

**Professional Liability / Errors & Omissions or Technology Based Services / Products Coverage
Premium Indication Worksheet**

Name of Firm: _____
 Street: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Fax: _____
 Contact Person: _____
 Email Address: _____ Website Address: _____

1. Detailed explanation of the professional, consulting and/or technology services provided:

2. Types of technology products developed, manufactured, licensed or sold:

3. Date Firm Established: _____

4. Years of Experience: _____

5. Does applicant use independent contractors: Yes No

of Independent Contractors: _____ If yes, % of receipts? _____

What services: _____

6. Annual Gross Revenues: Current year projected: _____ Last year: _____

7. What is the percentage in which the applicant uses a written contract? _____

8. Indicate the percentage of the Applicant's revenue expected *this year* from the following: (Please answer for all that apply.) Please note that the total must equal one hundred percent (100%).

	Revenue %		Revenue %		Revenue %
a. Packaged Software Development & Licensing	%	g. IT & Business Process Outsourcing	%	n. Technology Products sales & maintenance (other than software)	%
b. Custom Software Development	%	h. Media Content & Data Sales, Subscriptions, & Licenses	%	o. Application Service Provider	%
c. Software Maintenance & Support	%	i. Revenues from ISP and Email services	%	p. Other services or products (please explain)	%
d. Computer & Software Systems Implementation/Installation/Integration	%	j. Website hosting & collocation services	%	Total (Must equal 100%)	0
e. IT Consulting, Including Consulting on Hardware and/or Software System Design/Purchase	%	k. Advertising & Referral Revenues	%		
f. Data & Transaction Processing	%	l. Telecomm	%		
		m. Other internet services (please explain)	%		

9. Any claims in the last 5 years? _____ If so, please provide detail.

10. Is Professional Liability Insurance currently in force? Yes No

If yes, Carrier: _____ Limit: _____ Deductible: _____

Expiration Date: _____ Date Professional Liability Insurance began: _____

11. Insurance Coverage desired:

Limit of Liability: \$300,000 \$500,000 \$1,000,000 \$2,000,000 Other:

Deductible/Retention: \$2,500 \$5,000 \$10,000 Other: