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TECHNOLOGY E&O APPLICATION

**THIS APPLICATION IS FOR A
CLAIMS MADE INSURANCE POLICY**

APPLICATION'S INSTRUCTIONS

1. ALL QUESTIONS MUST BE ANSWERED COMPLETELY; PLEASE TYPE OR PRINT CLEARLY;
2. THIS APPLICATION, WHICH INCLUDES SUPPLEMENT FORMS, MUST BE SIGNED AND DATED BY A PRINCIPAL OF THE FIRM.

1. Name of Applicant:

2. Full Address:

3. Telephone: _____ Facsimile: _____ E-Mail: _____

Website URLs: _____

4. Date established: _____

5. Are significant changes in the nature or size of the Applicant's business anticipated over the next 12 months? Or have there been any such changes in the past 12 months? Yes No

If yes, please explain: _____

6. Total Number of staff: _____

7. Please provide the following:

Name of Principals & Qualified Employees	Professional Qualifications/Designations	Number of years in practice	Number of years with Applicant
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please provide brief resumes of the Principals.

8. Gross billings:
Last year : _____ This year (est): _____ Next year(est): _____

9. Please indicate the Applicant's three largest jobs/projects during the past three years:

Client	Service	Applicant's Fee
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. Please describe in detail the nature and types of professional services the Applicant is engaged in.

11. Indicate % of revenue expected during the next 12 months from the following : (Please answer for all that apply.)

Revenue %	
a. Data Processing and Entry	_____
b. Custom Software Development	_____
c. Packaged Software Development	_____
d. Consulting on Hardware/Software System design/purchase	_____
e. Systems Installation	_____
f. Systems Maintenance	_____
g. Computer Related Training	_____
h. Web Page Development /Maintenance / Updates.	_____
i. Basic ISP – Web access, web space and email.	_____
j. ISP / Portal as i. but providing access to propriety content and services.	_____
k. Website and server hosting for business customers.	_____
l. Content Provider for Web Page/Forum.	_____
m. Forum/Content Channel/Forum Manager.	_____
n. Electronic Commerce	_____
o. Application Service Provider.	_____
p. Other (Please explain).	_____
TOTAL	

12. Please indicate the major software applications and receipts attributable:

Nature	Market Home Use%	Commercial Use %	Total Receipts %
a. Administrative (sales data, lists, etc)	_____	_____	_____
b. Accounting (payroll, receivables, payables)	_____	_____	_____
c. Financial (savings, checking, loan, dividend accounts)	_____	_____	_____
d. Inventory Control	_____	_____	_____

- e. Scientific _____
- f. Graphics _____
- g. Architectural (Model building projection) _____
- h. CAD/CAM: Manufacturing/
Engineering tools _____
- i. CASE: Application development tools _____
- j. Communications: Utilities/Info Services _____
- k. Fund Transfer _____
- l. Medical _____
- m. Educational _____
- n. Facilities Management _____
- o. Office Automation _____
- p. Database Management Systems _____
- q. LAN/Network _____
- r. Imaging _____
- s. Gatekeeper _____
- t. Game Development _____
- u. Other (please explain) _____

13. Indicate the market(s) for your products/services

	Receipts %
Aerospace	_____
Communications/Transportation	_____
Construction/Mining/Agriculture	_____
Education	_____
Financial Institutions	_____
Government (military)	_____
Government (non military)	_____
Health Care/Medical Services	_____
Home use	_____
Manufacturing/Industrial	_____
Trade: Retail/Wholesale	_____
Other _____	_____
(please specify)	TOTAL
	100%

14. Do you have a policy for removing controversial material: (libellous, slanderous, etc) from your On-line Service?

Yes No N/A

Please explain: _____

15. Do you have a policy for removing infringing material (copyright, trademark, etc) from your On-line Service?

Yes No N/A

Please explain: _____

16. Have you ever received a complaint concerning the content of your On-line Service? (libellous, slanderous, copyright, trademark, etc)

Yes No N/A

If yes, how did you respond to such complaints and in what time frame?

17. How many of the following comprise the Applicant's network:

server computers: _____?
workstation computers: _____?
authorised user accounts _____?
geographically distinct LAN sites _____?

