

Technology E&O Application

Email completed application to submit@midman.com.

Requested Effective Date: _____

AGENCY INFORMATION

Agency Name: _____ Producer Number: _____

Contact Person: _____ Phone Number: _____

Email Address: _____

INSURED/COMPANY INFORMATION

Insured Company: _____

Contact Name: _____ Phone Number: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Website: _____

Month/Day/Year Company Established:		Company is:	For Profit	Nonprofit
Number of Employees:	Professional_____	Clerical_____	Other_____	
REVENUE				
	Last Complete Fiscal Year	Estimate Current Year	Estimate Next Fiscal Year	
Domestic Revenue	\$	\$	\$	
Other Territory Revenue	\$	\$	\$	
Total Revenue	\$	\$	\$	
Profit/(Loss)	\$	\$	\$	
Date of Fiscal Year End:				
ACTIVITIES				
<i>Briefly describe the nature of your business activities below. Attach company brochures/literature to this form.</i>				

Describe details of the 5 largest contracts you have carried out in the past 3 years:

Name of Client	Type of Business	Briefly Describe Work	Your Annual Income for This Contract	Start Date	Completion Date

How many customers do you have?

 Are you involved in medical, aviation, financial or telecommunications software? *If yes, describe:*

Yes	No
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Provide a full breakdown of total revenue per activity:
a) Hardware

i. Manufacture and/or sales of own hardware:	\$
ii. Distribution/re-sale of third party branded hardware:	\$
iii. Installation:	\$
iv. Maintenance:	\$

b) Software Product Sales

v. Sales of own brand shrink wrapped/off-the-shelf software:	\$
vi. Distribution of other brand shrink wrapped/off-the-shelf software:	\$
vii. Customizable software:	\$

c) Software Services

i. Installation, including configuration (no coding involved):	\$
ii. Customization (including coding changes):	\$
iii. Maintenance:	\$
iv. Systems integration:	\$
v. End user applications:	\$

d) Services

i. Consultancy:	\$
ii. Contract staff:	\$
iii. Support services:	\$
iv. Project management:	\$
v. Training:	\$
vi. Data processing:	\$
vii. Data communication services:	\$
viii. Internet service provision or hosting provided by you:	\$
ix. Internet service provision or hosting provided by a third party:	\$
x. Application service provision:	\$

e) Other

i. Describe other 1:	\$
ii. Describe other 2:	\$

iii. Describer other 3:		\$
Do you carry our work only under a written contract signed by each client?		Yes No
<i>If yes, supply a copy of your standard form of contract or typical example of contracts used. If no, explain in what circumstances a contract is used and why:</i>		
Do you ever accept contracts with your customers in which you accept liability for consequential loss or financial damages greater than the value of the contract?		Yes No
<i>If yes, explain what percentage of your contracts this is applicable to and what these are capped at:</i>		
Do any of your contracts contain a service credit or liquidated damages regime?		Yes No
Are all of your contracts reviewed by an appropriately qualified legal advisor?		Yes No
Is the delivery of any of your projects / contracts time critical (e.g. tied to a specific external event, on the critical path for a larger project, tied to a major sporting event, etc.)?		Yes No
<i>If yes, describe below:</i>		
Could the failure of your product/service result in the loss of life or injury to a person?		Yes No
<i>If yes, describe below:</i>		
In the event that your product / service failed or delivery was delayed please select the response which best describes the worst case scenario. <i>Explain your response in the space below:</i>		
Immediate and significant financial loss Financial loss (not immediate) No financial impact		Immediate minor financial loss Insignificant financial loss
What percentage of revenue in your current financial year will be paid to sub-contractors?		%
Do you ensure that sub-contractors have their own Professional Indemnity and Public Liability insurance?		Yes No

PROPERTY & BUSINESS INTERRUPTION INSURANCE <i>(only complete if you require this coverage)</i>					
Location 1 Name:					
Address:					
City:		State:		Zip Code:	
Location 2 Name:					
Address:					
City:		State:		Zip Code:	
<i>Detail below any other party, such as a bank or society, whom have financial interest in the property.</i>					
Additional Interest Name:					
Interest of Party:					

