Note: financial transfer software does not include off the shelf accounting software programs like QuickBooks, Quicken, etc.)
- 2. You do not own or operate a website that has user generated content or social networking features publicly available to end users where the content is available to the general public, or a cloud platform.
- 3. You have anti-virus software installed and enabled on all desktops, laptops and servers (excluding database servers) and it is updated on a regular basis.
- 4. You have firewalls installed on all external gateways.
- 5. You take regular back-ups (at least weekly) of all critical data and store the same offsite or in a fire-proof safe, or your outsourced service provider meets this requirement.
- 6. You always use a written contract signed by you and your clients.

Claims Information

In regards to claims, are both of the below statements true? Yes No

- 1. After full enquiry, you are not aware of any circumstances, complaints, claims, loss, or penalties/fines levied against you in the last five years, in relation to intellectual property rights infringement or any other risks that this application relates to.
- 2. After full enquiry, you are not aware of any current or previous problems or errors in your work that may give rise to a liability claim against you, in relation to the risks that this application relates to.

Declaration

I declare that after proper enquiry the statements and particulars given above are true and that I have not mis-stated or suppressed any material fact. I agree that this application form, together with any other material information supplied by me shall form the basis of any contract of insurance effected thereon. I undertake to inform underwriters of any material alteration to these facts occurring before completion of the contract.

Signature (sign on above line)

Date

Full Name

Position/Title

THE SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED.

IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE INCEPTION DATE OF INSURANCE, PLEASE IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES. THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS, AUTHORISATIONS OR AGREEMENTS TO BIND THE INSURANCE.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED INTO THIS APPLICATION.

Please sign and e-mail completed application to: submissions@techrug.com