

CLIENT	SERVICE PROVIDED TO CLIENT	REVENUE
A) _____ _____	_____ _____	_____ _____
B) _____ _____	_____ _____	_____ _____
C) _____ _____	_____ _____	_____ _____
D) _____ _____	_____ _____	_____ _____
E) _____ _____	_____ _____	_____ _____

14. WHAT PERCENTAGE OF YOUR BUSINESS COMES FROM REPEAT CUSTOMERS? _____ %

15. WHAT IS THE AVERAGE LENGTH OF TIME OF A CONTRACT? _____

16. INDICATE THE PERCENTAGE OF RECEIPTS ATTRIBUTED TO THE FOLLOWING SERVICES:

RECEIPTS %

- TURNKEY SYSTEMS _____
 - PACKAGED SOFTWARE SALES _____
 - CUSTOM SOFTWARE DEVELOPMENT _____
 - HARDWARE SALES _____
 - SYSTEMS ANALYSIS _____
 - SOFTWARE DESIGN _____
 - PROGRAMMING/MAINTENANCE _____
 - DATA ENTRY/PROCESSING _____
 - TIME SHARING _____
 - OTHER _____
(Please specify)
- TOTAL 100%

17. IDENTIFY MAJOR SOFTWARE APPLICATIONS AND RECEIPTS ATTRIBUTABLE.

RECEIPTS %

- ADMINISTRATIVE _____
 - ACCOUNTING/FINANCIAL (NON FUND TRANSFER) _____
 - ARCHITECTURAL (MODEL BUILDING/PROJECTION) _____
 - CAD/CAM: MANUFACTURING/ENGINEERING TOOLS _____
 - CASE: APPLICATION DEVELOPMENT TOOLS _____
 - COMMUNICATIONS: UTILITIES/INFO SERVICES _____
 - DATA BASE MANAGEMENT SYSTEMS/4GL _____
 - EDUCATIONAL _____
 - FUND TRANSFER _____
 - IMAGING _____
 - LAN/NETWORK MANAGEMENT _____
 - MEDICAL MANAGEMENT _____
 - OFFICE AUTOMATION (WORD PROCESSING/E-MAIL) _____
 - SCIENTIFIC/MATHEMATICAL _____
 - OTHER _____
(Please specify)
- TOTAL 100%

18. INDICATE THE MARKET(S) FOR YOUR PRODUCTS/SERVICES

RECEIPTS %

<input type="checkbox"/> AEROSPACE	_____
<input type="checkbox"/> COMMUNICATIONS/TRANSPORTATION	_____
<input type="checkbox"/> CONSTRUCTION/MINING/AGRICULTURE	_____
<input type="checkbox"/> EDUCATION	_____
<input type="checkbox"/> FINANCIAL INSTITUTIONS	_____
<input type="checkbox"/> GOVERNMENT (MILITARY)	_____
<input type="checkbox"/> GOVERNMENT (NON MILITARY)	_____
<input type="checkbox"/> HEALTH CARE/MEDICAL SERVICES	_____
<input type="checkbox"/> HOME USE	_____
<input type="checkbox"/> MANUFACTURING/INDUSTRIAL	_____
<input type="checkbox"/> LAN/NETWORK MANAGEMENT	_____
<input type="checkbox"/> TRADE: RETAIL/WHOLESALE	_____
<input type="checkbox"/> OTHER _____ (Please specify)	_____
	TOTAL 100%

19. WHAT PERCENTAGE OF THE APPLICATION FIRM'S BUSINESS INVOLVES SUBCONTRACTING OF WORK TO OTHERS? _____ %

If subcontracting exists, please note the purpose. _____
 If subcontracting exists do you have a subcontract agreement in writing? YES NO

