

Name of Insurance Company to which **Application** is made (herein called the “Insurer”*)

ProTech Venture Edition Application

NOTICE: THE LIMITS OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS SHALL BE REDUCED BY AMOUNTS INCURRED FOR LEGAL DEFENSE AND CLAIMS EXPENSES. FURTHER NOTE THAT AMOUNTS INCURRED FOR LEGAL DEFENSE AND CLAIMS EXPENSES SHALL BE APPLIED AGAINST THE RETENTION AMOUNT. IF THE POLICY IS ISSUED, COVERAGE WILL BE ON A CLAIMS-MADE AND REPORTED BASIS.

“**You**,” “**Your**” or “**Applicant**” refer individually and collectively to the **Applicant**, subsidiaries, persons, entities, and the authorized agent of all person(s) and entity(s) proposed for this insurance. Some sections of the **Application** may not apply to **You**. If this is the case, please mark “not applicable” (N/A). In the event **You** need more space to fully answer a question, please attach separate sheet(s) to this **Application** with **Your** full answer.

Before continuing, please attach copies of:

1. Loss runs for the past three (3) years (if this is a new submission, and prior coverage has been in place).
2. List of mergers, acquisitions or divestitures within the past three years, including dates and whether **You** acquired or retained assets, liabilities, or both; applicable retroactive dates; scope of due diligence (contracts, prior litigation).**
3. Other information that **You** believe will better help us understand **Your** business.

I. GENERAL INFORMATION			
Full Name of Applicant : <i>(attach separate list of subsidiaries for which coverage is sought under this Application **)</i>	[REDACTED]		
Applicant Type:	<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other (describe: : _____)		
Mailing Address:	[REDACTED]		
Telephone: _____	State of Incorporation: _____	<input type="checkbox"/> NA	
Date Established: _____	No. of Employees: _____		
Risk Manager/Contact: _____	Contact E-Mail Address: _____		
Applicant Home Page:	http:// _____		
Business Description:	[REDACTED]		
Requested Effective Date: _____	Requested Retroactive Date: _____		
Aggregate Limit Requested: \$ _____	Retention Options:	<input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> Other \$ _____	
Broker: _____	Broker Phone Number: _____		

* If this blank is not completed “Insurer” shall mean the insurer that issues the policy to the **Applicant** based on this **Application**.

** Regardless of the list of subsidiaries provided by **You**, there shall be no coverage for any subsidiary unless specifically endorsed to the proposed policy.

II. REVENUE INFORMATION			
(Fiscal year basis)	<i>Prior Year</i>	<i>Current Year</i>	<i>Projected Next Year</i>
Total Revenue	\$ _____	\$ _____	\$ _____
CONTRACT REVENUE INFORMATION			
<i>List Your three largest projects during the last three years:</i>			
<i>Customer:</i>	<i>Size: (\$)</i>	<i>Length: (months)</i>	<i>Services or Products Provided:</i>
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
PROFESSIONAL SERVICE ALLOCATION			
<i>Estimate Your total annual projected revenue for the next fiscal year for the activities listed below:</i>			
<i>Technology Services --</i>	<i>Projected Annual Revenues</i>		
Systems Analysis	\$ _____		
Software or Systems Programming	\$ _____		
Data Processing	\$ _____		
Computer System Integration	\$ _____		
Integration, management, repair, maintenance, analysis and design of computer products, networks and systems	\$ _____		
Website Design	\$ _____		
Training in the use of computer hardware or software	\$ _____		
Technology Consulting Services	\$ _____		
Other, <i>please describe:</i> _____	\$ _____		
Additional Sources of Revenue			
Other services, <i>please describe:</i> _____	\$ _____		
TOTAL:	\$ _____		

2. Please indicate the percentage of **Your** estimated annual revenue applicable to the following for the next fiscal year:

<i>Industries/Application</i>	<i>% of Annual Revenues</i>
Aerospace	_____ %
Adult Entertainment	_____ %
Fire, Security or other Emergency	_____ %
Enterprise Resource Planning (ERP) or Customer Relationship Management (CRM) Systems	_____ %
Financial Transaction Systems	_____ %
Healthcare/Medical	_____ %
ISP Services	_____ %
Computer Games or Gambling	_____ %
Utility or Mfg. Process Control	_____ %
IT-Security	_____ %
Work for State or Local Governmental Entities	_____ %
Web Hosting	_____ %

III. CONTRACTS AND LICENSING AGREEMENTS

1. What percentage of Your client contracts are in writing?	<input checked="" type="checkbox"/> <75% <input type="checkbox"/> 75-90% <input type="checkbox"/> >90%
2. Do You standard professional services contracts contain the following provisions? (check if "yes" to all that apply)	
<input type="checkbox"/> Written acceptance of Products or Services	<input type="checkbox"/> Guarantees regarding Your work
<input type="checkbox"/> Exclusion of Consequential Damages	<input type="checkbox"/> Warranty Disclaimers
<input type="checkbox"/> Indemnification Clause	<input type="checkbox"/> Hold Harmless Clause
<input type="checkbox"/> Limitation of Liability: <input type="checkbox"/> Monetary cap on liability <input type="checkbox"/> other (describe: _____)	

