



BENCHMARK MANAGEMENT GROUP

A STANDARD FOR EXCELLENCE

TECHNOLOGY ERRORS & OMISSIONS APPLICATION

NOTICE: THE POLICY FOR WHICH THIS APPLICATION IS MADE IS LIMITED TO LIABILITY FOR WRONGFUL ACTS COMMITTED SUBSEQUENT TO THE RETROACTIVE DATE, IF APPLICABLE, FOR WHICH CLAIMS ARE FIRST MADE AGAINST THE INSURED WHILE THE POLICY IS IN FORCE AND WHICH ARE REPORTED TO THE COMPANY NO LATER THAN SIXTY (60) DAYS AFTER THE TERMINATION OF THE POLICY.

THE LIMITS OF LIABILITY AVAILABLE TO PAY DAMAGES, INCLUDING JUDGMENT OR SETTLEMENT AMOUNTS, SHALL BE REDUCED BY AMOUNTS INCURRED FOR CLAIMS EXPENSES. FURTHER NOTE THAT AMOUNTS INCURRED FOR CLAIMS EXPENSES AND DAMAGES SHALL ALSO BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT.

Complete this application in full and attach all required materials. If coverage is bound, this application and the materials submitted with it will be attached to the Policy and will constitute a part thereof.

1)

Name of Applicant:	Website Address(es):	Street Address:
City:	State:	Zip Code:
Risk Manager: <small>(or organizational equivalent if different from above)</small>	Phone:	Email:
Chief Privacy officer: <small>(or organizational equivalent if different from above)</small>	Phone:	Email:

2) Please provide the following information for all subsidiaries for which coverage is desired (attach a schedule if necessary):

<u>NAME</u>	<u>LOCATION</u>	<u>NATURE OF BUSINESS</u>	<u>PERCENTAGE OWNED BY APPLICANT</u>
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- 3) a) Please provide the date the Applicant was established: ___/___/___
- b) Applicant is: Individual Partnership Corporation Other (specify)
- c) Has the name of the Applicant ever changed? Yes No
- d) Has the Applicant ever been involved in a merger, acquisition or consolidation with another entity? Yes No
- e) Is the Applicant wholly or partly owned, controlled or related to any other entity? Yes No
- f) Does the Applicant own or control any other entity? Yes No

If the Applicant responded “yes” to any part of question 3, please provide complete details on a separate sheet.

- 4) a) Please describe in detail the Technology Products and Services performed by the Applicant or any of the entities identified in Question 2 for which coverage is desired:

b) Please complete allocate current year's revenue based, including any subsidiaries:

Software services	
Sales/resale/licensing/training of standardized software	%
Software customization	%
Maintenance services	%
Technology consulting /implementation /development /integration /project management	%
Hardware services	
Manufacture	%
Distribute/install/maintain	%
Services	
Internet service provider	%
Application service provider (software hosting)	%
Outsourced IT operations provider	%
Business process outsourcing	%
Cloud computing services	%
Domain name registrar	%
Other – please describe:	%
Total	100%

5. a) During the past 5 years, has the Applicant or any of the entities identified in Question 2 engaged in any business or services other than as described in Question 4? Yes No
- b) Does the Applicant or any of the entities identified in Question 2 provide any Professional Services outside the United States? Yes No

If the Applicant responded “yes” to any part of question 5, please provide complete details on a separate sheet.

6. a) Please indicate the Applicant's fiscal year end date: ___/___(month / day)
- b) Please indicate the following for the Technology Services identified in Question 4:

Gross Revenue	Past 12 Months	Current 12 Months	Projection for Next Year

- c) Please attach a copy of the Applicant's most recent Financial Statement (10K) or copies of the Applicant's most recent audited financials, or the Applicant's current annual report.
If such attachments are not included, please explain on a separate sheet.

7. a) Complete the following for the Applicant's 3 largest contracts in the last 3 years:

Client	Services Provided	Length of contract	Gross contract value
1.			\$
2.			\$
3.			\$

- b) Does any one client of the Applicant represent more than 20% of the Applicant's gross annual billings? Yes No
- c) What is the average contract size entered into? \$_____
- d) Approximately how many customers do you have? _____

If the Applicant responded “yes” to question 7 c), please provide complete details on a separate sheet.

8. Please indicate the number of personnel in each of the following categories:
- a) principals, partners, directors, officers and professional employees: _____
(Professional Employees are employees performing professional services on behalf of the Applicant)
 - b) non-professional (clerical) employees: _____
 - c) independent contractors performing professional services on behalf of the Applicant: _____

9. Does the Applicant use subcontractors? Yes No

If the Applicant checked “yes” to Question 9:

- a) what percentage of Technology Services is subcontracted out? _____%
 - b) does the Applicant request subcontractors carry errors and omissions insurance? Yes No
 - c) do subcontractor contracts have hold harmless / indemnity clauses that benefit the Applicant? Yes No
10. a) Does the Applicant require a written contract for technology services with all of its clients? Yes No

**If the Applicant responded “yes” to question 10 a), please provide a copy of the standard client contract
If the Applicant responded “no” to question 10 a), please provide complete details on a separate sheet.**

b) What percentage of contracts are based on non-standard terms? _____%

c) Do such contracts or agreements contain (check all that apply):

Hold Harmless or indemnity agreements inuring to Applicant’s benefit.

Hold Harmless or indemnity agreements inuring to the Client’s benefit.