20. DOES APPLICANT HAVE A WRITTEN CONTRACT WITH CLIENTS?
 IN ALL CASES SOMETIMES NEVER

21. DO THE APPLICANT'S CONTRACTS CONTAIN:

A) HOLD HARMLESS OR INDEMNITY AGREEMENTS INURING TO THE APPLICANT'S BENEFIT?	YES <input type="checkbox"/> NO <input type="checkbox"/>
B) HOLD HARMLESS OR INDEMNITY AGREEMENTS INURING TO THE APPLICANT'S CLIENT'S BENEFITS?	YES <input type="checkbox"/> NO <input type="checkbox"/>
C) A SPECIFIC DESCRIPTION OF THE SERVICES APPLICANT WILL PROVIDE TO THE CLIENT	YES <input type="checkbox"/> NO <input type="checkbox"/>
D) GUARANTEES OR WARRANTIES?	YES <input type="checkbox"/> NO <input type="checkbox"/>
E) LIMITATION OF LIABILITIES?	YES <input type="checkbox"/> NO <input type="checkbox"/>

22. IN WHAT PROFESSIONAL ORGANIZATIONS OR TRADE ASSOCIATIONS DOES THE APPLICANT HOLD MEMBERSHIP?

23. BRIEFLY EXPLAIN YOUR PRODUCT/SERVICE DEVELOPMENT METHODOLOGY.

24.A) IS SYSTEM DESIGN WORK DOCUMENTED AND TESTED?	YES <input type="checkbox"/> NO <input type="checkbox"/>
B) IS DOCUMENTATION RETAINED FOR THE LIFE OF THE SYSTEM?	YES <input type="checkbox"/> NO <input type="checkbox"/>
C) IS A TEST PLAN FOLLOWED FOR ALL PROGRAM MODIFICATIONS?	YES <input type="checkbox"/> NO <input type="checkbox"/>
D) ARE CLIENTS REQUIRED TO SIGN OFF ON PILOT TESTS RUN PRIOR TO REGULAR PRODUCTION?	YES <input type="checkbox"/> NO <input type="checkbox"/>

25. DO CLIENTS HAVE RESPONSIBILITY FOR DETERMINING THE ACCURACY OF RESULTS? YES NO
 If "YES", is this in writing? YES NO

26. DOES THE APPLICANT HAVE A CONTINGENCY PLAN IN WRITING IN THE EVENT OF COMPUTER FAILURE? YES NO

27. EXPERIENCE OF PERSONNEL:

	NUMBER OF EMPLOYEES	AVERAGE YEARS EXPERIENCE WITH APPLICANT	AVERAGE OVERALL YEARS
EXPERIENCE	_____	_____	_____
MANAGEMENT	_____	_____	_____
SYSTEMS DESIGNERS	_____	_____	_____
SYSTEMS ANALYSTS	_____	_____	_____
PROGRAMMERS	_____	_____	_____
OPERATORS/CLERICAL	_____	_____	_____
OTHER	_____	_____	_____

TOTAL

ARE TRAINING PROGRAMS PROVIDED FOR THE ABOVE CATEGORIES? YES NO

28. IS SIMILAR INSURANCE CURRENTLY IN FORCE?

YES [] NO []

If "YES", indicate Carrier _____

EXPIRATION DATE _____ HOW LONG IN FORCE _____

LIMIT _____ DEDUCTIBLE _____ PREMIUM _____

29. HAVE ANY CLAIMS BEEN SUBMITTED TO THE CURRENT CARRIER?

YES [] NO []

30. HAS ANY SIMILAR INSURANCE BEEN DECLINED OR CANCELLED?

YES [] NO []

If "YES", please attach details.

31. DOES ANY PROPOSED INSURED HAVE KNOWLEDGE OR INFORMATION OF ANY ACT, ERROR OR OMISSION WHICH MIGHT REASONABLY BE EXPECTED TO GIVE RISE TO A CLAIM?

YES [] NO []

32. ATTACH A LIST AND STATUS OF ALL ERRORS AND OMISSIONS CLAIMS MADE AGAINST ANY PROPOSED INSURED DURING THE PAST FIVE YEARS.

If none, please check here: [] None

33. IS COMMERCIAL GENERAL LIABILITY INSURANCE CURRENTLY IN FORCE?

YES [] NO []

IF "YES", CARRIER _____ LIMIT _____ DEDUCTIBLE _____

IN ORDER FOR US TO EFFICIENTLY PROCESS YOUR APPLICATION, PLEASE ATTACH THE FOLLOWING TO YOUR SIGNED APPLICATION:

- A) MOST RECENT AUDITED FINANCIAL STATEMENT (I.E. ANNUAL REPORT, 10K)
- B) DESCRIPTIVE PROMOTIONAL MATERIALS (I.E. ADVERTISING BROCHURE)
- C) A COPY OF A STANDARD SERVICE CONTRACT OR A RECENT CONTRACT ISSUED.
- D) IF THE COMPANY HAS BEEN ESTABLISHED FOR THREE YEARS OR LESS PLEASE PROVIDE RESUMES OF SENIOR PROFESSIONAL STAFF.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY ACCEPTING THIS APPLICATION (HEREIN CALLED THE COMPANY) 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 COMPANY TO ISSUE THE INSURANCE, BUT IT IS AGREED THAT THIS FORM 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 UNDERSIGNED APPLICANT DECLARES THAT THE STATEMENTS SET FORTH IN THIS APPLICATION ARE TRUE. THE APPLICANT FURTHER DECLARES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE DATE THE POLICY IS ISSUED, THE APPLICANT WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATION OR AGREEMENT TO BIND THE INSURANCE.

NOTICE: IN NEW YORK AND OHIO, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSONS FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

NOTICE: ANY PERSON WHO KNOWINGLY AND WITH THE INTENT TO DEFRAUD PROVIDES FALSE INFORMATION IN AN INSURANCE APPLICATION, OR PRESENTS, ASSISTS, OR MAKES A FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS OR OTHER BENEFIT, OR PRESENTS MORE THAN ONE CLAIM FOR THE SAME INCIDENT OF DAMAGE OR LOSS, WILL COMMIT A FELONY AND IF CONVICTED WILL BE SENTENCED FOR EACH VIOLATION WITH A FINE OF NO LESS THAN FIVE THOUSAND (\$5,000) DOLLARS AND NOT EXCEEDING TEN THOUSAND (\$10,000) DOLLARS, OR BE SENTENCED TO IMPRISONMENT FOR A THREE (3) YEAR TERM, OR BOTH PENALTIES. IN THE EVENT OF AGGRAVATING CIRCUMSTANCES, THE TERM COULD BE INCREASED TO A MAXIMUM OF FIVE (5) YEARS; IN THE EVENT OF INTERVENING EXTENUATING CIRCUMSTANCES IT COULD BE REDUCED UP TO A MINIMUM OF TWO (2) YEARS.

PRODUCER: _____ APPLICANT'S _____

SIGNATURE _____ TITLE: _____

ADDRESS: _____

DATE: _____

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND SIGN BELOW WHERE INDICATED. IF A POLICY IS ISSUED, THIS SIGNED STATEMENT MUST BE ATTACHED TO THE POLICY.

THE INSURED HEREBY ACKNOWLEDGES THAT HE/SHE/IT IS AWARE THAT THE LIMITS OF LIABILITY CONTAINED IN THIS POLICY SHALL BE REDUCED, AND MAY BE COMPLETELY EXHAUSTED, BY THE COSTS OF LEGAL DEFENSE AND, IN SUCH EVENT, THE INSURER SHALL NOT BE LIABLE FOR THE COSTS OF LEGAL DEFENSE OR FOR ANY AMOUNT OF ANY JUDGEMENT OR SETTLEMENT TO THE EXTENT THAT SUCH EXCEEDS THE LIMITS OF LIABILITY OF THIS POLICY.

THE INSURED HEREBY FURTHER ACKNOWLEDGES THAT HE/SHE/IT IS AWARE THAT LEGAL DEFENSE COSTS THAT ARE INCURRED SHALL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT.

INSURED: _____ BY: _____

TITLE: _____ DATE: _____