

COMPUTER SERVICES SUPPLEMENT

If your area of practice includes computer hardware or software services, or if you have ever developed, sold or leased computer software/hardware to others, please complete this supplement with respect to computer-related services.

1. Please describe in detail the nature of professional services you provide involving computer hardware or software and describe your clientele:

2. Indicate the percent of gross income derived from the following:

Electronic data processing	_____ %
Systems analysis	_____ %
Software design	_____ %
Programming	_____ %
Computer/systems consulting	_____ %
Computer/systems installation/support	_____ %
Other computer-related services (define)	_____ %

Total = _____ 100%	

3. If you are involved in software design, please state whether the software will be used by more than one client and describe the end use of the software: _____

4. Please indicate the major software applications and receipts attributable to:

Nature	Market/Use		
	Home Use %	Commercial Use %	Total Receipts %
a) Administrative (sales data, lists, etc)	%	%	%
b) Accounting (payroll, receivables, payables)	%	%	%
c) Financial (savings, checking, loan, dividend accounts)	%	%	%
d) Inventory Control	%	%	%
e) Scientific	%	%	%
f) Graphics	%	%	%
g) Architectural (Model building projection)	%	%	%
h) CAD/CAM: Manufacturing/Engineering tools	%	%	%
i) CASE: Application development tools	%	%	%
j) Communications: Utilities/Info Services	%	%	%
k) Fund Transfer	%	%	%
l) Medical	%	%	%
m) Educational	%	%	%
n) Facilities Management	%	%	%
o) Office Automation	%	%	%
p) Database Management Systems	%	%	%
q) LAN/Network	%	%	%
r) Imaging	%	%	%
s) Gatekeeper	%	%	%
t) Game Development	%	%	%
u) Other (please explain)	%	%	%

5. Indicate the market(s) for the Applicant's products/services. Please note that the total must equal 100%.

	% of Applicant's Receipts
Aerospace	_____ %
Communications/Transportation	_____ %
Construction/Mining/Agriculture	_____ %
Education	_____ %
Financial Institutions	_____ %
Government (US Federal)	_____ %
Government (other)	_____ %
Health Care/Medical Services	_____ %
Consumer	_____ %
Manufacturing/Industrial	_____ %
Trade: Retail/Wholesale	_____ %
Other (please specify):	_____ %

6. Have you been involved in any project involving the integration of embedded chips or any type of computer hardware or software? Yes No

If "Yes," please describe in detail the end use of the hardware or software: _____

7. Please provide the following information regarding you/your firm's qualifications to provide professional services:

Name of Individual Performing Professional Services	Professional Qualifications <small>(such as CSDA or CSDP designations)</small>	Educational Degree and Years of Experience	How Long in Practice
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8. Please provide the following information regarding the three largest computer-related jobs or projects by revenue that you participated in during the past five years:

Project/Client Name	Computer Project Application	Type of Professional Services Provided	Revenue Obtained From Those Services
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9. Please answer the following questions. If the answer to any question is "Yes," please provide the question number and the full details on a separate sheet of paper.

- | | | |
|---|--------------------------|--------------------------|
| | Yes | No |
| A. Do you maintain or require training or continuing education programs for employees?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Do you currently carry Comprehensive General Liability coverage or Umbrella coverage?..... | <input type="checkbox"/> | <input type="checkbox"/> |

10. List who is responsible for quality control, and briefly describe your quality control programs in place:

11. Please provide a description of your testing and sign-off procedures:

12. If you are applying as an Individual, would you like a quote for General Liability coverage (in addition to Professional Liability)?..... Yes No

If "YES," please answer the following questions:

- A. Do you operate your business at a location other than your home?..... Yes No
- B. If you subcontract services, what percentage of your gross billings emanates from work subcontracted to others?
- C. Do you require subcontractors to carry General Liability coverage with limits that match or exceed your own?..... Yes No
- D. Do you require that subcontractors name you/your business as an Additional Insured on their General Liability policy? Yes No

The undersigned represents that the statements set forth herein are true, complete and accurate, and that there has been no attempt at suppression or misstatement of any material facts known, and agrees that this application shall become the basis of any coverage and a part of any policy that may be issued by the company.

X

Signature (Owner, Officer or Partner)

Applicant/Firm Name (Please Print)

Date