A limitation of the Applicant’s liability (with the exception of intellectual property and confidentiality)

Specific description of the Professional Services Applicant is to provide.

Exclusion of consequential losses (with the exception of intellectual property and confidentiality)

d) Does the Applicant ever warrant or guarantee its Professional Services? Yes No

If the Applicant responded “ yes” to question 10 d), please explain on separate sheet.

11. a) Does the Applicant have procedures to ensure compliance with Federal, State and Local Statutes, including privacy and notification statutes Yes No

b) Does the Applicant have a process in place to handle and resolve client complaints? Yes No

c) What risk management procedures does the Applicant have established and in use?

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12. a) Please provide the following information for any Errors and Omissions or Professional Liability Insurance the Applicant carried during the last three years:

Company	Limit of Liability	Deductible	Premium	Policy Period	Retro Date

b) Please state the limit of liability and Deductible requested for this Insurance: Limit: \$ _____
Deductible: \$ _____

- c) Has any Errors or Omissions Insurance or Professional Liability Insurance ever been declined, cancelled or non-renewed? Yes No
If “yes”, please explain on separate sheet.

13. a) Please provide details of the volumes of personally identifiable information which is handled, processed or stored by the Applicant:

Type of information	Number of records stored or processed annually	Encryption capabilities (YES / NO)			
		At rest	In transit	In mobile devices	Back up tapes
Social security numbers, government ID or driver license information					
Financial information (e.g. banking information)					
Payment card data					
Personal health information					
Other (please specify):					

- b) Does the Applicant accept payment cards? Yes No
If “yes”, please provide details of PCI compliance or outsourced payment processor and a copy of most recent Report on Compliance

- c) Does the Applicant assess databases for SQL injection vulnerabilities? Yes No

14. a) Does the Applicant classify and track where sensitive data is processed on the network? Yes No

- b) Does the Applicant classify permission based access to sensitive data and applications? Yes No

- c) Does the Applicant have an individual responsible for the management of privacy issues? Yes No

- d) Does the Applicant regularly monitor security vulnerabilities? Yes No

- e) Does the Applicant have an active Written Information Security Policy? Yes No

If “yes”, please provide a copy of most recent Written Information Security Policy

15. Content controls

- a) Please describe the content produced and/or developed by the Applicant.

- b) Please describe the measures in place regarding responses to allegedly infringing or defamatory content, including take-down procedures.

- c) Please describe the controls in place for reviewing content, including logos and trademarks prior to usage.

- 16.

- a) Does the Applicant manage the handling of personal data using role-based, need-to-know access? Yes No

- b) Does the Applicant log and monitor network access? Yes No

- c) Does the Applicant use intrusion detection and/or prevention software? Yes No

- d) Does the Applicant use data loss prevention (DLP) software? Yes No

- e) Does the Applicant have a specific individual responsible for overall privacy and security? Yes No

- | | | | |
|----|--|-----|----|
| f) | Has the Applicant had a third party privacy and/or security audit in the last two years? If Yes, please attach. | Yes | No |
| g) | Has the Applicant implemented an identity theft prevention program in order to be compliant with FTC “red flag” rules? | Yes | No |
- 17.
- | | | | |
|----|---|-----|----|
| a) | Do any principals, directors, officers, partners, professional employees or independent contractors of the Applicant or any of the entities identified in Question 2 for which coverage is desired, have knowledge or information of any act, error, omission, breach of duty, cease and desist letter, alleged breach of intellectual property rights, or any other circumstance which might reasonably be expected to give rise to a claim? | Yes | No |
| b) | Is the Applicant aware of any release, loss or disclosure of personally identifiable information in the care, custody or control of the Applicant during the last three years? | Yes | No |
| c) | Is the Applicant aware of any known network intrusion or denial of service attack during the last three years? | Yes | No |
| d) | Has the Applicant, or any of its predecessors in business, subsidiaries or affiliates, or any of the principals, directors, officers, partners, professional employees or independent contractors ever been the subject of a regulatory action as a result of the handling of sensitive data, including a civil investigative demand, consent order or investigation by an Attorney General or other industry body? | Yes | No |
| e) | During the past five years, have any claims been made or legal action brought against the Applicant or any of the entities identified in Question 2 for which coverage is desired, or any predecessors in business, subsidiaries, affiliates or any principal, director, officer or professional employee? | Yes | No |
| f) | Has the Applicant reported the matters listed in Question 17 a-e to its current or former insurance carrier? | Yes | No |

NOTE: If any such claims exist, or any such facts or circumstances exist which could give rise to a claim, then those claims and any other claims arising from such facts or circumstances are excluded from the proposed insurance.

If the Applicant responded “yes” to any part of Question 17 a-c, please complete a Supplemental Claims Questionnaire for each claim, notice or circumstance.

Please to attach samples of promotional materials and standard contracts utilized

NOTICE TO THE APPLICANT – PLEASE READ CAREFULLY

The undersigned authorized representative of the Applicant, based upon reasonable inquiry, warrants to the best of its knowledge that the statements set forth herein are true and include all material information. The Applicant further warrants that if the information supplied on this application changes materially between the date of this application and the inception date of the policy, it will immediately notify the insurance company of the changes. Signing of this application does not bind the Company to offer nor the Applicant to accept insurance, but it is agreed that this application shall be a basis of the insurance and it will be attached and made a part of the policy should a policy be issued.

Applicant’s Signature: _____

Must be signed by an Officer of the Applicant

Name and Title	Date (Mo./Day/Yr.)
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