

Benchmark

MANAGEMENT GROUP, INC.

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 Phone: (630) 778-7000 Fax: (630) 778-7007

COMPUTER TECHNOLOGY ERRORS & OMISSIONS APPLICATION

I. GENERAL INFORMATION

Applicant Firm Name:			
Mailing Address:			
Date Established:		Number of Locations:	
Website:			

***If the business is less than two years old, please attach resumes of principals and key employees.

II. OPERATIONS

1. Provide the number of:

	Directors/Principals/Partners		Salesmen
	Systems Analysts		Other Technical Personnel
	Systems Designers		Other Employees (please describe in space below)
	Programmers		
	Computer Operators		

2. Please name any professional associations that the Applicant belongs to: _____

3. Does the Applicant use independent contractors or subcontractors? Yes No

a. If yes, what percentage of revenue is derived from their services? _____

b. What services are provided? _____

c. Do independent contractors or sub contractors have their own professional liability insurance? Yes No

4. Total gross revenues:

a. Estimated gross receipts in the NEXT twelve (12) months: _____

b. Gross receipts for the current twelve (12) months: _____

c. Gross receipts for the last twelve (12) months: _____

5. Provide details on the five (5) largest contracts undertaken during the last three (3) years :

Name of Client	Description of Services	Gross Receipts	Length of Contract

6. Regarding client contracts, please check the appropriate answer: Yes No

a. Has Applicant developed a standard client contract describing services to be provided? Yes No

b. Does Applicant require 100% of clients to sign the contract? Yes No

c. Has an attorney reviewed and approved the contract? Yes No

d. Do Applicant's contracts include hold harmless agreements to the Applicant's benefit? Yes No

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- e. Do Applicant's contracts include hold harmless agreements to the client's benefit? Yes No
- f. Do Applicant's contracts include guarantees or warranties? Yes No
- g. Does Applicant currently have any contracts with work lasting longer than one (1) year? Yes No
- h. Did Applicant have contracts expire during the last twelve (12) months for work lasting longer than one (1) year? Yes No

7. For contracts lasting longer than one (1) year, please complete the following:

Name of Client	Description of Services	Value of Contract	Date Contract Expires

III. PRODUCTS AND SERVICES

1. Indicate the percentage (must total 100%) of Applicant's operations that consists of the following:

%	Software Sales	%	Records Management Services, Data Warehousing, Records Retrieval
%	Packaged Software Installation	%	Outsourced LAN/WAN Administration/Installation
%	Hardware Sales/Leasing	%	Electronic Data Processing
%	Tech Consulting – Other than Security	%	Systems Analysis, Design, Administration, Engineering
%	Office Automation	%	Customer Relationship Management (CRM)
%	Application Service Provider	%	Sales Force Automation Services (SFA)
%	Internet Service Provider (ISP)	%	ERP Implementation (SAP, Bann, Oracle, PeopleSoft)
%	Minor Hardware Installation/Maintenance	%	Equipment/Component Manufacturing
%	Graphic Designers	%	Authentication Services (Public Key Infrastructure (PKI), Digital Certificates)
%	Database Design and Management	%	Computer/Network Security Consulting and Monitoring
%	Software Maintenance/Support	%	Other (Please describe in detail in the space below.)
%	Telecommunications Consulting		
%	Custom Software Development		
%	Package Software Development		
%	Web Design, Development, Hosting		

b. For software services, indicate the percentage (%) in each of the following areas in which the Applicant's software has primary end uses:

%	Accounting/Payroll	%	Manufacturing (CAM)
%	Architectural (CAD)	%	Military/Defense
%	Aviation/Aerospace	%	Medical Diagnostic
%	Banking/Financial Transactions/Funds Transfer	%	Utilities/Oil and Gas
%	Entertainment/Gaming	%	Other (please describe in space below)
%	Environmental/Pollution		

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2. Please describe any other miscellaneous professional services for which this coverage is to apply:

IV. CLAIMS EXPERIENCE

1. Professional Liability

a. Have any Professional Liability claims been made during the last five (5) years against the Applicant, any of its past or present owners, officers, partners, directors, or employees, either individually or otherwise? Yes No

b. If Yes, how many? _____

Please complete a separate Supplemental Claim Form for each claim or suit, and attach copies of currently valued Loss Runs from prior carriers.

c. Is the Applicant aware of any circumstances, acts, errors or omissions that could reasonably be expected to result in a claim? Yes No

d. Has the Applicant ever been investigated or cited by a regulatory agency for violations arising out of services rendered? Yes No

If Yes, please provide documentation of the circumstances and the resolution.

2. General Liability

a. Has the Applicant reported any General Liability claims during the last five (5) years? Yes No

b. If Yes, indicate how many General Liability claims were reported: _____

c. If Yes, indicate the total incurred for each General Liability claim reported: _____

V. COVERAGE

1. Does the Applicant carry E&O coverage currently? Yes No

If "Yes," provide the following information:

Policy Dates	Company	Limits	Deductible	Premium

2. Indicate E&O coverage requested:

a. Limits:

\$100,000/\$100,000 \$500,000/\$500,000 Other: _____
 \$250,000/\$250,000 \$1,000,000/\$1,000,000

b. Deductible:

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

c. Check the applicable box below to request the following options on the quote:

Defense Outside the Limits Contingent Bodily Injury Contingent Property Damage

3. Does the Applicant carry General Liability insurance currently? Yes No

a. Does the General Liability insurance include Personal Injury coverage? Yes No

b. Does the General Liability insurance include Products/Completed Operations coverage? Yes No

c. Is the General Liability insurance Claims Made? Yes No

If Yes to 3.c. above, what is the retroactive date? _____

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4. General Liability coverage requested - Check Yes for a quote to include General Liability: Yes No
- a. Limits:
 \$100,000/\$100,000 \$500,000/\$500,000 Other: _____
 \$250,000/\$250,000 \$1,000,000/\$1,000,000
- b. Deductible:
 \$1,000 \$2,500 \$5,000 \$10,000 Other: _____
- c. Please provide a breakdown of work and a full description of business activities at Applicant's premises:
At Applicant's premises: _____ % _____
At Applicant client's premises: _____ % _____
- d. Are products sold by the Applicant? Yes No
If Yes, indicate types of products sold by the Applicant: _____

- e. If independent contractors or subcontractors are used, does the Applicant require they have their own General Liability coverage? Yes No
- f. Indicate total payroll for current twelve (12) months: \$ _____
5. Indicate desired effective date: _____

VI. OTHER INFORMATION

Attach additional pages if more space is needed: _____

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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine¹.

Applicant Name Title

Applicant Signature Date

Signing this form does not bind the applicant or the company to bind the insurance. The application MUST be currently signed and dated to be considered for quotation.

¹ Not applicable in all states