Address:					
City:		State:		Zip Code:	
Are all of the premises:					
a)	Constructed with external walls of brick, stone or concrete and roofed with slate, tiles, concrete, metal, asbestos or any other non-combustible material?			Yes	No
b)	Free from cracks or other signs of damage that may be due to subsidence, landslip or heave and have not previously suffered damage by any of these causes?			Yes	No
c)	In an area free from flooding and not near the vicinity of any rivers, streams or tidal waters?			Yes	No
d)	In a good state of repair and occupied solely as offices?			Yes	No
e)	Self-contained with a lockable entrance door?			Yes	No
f)	Protected by a security alarm that is subject to an annual maintenance contract?			Yes	No
g)	Heated by a conventional electric, gas, oil or solid fuel heating system?			Yes	No
h)	Fitted with electrical installations which are inspected at least every 5 years by a qualified electrician and any defect remedied?			Yes	No
i)	Lifts, boilers, steam and pressure vessels inspected and approved to comply with all of the statutory requirements?			Yes	No
j)	Fitted with sprinklers either fully or partially?			Yes	No
<i>If you have answered no to any of the above, give further details below:</i>					
Detail amounts to be insured below:					
	Item	Amount Insured Location 1		Amount Insured Location 2	
	Main building	\$		\$	
	Landlord's fixtures and tenant improvements	\$		\$	
	Business computers, printers and other computer equipment at the office	\$		\$	
	All other contents at the office	\$		\$	
	Computer and associated equipment at home/away from the office	\$		\$	
	All other contents at home/away from the office	\$		\$	
	Maximum value of any one item, not the total, computers and associated equipment at home/away from office:			\$	
We provide Business Interruption coverage on a 'Flexible First Loss' basis. This is an innovative form of cover designed specifically for technology companies. Simply tell us how long it will take you to recover from a serious business interruption event (e.g. fire, flood, etc.) and how much it will cost you (consider additional costs incurred to get back up and running, potential loss of revenue, cost of project delays, and lost expenditure on R&D work).					
<i>Detail amounts to be insured for Business Interruption coverage, below:</i>					
	Item	Amount Insured		Indemnity Period	
	Business Interruption cover (loss of income, project delay, R&D expenditure, increased costs of working and outstanding debts combined)	\$			
EMPLOYERS' LIABILITY & PRODUCTS/POLLUTION LIABILITY INSURANCE <i>(only complete if you require this coverage)</i>					
Total estimated payroll for the next financial year:				\$	
Payroll relating to non-manual work away from your offices such as consulting, programming, etc. <i>Detail the nature of this work below:</i>				\$	

Payroll relating to manual work away from your offices. <i>Detail the nature of this work below:</i>	\$
Payroll relating to hazardous work away from your offices. <i>Detail the nature of this work below:</i>	\$
In the course of an average working day are people, other than your employees, regularly present on your premises? <i>If yes, describe below:</i>	Yes No

CLAIMS EXPERIENCE & INSURANCE HISTORY					
<i>Provide details of your current insurance policies:</i>					
Type	Expiration Date	Limit	Excess	Premium	Carrier
Professional indemnity		\$	\$	\$	
Directors' & officers' liability		\$	\$	\$	
Employer's liability		\$	\$	\$	
Public/Products liability		\$	\$	\$	
Property		\$	\$	\$	
Business interruption		\$	\$	\$	
Retroactive date on your current professional indemnity insurance (if applicable):					
<i>If you do not have professional indemnity insurance state the following:</i>					
	Option 1		Option 2		
Limit required:	\$		\$		
Excess preferred:	\$		\$		
Regarding all of the types of insurance to which this application form relates, after inquiry: <ul style="list-style-type: none"> a) are you aware of any loss or damage, whether insured or not, that has occurred to any of the Companies to be insured or to any existing or previous business of the partners or directors of any of the Companies to be insured) within the last 5 years, or b) are you aware of any circumstances which may give rise to a claim against any of the Companies to be insured or any partners or directors thereof, or c) have any claims or cease and desist orders been made against any of the Companies to be insured, or partners or directors thereof, or d) have any partners or directors of the Companies to be insured been found guilty of any criminal, dishonest or fraudulent activity or been investigated by any regulatory body? 					
With reference to questions a – d above:		Yes	No		
If the answer to the above is yes, then please attach full details including an explanation of the background of events, the maximum amount involved or claimed, the status of the claims or circumstances and any reserves or payments made by you or by carriers, and the dates of all developments and payments.					

OTHER COMMENTS/NOTES

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DECLARATION

I declare that after proper inquiry the statements and particulars given in this applications are true and that I have not mis-stated or suppressed any material fact. I understand that non-disclosure or misrepresentation of a material fact* may entitle underwriters to void the insurance.

*A material fact is one likely to influence acceptance or assessment of this application by underwriters; if you are in any doubt as to whether a fact is material or not you must disclose it.

This application and the information provided in connection therewith contain statements upon which underwriters will rely in deciding to accept this insurance. Should a contract of insurance be concluded this application will form the basis of the insurance. I undertake to inform underwriters of any material alteration to these facts occurring before the completion of the contract.

Signed:		Dated:	
Printed, full name of signatory:		Title:	

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