

APPLICATION FOR PROFESSIONAL LIABILITY ERRORS & OMISSIONS INSURANCE

IF COVERAGE IS ISSUED, IT WILL BE ON A CLAIMS-MADE BASIS

NOTICE: THIS INSURANCE COVERAGE PROVIDES THAT THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGEMENTS OR SETTLEMENTS SHALL BE REDUCED BY AMOUNTS INCURRED FOR LEGAL DEFENSE. FURTHER NOTE THAT AMOUNTS INCURRED FOR LEGAL DEFENSE SHALL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT.

1. NAME OF APPLICANT:

ADDRESS:

2. LIMIT OF LIABILITY DESIRED:

\$500,000 \$1,000,000 \$2,000,000 Other

3. DEDUCTIBLE:

\$5,000 \$10,000 \$25,000 Other

4. Please describe in detail the professional activities for which coverage is desired:

5. Is the applicant engaged in any business or profession other than as described in Item 4?
If yes, please attach an explanation and estimated revenues.

6. List the total gross revenues for the past two years derived from those activities in Question 4. In addition, please list projected revenues for the current year.

YEAR	AMOUNT
a) Current Projected	\$
b)	\$
c)	\$

14. Please include a list of Applicant Firm's five (5) largest jobs or projects during the past three (3) years. Please give, in detail: 1) project/client name; 2) the nature of the services performed for the client; and 3) the revenues obtained from those services.

15. Does the Applicant Firm use a written contract with client?

In all cases

Sometimes

Never

Please attach a copy of your standard contract(s).

16. What percentage of the Applicant Firm's business involves subcontracting of work to others? %. Does the Applicant Firm provide professional services to business entities in which it retains an ownership interest
Yes No If yes, please explain.

17. Has any similar insurance ever been declined or cancelled? Yes (If yes, attach explanation.) No

18. Is similar insurance currently in force? Yes No
If yes, please provide:

Description of services being covered:

Name of Insurer:

Expiration Date:

Prior Acts/Retro. Date:

Limit: \$

Deductible: \$

Premium: \$

Length of time coverage has been in force:

19. Attach most recent audited financial statements (or recent tax returns) and descriptive or promotional materials.

(A) Estimated Gross receipts for current fiscal period: \$

(B) Estimated Cost of Goods Sold for current fiscal period: \$

20. Have any of the individuals listed in question No. 12 ever been the subject of disciplinary action by authorities as a result of their professional activities? Yes No If yes, please explain.

21. Does any person to be insured have knowledge or information of any act, error or omission which might reasonably be expected to give rise to a claim against him/her. YES NO If yes, please complete a Supplemental Claim Information form for each.

22. After inquiry have any claims been made against any proposed Insured(s) during the past three (3) years? Yes No If yes, please complete a supplemental Claims Information form for each claim. Also, how many claims have been made in the last three (3) years?

It is understood and agreed that with respect to questions 20, 21 and 22 above, that if such knowledge or information exists any claim or action arising therefrom is excluded from this proposed coverage.

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 CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

The Applicant hereby acknowledges that he/she/it is aware that the limit of liability 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 judgement or settlement to the extent that such exceeds the limit of liability.

The Applicant hereby further acknowledges that he/she/it is aware that legal defense costs that are incurred shall be applied against the deductible amount.

I HEREBY DECLARE that, after inquiry, the above statements and particulars are true and I have not suppressed or misstated any material fact and that I agree that this application shall be the basis of the contract with the Underwriters.

Signature of person authorized to execute on behalf of the Applicant:

_____ Title

Date

This Application Form duly completed, together with any supplementary information, must be signed in ink by the person indicated.

Signing of this form does not bind the Applicant or the Underwriters to complete the insurance.

COMPUTER/ELECTRONIC DATA PROCESSING SUPPLEMENTAL APPLICATION

1. Please complete the appropriate sections indicating the approximate percentages of your total operation:
- | | |
|-------------------------------|---|
| Electronic Data Processing | % |
| EDP Consulting | % |
| Custom Software Development | % |
| Packaged Software Development | % |
| Sale of Software for others | % |
| Sale of Hardware for others | % |
| Time-sharing | % |
| System Analysis/Design | % |
| Other (Describe) | % |
2. List of major software applications (i.e., inventory control, payroll, fund transfer, engineering, educational, etc.)
3. Do you discuss with all of your clients the potential Computer/Software problems that they may have with any applications that are not Date Compliant YES NO
If you responded "no", please attach a response as to why the issue hasn't been addressed with any, or all of your clients.
4. Are all of your products/services Date compliant? YES NO
5. Do all of your contracts contain Date Compliant warranty or liability disclaimer language? YES NO
6. Have you been retained or do you plan in the future to undertake Date assessment, correction or testing work, or to conduct Date Compliance audits for any third party? YES NO
(If yes, please attach details)
7. Do you provide software and/or consulting services regarding e-commerce transactions and/or web site development services?
YES NO (If yes, please attach details)
- It is understood and agreed that this supplemental application shall become a part of the application for Professional Liability Errors and Omissions Insurance.

Date:

Name of Applicant

Signature of person authorized
to execute on behalf of the
Applicant

WORLD-WIDE WEB ADDRESS

MPL SA-20

Supplementary Page

Please reference the number of the question to which these responses apply.