18. Has the Applicant suffered any known intrusions (i.e., unauthorised access) of its Computer Systems in the most recent past twelve (12) months?

Yes No N/A

If yes,

How many intrusions occurred? _____

If any damage was caused by any such intrusions, including lost time, lost business income, or costs to repair any damage to systems or to reconstruct data or software, describe the damage that occurred, and state value of any lost time, income and the costs of any repair or reconstruction: _____

Describe the response taken by the Applicant to the intrusions. _____

19. Has the Applicant received any threats of physical harm or damage to persons or property, whether or not related to its Computer Systems, in the most recent past twelve (12) months?

Yes No N/A

If yes, provide details about any such threat, including the person making the threat, if known, and the nature of the threat, whether any ransom was demanded and whether any harm or damaged resulted. _____

20. Has the Applicant undergone any business merger or acquisition that resulted in the merger of information systems in the most recent past three (3) years?

Yes No N/A

If yes, describe: _____

21. Please indicate which of the following information systems Policies and Procedures the Applicant has published and distributed to employees:

_____ information system access regulations and controls,
_____ "Acceptable Use" standards,
_____ the company's right to monitor employee computer use and activity, including reading e-mails and monitoring website activities,
_____ acceptable e-mail use,
_____ acceptable internet use,
_____ password discipline,
_____ remote access,
_____ incident response, handling, and reporting,
_____ standards of communication for proprietary, sensitive, and confidential materials, and
_____ responses to threatening, malicious, or unprofessional communications.

22. Does the Applicant require positive acknowledgement from each employee of their understanding and agreement with the above policies and procedures? Yes No N/A

23. Does the Applicant conduct training for every employee user of the information systems in security issues and procedures for its Computer Systems? Yes No N/A

If yes, indicate how frequent such training is provided: _____

24. Does the Applicant have a disaster recovery program? Yes No N/A

If yes, describe the program, including any continuity plan for all critical business processes/systems: _____

25. Are the Applicant's internal networks and/or Computer Systems subject to third party audit or monitoring (including ethical hacking for security purposes)?

Yes No

If yes, please summarise the scope of the service provided: _____

26. COMPUTER SYSTEM ACCESS PROTECTION

A. Does the Applicant provide remote access to its Computer Systems? Yes No N/A

If yes,
How many users have remote access _____?

Is remote access restricted to Virtual Private Networks (VPNs)? Yes No N/A

If the answer is no, describe the extent to which other remote access is allowed, such as modem dial-in accounts, Remote Access Servers (RAS), or dedicated Frame Relay (FR) communications. _____

B. Please indicate which of the following password disciplines the Applicant enforces via automated system or software settings:

_____ Passwords must contain at least eight (8) characters. If not, what is the minimum number of characters? ____

_____ Passwords must contain a mix of letters and one or more numbers and/or special characters (*()&%\$#).

_____ Passwords must be changed at least every 30 days. If not, how often? _____

_____ Old passwords may not be re-used.

_____ Passwords may not be a word found in a standard dictionary of the English language.

C. Does the Applicant terminate all associated computer access and user accounts as part of the regular exit process when an employee leaves the company?

Yes No N/A

D. Does the Applicant regularly compare all associated computer access and user accounts with some comprehensive employee record, such as payroll lists, to identify unauthorised or "extra" user accounts?

Yes No N/A

If the answer to either of questions 25C.or D. is no, describe any procedures used to assure that user accounts are valid: _____

E. Does the Applicant use commercially available firewall protection systems to prevent unauthorised access to internal networks and computer systems?

Yes No N/A

F. Does the Applicant use intrusion detection software to detect unauthorised access to internal networks and Computer Systems?

Yes No N/A

G. Does the Applicant accept payment on-line for goods sold or services rendered?

Yes No N/A

If yes, do you use commercially available software to ensure that these systems are secure?

Yes No N/A

H. Does the Applicant employ Anti-Virus software?

Yes No N/A

If yes, is it company policy to up-grade the software as new releases/improvements become available?