IV. SUBCONTRACTOR AND VENDOR MANAGEMENT

1. What percentage of Your services are provided by: Independent Contractors _____% Temporary Workers _____%	
2. Do You subcontract any of the following:	
<input type="checkbox"/> Software Development <input type="checkbox"/> Service, Support or Maintenance	
<input type="checkbox"/> Consulting <input type="checkbox"/> Other (describe: _____)	
3. Do You utilize a standard contract for all work performed by independent contractors? If Yes, attach a copy of Your standard contract.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
4. What percentage of independent contractors have written contracts with You ?	<input type="checkbox"/> <65% <input type="checkbox"/> 65-90% <input type="checkbox"/> >90%
5. Do You require independent contractors and vendors to provide proof of: (check all that apply)	
<input type="checkbox"/> Errors & Omissions insurance <input type="checkbox"/> Network Security insurance <input type="checkbox"/> Other (describe: _____)	

V. HISTORICAL INFORMATION

1. Within the last three (3) years, have any of Your customers requested a refund of their payment for Your products or services, withheld payments from You due to a contract dispute, made a claim or filed suit against You with regard to the performance of Your professional services, or have You sued any of Your customers for non-payment of fees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," explain: _____	
2. Has any insurance carrier ever cancelled or non-renewed a policy that provided the same or similar coverage as the insurance sought? (MISSOURI APPLICANTS NEED NOT APPLY)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," explain: _____	
3. Have You reported any occurrences, claims or losses to any insurer in the past five years that provided the same or similar insurance to the insurance sought?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," explain: _____	
4. Are You aware of any actual or alleged fact, circumstance, situation, error or omission, or issue which has or may given rise to a claim against You under the insurance sought?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," explain: _____	
5. Has there been or is there now pending any litigation or claim against or civil, criminal, administrative or regulatory action or proceeding against You or any person or entity proposed for the insurance sought?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," explain: _____	

It is agreed that with respect to Questions 3, 4 and 5 above, that if such occurrences, litigation, claims, losses, knowledge, information or involvement exists, any claim or action arising therefrom is excluded from the proposed coverage.

VI. ADDITIONAL DOCUMENTS AND INFORMATION INCORPORATED BY REFERENCE

ALL WRITTEN STATEMENTS, MATERIALS OR DOCUMENTS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION, REGARDLESS OF WHETHER SUCH DOCUMENTS ARE ATTACHED TO THE POLICY, ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF, INCLUDING WITHOUT LIMITATION ANY SUPPLEMENTAL APPLICATIONS OR QUESTIONNAIRES.

ANY SECURITY ASSESSMENT, ALL REPRESENTATIONS MADE WITH RESPECT TO ANY SECURITY ASSESSMENT, AND ALL INFORMATION CONTAINED IN OR PROVIDED BY **APPLICANT** WITH RESPECT TO ANY SECURITY ASSESSMENT, REGARDLESS OF WHETHER SUCH DOCUMENTS, INFORMATION OR REPRESENTATIONS ARE ATTACHED TO THE POLICY, ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

VII. LEGAL NOTICE AND SIGNATURES

BEFORE YOU SIGN THIS APPLICATION, READ THESE NOTICES CAREFULLY AND DISCUSS WITH YOUR BROKER IF YOU HAVE ANY QUESTIONS.

FOR THE PURPOSES OF THIS APPLICATION, THE UNDERSIGNED DULY AUTHORIZED REPRESENTATIVE OF ALL PERSON(S) OR ENTITIES PROPOSED FOR THIS INSURANCE DECLARES THAT, TO THE BEST OF HER/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS IN THIS APPLICATION, AND IN ANY ATTACHMENTS, ARE TRUE AND COMPLETE

THE UNDERSIGNED DULY AUTHORIZED REPRESENTATIVE AGREES THAT IF THE STATEMENTS AND INFORMATION SUPPLIED ON THIS APPLICATION OR INCORPORATED BY REFERENCE CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

SIGNING OF THIS APPLICATION DOES NOT BIND THE **APPLICANT** OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION AND ANY INFORMATION INCORPORATED BY REFERENCE HERETO, SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IS INCORPORATED INTO AND IS PART OF THE POLICY.

SHOULD INSURER ISSUE A POLICY, **APPLICANT** AGREES THAT SUCH POLICY IS ISSUED IN RELIANCE UPON THE TRUTH OF THE STATEMENTS AND REPRESENTATIONS IN THIS APPLICATION OR INCORPORATED BY REFERENCE HEREIN. ANY MISREPRESENTATION, OMISSION, CONCEALMENT OR INCORRECT STATEMENT OF A MATERIAL FACT, IN THIS APPLICATION, INCORPORATED BY REFERENCE OR OTHERWISE, SHALL BE GROUNDS FOR THE RESCISSION OF ANY POLICY ISSUED.

NOTICE TO APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

STATE FRAUD DISCLOSURES:

NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR

KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUTHORITIES.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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 TO LOUISIANA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO MAINE APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO MINNESOTA APPLICANTS: A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON 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, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY (365:15-1-10, 36 §3613.1).

NOTICE TO PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON 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 AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON 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 ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

The undersigned is a duly authorized representative of the **Applicant** and hereby acknowledges that reasonable inquiry has been made to obtain the answers herein which are true, correct, and complete to his/her best knowledge and belief.

Please read the following statement carefully and sign where indicated. If a policy is issued, this signed statement will be attached to the policy.

The undersigned authorized representative of the **Applicant** hereby acknowledges that he/she is aware that the limit 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 the amount of any judgment or settlement to the extent that such exceeds the limit of liability of this policy.

The undersigned authorized representative of the **Applicant** further acknowledges that he/she is aware that legal defense

costs that are incurred shall be applied against the retention amount.

Signed _____
(Duly authorized representative, by and on behalf of the **Applicant**)

Date _____

Title _____ Organization: _____
(must be signed by an authorized officer) (organization's seal)

Attest _____
(Duly authorized representative, by and on behalf of the **Applicant**)

Producer _____

License Number _____

Address _____
