

Agency Name:
 Address:
 Contact Name:
 Phone:
 Fax:
 Email:

MISCELLANEOUS PROFESSIONAL LIABILITY SUPPLEMENTAL APPLICATION CUSTOM SOFTWARE DEVELOPER

THIS IS A SUPPLEMENTAL APPLICATION – COVERAGE IS SUBJECT TO A FULLY EXECUTED
 MISCELLANEOUS PROFESSIONAL LIABILITY APPLICATION

ALL QUESTIONS MUST BE ANSWERED IN FULL. SUPPLEMENTAL APPLICATION MUST BE SIGNED AND DATED BY THE APPLICANT.

Applicant's Name

Agent

Please provide the following information:

1. The percentage of the Applicant's annual revenue derived from the following services:

Custom Software Development: _____ %	Network Design: _____ %
Data Entry/Processing for Others: _____ %	Packaged Software Development: _____ %
EDP Consulting: _____ %	Programming/Software Maintenance: _____ %
Implementation: _____ %	Sales/Maintenance of Hardware _____ %
Internet Software Development: _____ %	System Analysis and Design: _____ %

Other (please specify): _____ %

FOR ALL "YES" RESPONSES PLEASE PROVIDE FULL DETAILS INCLUDING THE ANNUAL REVENUES RELATED TO EACH SERVICE:

2. Does the Applicant perform any work which falls in the following categories?

	Yes	No
Aerospace equipment, aircraft guidance systems, or group support systems:	<input type="checkbox"/>	<input type="checkbox"/>
CAD/CAM design, robotics or process control of industrial equipment and systems:	<input type="checkbox"/>	<input type="checkbox"/>
Construction, mining, agriculture, oil or gas:	<input type="checkbox"/>	<input type="checkbox"/>
Energy, power plant, utility or pollution control and/or environmental monitoring equipment or systems:	<input type="checkbox"/>	<input type="checkbox"/>
Financial/stock trading, fund transfers or financial transactions:	<input type="checkbox"/>	<input type="checkbox"/>
Manufacturing or chemical process control or monitoring:	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical, electrical, chemical, civil engineering or architectural design:	<input type="checkbox"/>	<input type="checkbox"/>
Medical, dental or healthcare diagnosis, monitoring or treatment:	<input type="checkbox"/>	<input type="checkbox"/>
Military defense or weaponry:	<input type="checkbox"/>	<input type="checkbox"/>
Transportation including but not limited to GPS tracking, aviation, railroad or ground traffic control:	<input type="checkbox"/>	<input type="checkbox"/>

3. Is the Applicant an Internet Service Provider?

If yes, does the Applicant provide any internet access or maintain any of the following services?

	YES	NO		YES	NO
Chat Room	<input type="checkbox"/>	<input type="checkbox"/>	Online Purchasing Service	<input type="checkbox"/>	<input type="checkbox"/>
Bulletin Board	<input type="checkbox"/>	<input type="checkbox"/>	Web Host	<input type="checkbox"/>	<input type="checkbox"/>
E-Mail Service Provider	<input type="checkbox"/>	<input type="checkbox"/>	Web Portal	<input type="checkbox"/>	<input type="checkbox"/>
Online Database	<input type="checkbox"/>	<input type="checkbox"/>	Web Search Engine	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify): _____ %

PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON LAST PAGE

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

For the purposes of this application, the undersigned authorized agent of all person(s) and Entity(ies) proposed for this insurance declares that, to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this application, and in any attachments, are true and complete. The Company is authorized to make any inquiry in connection with this application. Accepting this application does not bind the Company to issue a policy.

The information contained in and submitted with this application is on file with the company and is considered physically attached to this application. This application and such information will become part of, and be considered physically attached to, any policy issued as a result of this application. If, as a result of this application, a policy is issued, the Company will have relied upon this application and on such attachments.

If the statements in this application or in any attachment change materially before the effective date of any proposed policy, the applicant must notify the Company, and the Company may modify or withdraw any quotation.

The undersigned declares that the person(s) and entity(ies) proposed for this insurance Understand that:

- (A) The policy for which application is made will apply only to claims first made or deemed made during the period in which the policy is in effect; and
- (B) The Limits Of Liability contained in the policy will be reduced, and may be completely exhausted, by the payment of defense expenses and, in such event, the Company will not be responsible for the continued defense of any claim or be liable for the defense expenses or for the amount of any judgment or settlement to the extent that any of the foregoing exceed any applicable Limit Of Liability; and
- (C) Defense expenses will be applied against any applicable deductible.

FRAUD STATEMENT – FOR THE STATE(S) OF:

Alabama, Arkansas, Connecticut, Delaware, District of Columbia, Georgia, Idaho, Illinois, Indiana, Iowa, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, North Carolina, North Dakota, Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, West Virginia, Wisconsin, Wyoming:

NOTICE: In some states, any person who knowingly (For Maryland add: *or willfully*) presents a false or fraudulent claim for payment of a loss or benefit or knowingly (For Maryland add: *or willfully*) presents false information in an application for insurance is guilty of a crime and may be subject to (For Alabama add: *restitution*.) fines and confinement in prison (For Alabama add: *or any combination thereof*).

Maine, Tennessee, Virginia, Washington:

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.

Alaska

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona

For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

California

For your protection, California law requires that you be made aware of the following: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado

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 agencies.

Florida

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.

District of Columbia

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.

Hawaii

Intentionally or knowingly misrepresenting or concealing a material fact, opinion or intention to obtain coverage, benefits, recovery or compensation when presenting an application for the issuance or renewal of an insurance policy or when presenting a claim for the payment of a loss is a criminal offense punishable by fines or imprisonment, or both.

Idaho

Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

Indiana

Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Kansas

Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer or insurance agent or broker, any written statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

Minnesota

Any person who files a claim with intent to defraud or help commit a fraud against an insurer is guilty of a crime.

New Hampshire

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

New Jersey

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico

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 civil fines and criminal penalties.

New York

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.

Ohio

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.

Oklahoma

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.

Oregon

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison. In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that:

- A. The misinformation is material to the content of the policy;
- B. We relied upon the misinformation; and
- C. The information was either:
 - 1. Material to the risk assumed by us; or
 - 2. Provided fraudulently.

For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests. With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional. Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.

Pennsylvania

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.

Producer's Signature

Date

Applicant's Signature

Date