

COLONY INSURANCE COMPANY

9201 Forest Hill Ave., Suite 200, Richmond, VA 23233 Phone: (800) 577-6614 Fax: (804) 327-3172

ERRORS & OMISSIONS COMPUTER TECHNOLOGY APPLICATION

Name of Business: _____

Contact Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Type of Business: Individual Corporation Partnership Other _____

Date Established: _____ Number of Locations: _____

Website: _www._____

Estimated gross receipts in the NEXT 12 months: \$ _____

Gross receipts in the LAST 12 months: \$ _____

Please provide a narrative description of the goods/services you provide. Include brochures or other material that completely describes the services offered and include a description of the function or use of any software you are working on:

Number of: *(DO NOT list any individual more than once)*

	Directors/Principals/Partners		Computer Operators
	Systems Analysts		Salesmen
	Systems Designers		Trainee Staff
	Programmers		Other Employees (describe)

******If business is not more than TWO years old, attach resumes of all principals and key employees.******

If the business is less than 3 years old, please describe your professional experience. Including the number of years and your education: _____

Please name any professional associations that you belong to: _____

Indicate percentage (%) of revenues derived from the following industries:

	%		%
Manufacturing *		Government *	
Banking / Investment *		Utilities *	
Insurance		Internet	
Telecommunications		Medical : Non-Life Support	
Technology (Manufacturing)		Medical : Life Support	
Transportation		Entertainment	
Retail		Construction	
Education		Advertising	
Other (please describe)		TOTAL MUST EQUAL 100%	

If 20% or more of your revenue is from clients in Manufacturing, Banking/Investment, Government or Utilities industries, below please describe the service you provide. Please also describe in detail the function or use of the software you have been or will be working on. *** *Please use the additional space at end of application.*

- * Manufacturing: Also please list the industries and describe the services you provide (PLC, business applications, etc).
- Banking/Investment: Is the software involved in executing financial transactions such as the sale of stocks, currency exchange, credit card processing, ATM transfer, etc...?
- Government: Please indicate the branch of government
- Utilities: Please indicate the type of utilities you work with.

Provide the details of THREE (3) largest contracts undertaken during the last THREE (3) years and the Gross Receipts derived from them. *Attach a copy of the contract with the largest client:*

<u>Name of Client</u>	<u>Describe the work</u>	<u>Gross Receipts</u>

Do you have any current contracts with work lasting longer than 6 months?

_____yes _____no

Do you have any current contracts with work lasting longer than 1 year?

_____yes _____no

Did you have any contracts expire during the past 12 months for work lasting longer than 1 year? _____yes _____no

If "yes" to any one of the above, please complete the following:

What is the total number of contracts over 6 months?_____ Over 1 year?_____

What is the dollar value of each job?_____

What is the date(s) on which the contracts are due to expire?_____

Please provide a narrative description of the work being performed under these contracts?

PRODUCTS AND SERVICES INFORMATION

Indicate the percentage (%) of your operations that consists of the following:

	%		%
Training & Education		Database Design/Management	
Software / Hardware Sales		Business Application Software Development	
Minor Hardware Installation & Maintenance		Accounting / Financial/ Payroll Software (no funds transfer)	
Packaged software installation		ERP Implementation (SAP, Bann, Oracle, Peoplesoft, JD Edwards)	
LAN / WAN adminstration / installation		CAD (non-structural)	
Office Automation		Computer Security	
Internet Access Provider		Manufacturing Software (Robotics, Automation, PLC, CAM)	
Web Design/ Web Hosting/ E-Commerce Development/ Graphic Design		Financial Transactions Software (Funds Transfer, Equity Trading, etc)	
Telecommunications Consulting		Medical Diagnostic Software/ Hardware	
Systems Design / Administration / Engineering		Other (please describe)	
The total must equal 100%			

<i>Please check the answer:</i>	<u>Yes</u>	<u>No</u>
Does an attorney review and approve all contracts, advertising, brochures and promotional materials prior to release?		
Have you developed a standard client contract or engagement letter?		
Do you require 100% of your clients to sign a contract or engagement letters?		
Do you ever sign contracts that provide a penalty against you in the event that you do not meet performance benchmarks or deadlines?		
Do you hire electronic data processing subcontractor? <i>“If Yes, please answer the following:</i>		
The number of subcontractors hired in the last year?		
The percentage of gross receipts derived from the subcontractor’s work		
The type of work done by the subcontractor?		
Are subcontractors required to have their own e& o insurance?		

Does the Applicant carry General Liability Insurance Currently Yes No
 If Yes, does the GL Insurance include personal injury coverage? Yes No
 If a Yes, does the GL insurance include products/completed operations

Coverage? Yes No

If Yes, is the GL insurance claims made? Yes No

If Yes, what is the retroactive date? _____

Does the applicant carry Professional Liability coverage currently? Yes No

If Yes, is the PL coverage claims made? Yes No

If Yes, what is the retroactive date? _____

If Yes, what are your current limits of liability? _____

Is the applicant engaged in any other business or profession, or employed by any other firm, full or part time? Yes No If a Yes, provide the details:

Is the Applicant's expiring policy a claims made policy? Yes No

Has any application for this type of insurance made by the Applicant or their predecessors in business ever been declined, or has any similar insurance ever been canceled, non-renewed, refused or has special terms imposed? Yes No

If YES, please provide details: _____

Has any claim been made during the last FIVE years against the applicant, any of its past or present owners, officers, partners, directors, or employees, either individually or otherwise? Yes No

If yes, please provide:

1. Date of claim was made: _____

2. Name of Claimant: _____

3. Value of the claim: _____

4. Is the claim settled or outstanding: _____

5. Brief description: _____

(attach explanation)

➤ For underwriting consideration, attach copies of the standard contract used between the applicant and their clients. Also, attach a copy of the software licensing agreement (if applicable).

General Liability limits requested:

\$100/\$100 \$250/\$250 \$500/\$500 \$1M/\$1M Other _____

E & O coverage limits requested:

\$100/\$100 \$250/\$250 \$500/\$500 \$1M/\$1M Other _____

Deductible requested:

\$1,500 \$2,500 \$5,000 \$10,000 Other _____

Requested effective date: _____

Signature: _____ Date _____

***OTHER INFORMATION (attach additional pages if more space is needed)
