



**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, Alaska, Arizona, Arkansas, California, Connecticut, Delaware, District of Columbia, Georgia, Idaho, Illinois, Indiana, Iowa, Louisiana, 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: 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.

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.

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.

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, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication or 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.

Kentucky, Ohio, Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

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.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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.

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.

Producer's Signature

Date

Applicant's Signature

Date