



**TECHNOLOGY ERRORS & OMISSIONS LIABILITY APPLICATION
SMALL TECHNOLOGY**

PLEASE NOTE: THIS APPLICATION IS FOR INSURANCE THAT IS WRITTEN ON A "CLAIMS" MADE BASIS AND PROVIDES COVERAGE FOR THOSE "CLAIMS" WHICH ARE THE RESULT OF "WRONGFUL ACTS" HAPPENING SUBSEQUENT TO THE RETROACTIVE DATE STATED ON THE DECLARATIONS AND WHICH ARE FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD. DEFENSE COSTS REDUCE THE LIMIT OF INSURANCE AND ARE SUBJECT TO A DEDUCTIBLE. THROUGHOUT THIS APPLICATION THE TERM "YOU" MEANS THE APPLICANT IDENTIFIED IN PART I BELOW.

Use for companies with less than \$20,000,000 in revenues. For companies in excess of \$5,000,000 in revenue, attach a copy of the standard customer contract or license agreement.

I. GENERAL INFORMATION			
Name of Applicant (as it should appear on Policy)			
Street Address: City, State, Zip Code: Web Site Address:			
Business Type:	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Joint Venture <input type="checkbox"/> LLC
Ownership Structure:	<input type="checkbox"/> Public	<input type="checkbox"/> Private	<input type="checkbox"/> Not-for-profit
Year Established:		Number of Employees:	
II. UNDERWRITING INFORMATION			
	Technology Errors & Omissions	Limit \$	
		Deductible \$	
		Effective Date	
		Retroactive Date	
1	Gross Annual Revenue including domestic and foreign		
2	Description of Operations:		
3	Is your largest contract size under \$250,000? <i>If no, supply list of top 5 clients with project size, length of project, and description of work completed.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4	Do you require the use of a written contract or agreement for all engagements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5	Indicate which of the contract provisions are part of most contracts: <i>(select all that apply)</i>		
	<input type="checkbox"/> Disclaimer of Warranties	<input type="checkbox"/> Hold Harmless to your benefit	
	<input type="checkbox"/> Dispute Resolution	<input type="checkbox"/> Limitation of Liability	
	<input type="checkbox"/> Exclusions for Consequential Damages	<input type="checkbox"/> Performance Milestone	
	<input type="checkbox"/> Exclusive Remedy	<input type="checkbox"/> Statement of Work	
	<input type="checkbox"/> Force Majeure	<input type="checkbox"/> Venue or Governing Law	
6	In your opinion, what is the worst case scenario if your product or work should fail?		
7	Indicate which of the quality control procedures are in place: <i>(select all that apply)</i>		
	<input type="checkbox"/> Alpha/Beta testing	<input type="checkbox"/> Formalized training for new hires	
	<input type="checkbox"/> Back-up or contingency plan	<input type="checkbox"/> Prototype development	
	<input type="checkbox"/> Complaint resolution procedures	<input type="checkbox"/> Recall program	

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	<input type="checkbox"/> Customer signature on each phase of the project <input type="checkbox"/> Customer support through email/toll free number <input type="checkbox"/> Formal customer acceptance procedures	<input type="checkbox"/> Total Quality Management <input type="checkbox"/> Written and formalized quality control program <input type="checkbox"/> Other: _____
8	Do you use subcontractors? <i>If yes, what percentage?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
9	Does your work involve any of the following activities: Patient diagnosis, electronic funds transfer, credit card processing, gaming or gambling, social networking, computer aided design, recycling, factory automation or products used in aerospace, automotive, military, utilities (except telecommunications), medical devices, or environmental control? <i>If yes, please explain.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
10	Do your executive officers have knowledge, information of any circumstance, or allegation of contentions of any incident that could give rise to a claim that would be covered by this policy? <i>If yes, please explain.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

FRAUD NOTICE – WHERE APPLICABLE UNDER THE LAW OF YOUR STATE

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 or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES (For DC residents only: 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 were provided by the applicant.) (For FL residents only: 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 of the third degree.) (For LA residents only: 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.) (For ME residents only: 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.) (For NY residents only: 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.) ((For Oklahoma residents only: 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." The absence of such a statement shall not constitute a defense in any prosecution. (For PA residents only: 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.) (For TN and WA residents only: Penalties include imprisonment, fines and denial of insurance benefits.) (For VT residents only: 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 or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which may be a crime and may be subject to civil fines and criminal penalties.

The undersigned officer certifies that he or she is an authorized representative of the applicant identified in Part I above and certifies that reasonable inquiry has been made to obtain answers to these questions. He/she certifies that the answers are, to the best of his/her knowledge and belief, true, correct and complete. Signing this application does not constitute a binder or obligate CNA to provide this insurance, but it is agreed that this application is the basis upon which CNA may issue a policy.

By: _____
Signature of Authorized Representative

Printed Name of Authorized Representative

Title: _____

Date: _____