Yes No N/A

If the answer is no, how often do you upgrade your Anti-Virus software with new releases? _____

27. DATA BACKUP PROCEDURES

A. Is all valuable/sensitive data backed-up by the Applicant every day? Yes No N/A

If no, please describe exceptions: _____

B. How long are back-up tapes stored before being overwritten? _____

C. Is at least one complete back up file generation stored and secured off-site from the Applicant's main operations in a restricted area? Yes No N/A

If no, describe the procedure used by the Applicant, if any to store or secure copies of valuable/sensitive data off site? _____

28. DATA ENCRYPTION PROCEDURES

A. Does the Applicant have and enforce policies concerning when internal and external communication should be encrypted? Yes No N/A

B. If yes, describe the types of 1) internal and 2) external communications which are encrypted.

29. Does the Applicant use a written contract? Always Sometimes Never

If not always, please explain how the scope of services to be provided is agreed: _____

30. Does any director, officer, employee or partner of the Applicant serve on the board of directors of any client of the Applicant?

Yes No

If yes, please explain: _____

31. Does the Applicant sub-contract work to others: Yes No

If yes, please explain and include the nature of indemnities, hold harmless agreements, etc.: _____

32. Has any errors and omissions or professional liability insurance ever been declined or cancelled?

Yes No

If yes, please explain: _____

33. Is there any errors and omissions or professional liability insurance in favour of the Applicant currently in force?

Yes No

If yes, please give details:

Carrier	From (mm/yy)	To (mm/yy)	Limit	Deductible	Premium	Retrodate
_____	_____	_____	_____	_____	_____	_____

34. Has the Applicant or any director, officer, employee or partner been subject to disciplinary action as a result of professional activities?

Yes No

If yes, please explain: _____

35. Is the Applicant aware of any claims (including any circumstances reported to previous insurers which have not developed into claims) during the last ten years?

Yes No

If yes, please complete Attachment 'A'

36. Has the Applicant been a party to any lawsuit or other legal proceeding within the past five years?

Yes No

If yes, please provide (on Attachment 'A') a description which includes the venue of the action, the parties, the amount at dispute, the nature of the claim(s), the status of the action(s) and how the action(s) was resolved as to the applicant, including all costs incurred; including defense expenses.

Advice of claims or losses, circumstances shall not constitute notice under any insurance policy.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

THIS APPLICATION DOES NOT BIND THE APPLICANT TO BUY, OR THE UNDERWRITERS TO ISSUE, THE INSURANCE, BUT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED TO AND MADE A PART OF THE POLICY.

THE APPLICANT FURTHER DECLARES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE TIME WHEN THE POLICY ISSUED, THE APPLICANT WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES, AND THE UNDERWRITERS MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORISATION OR AGREEMENT TO BIND THE INSURANCE.

I HAVE READ THE FOREGOING APPLICATION OF INSURANCE INCLUDING SUPPLEMENT SHEET 'A' AND WARRANT THAT THE RESPONSES PROVIDED ON BEHALF OF THE APPLICANT ARE TRUE AND CORRECT.

SIGNED THIS _____ DAY OF _____ 20__ IN _____

PRODUCER _____ APPLICANT'S SIGNATURE _____

ADDRESS _____ TITLE _____

DATE _____

INFORMATION TECHNOLOGY

LLOYD'S OF LONDON

CLAIMS SCHEDULE

Please complete this form if the Applicant is aware of any claims as indicated in Question 26 & 27 of the Application Form (including any circumstances reported to previous insurers which have not developed into claims) during the last ten years.

1. Name of Applicant: _____

2. Name of Member of Staff involved in claim: _____

3. Name of (potential) claimant: _____

4. Date of incident: _____ Date of claim made: _____

5. Under which policy was the claim made? Carrier: _____
Policy No.: _____

6. Status of claim: Closed _____ Please indicate Total Loss Paid: _____
or (including defense expenses)
Open _____ Please complete questions 7, 8, 9 and 10

7. Total defense costs and expenses to date: _____

8. Damages or other relief sought by the claimant(s): _____

9. Insurers loss reserve: _____

10. Please the following details;
 - i) the specific act, error or omission upon which the claimant bases the claim.
 - ii) a brief description of the claim
 - iii) details of the current status and proposed strategy for handling the claim._____

Signed: _____ Date: _____