

COMPANY INFORMATION: (OR COPY OF CURRENT POLICY DECLARATIONS PAGE)

Company: _____ Contact: _____

Address: _____

Phone: _____ Email: _____

Established Date: _____ Current Carrier: _____ Effective Date: _____

Limits: \$ _____ Deductible: \$ _____ Premium: \$ _____ Prior Acts Date: _____

BUSINESS INFORMATION:

Annual Revenues: \$ _____ Average Contract Size: \$ _____ Website: _____

5 YEAR CLAIM HISTORY: No Claims:

Claimant: _____ Date of claim: _____ Reserve: \$ _____ Paid: \$ _____ Open Closed

Claimant: _____ Date of claim: _____ Reserve: \$ _____ Paid: \$ _____ Open Closed

INDUSTRIES AND SERVICES (by revenue):

INDUSTRIES:

_____ Medical / Health	_____ Telecommunications
_____ Banking/Financial: Funds Transfer	_____ Internet
_____ Banking/Financial: Other	_____ Manufacturing
_____ Transportation: Aviation	_____ Education / Training
_____ Transportation: Other	_____ Other: _____

Must TOTAL = 100%

SERVICES:

_____ General Computer system (consulting, analysis, design)	_____ Telecommunications (phone/cable/wireless) (products or services)
_____ Custom software development	_____ Outsourcing/Temporary placements
_____ Custom software licensing	_____ Internet related services
_____ Pre-packaged software development	_____ Manufacture of hardware/product
_____ Sales of hardware made by others	_____ Computer related training/education
_____ Sales of software made by others	_____ Data processing services (maintenance & support)
_____ Network/computer related security (products or services)	_____ Other: _____

Must TOTAL = 100%

Signature: _____

Date: _____