

Technology Services Questionnaire

I. APPLICATION INSTRUCTIONS AND APPLICANT INFORMATION

Name of **Applicant**: _____ Primary Contact: _____
 Street: _____
 City: _____ State: _____ ZIP: _____
 Telephone: (____) _____ - _____ Fax Number: (____) _____ - _____ Owners years experience: _____
 Email: _____ Date firm established: ____/____/____

II. REQUESTED COVERAGES

Select coverages you are wanting to receive a quote for and provide applicable information for any current coverages.

- Professional Liability/E&O**: Effective date: ____/____/____ Limits: _____
 Current retroactive date: ____/____/____ Current carrier: _____
- General Liability**: Effective date: ____/____/____ Limits: _____ Current carrier: _____
- Workers' Comp.**: Effective date: ____/____/____ Experience Mod.: _____ Current carrier: _____
- Umbrella**: Effective date: ____/____/____ Limits: _____ Current carrier: _____
- Auto Liability**: Effective date: ____/____/____ Limits: _____ Current carrier: _____
- Bond**: Effective date: ____/____/____ Limits: _____ Bond type: _____

Has your firm had any claims, or are you aware of any potential claim situations, regarding any of the coverages requested above? Yes No

III. SPECIFIC UNDERWRITING INFORMATION

- Attach sample copies of the **Applicant's** standard technology services contracts with clients.
- Provide a breakdown of the technology services performed by the **Applicant** in the past 12 months:

Technology Services	Annual Revenue
Application/Internet Service Provider (ASP, ISP) and Internet Hosting Services	\$
Database Operation and Maintenance	\$
Data Processing Services	\$
Domain Name Registration	\$
Installation and Maintenance of Hardware	\$
Installation and Maintenance of Software	\$
Manufacturing of Hardware, Equipment or Components	\$
Network Security Services	\$
Search Engine Services	\$
Software Consulting and Training	\$
Software Development: Custom	\$
Software Development: Pre-Packaged	\$
Software Sales of Pre-Packaged Products Developed by Others	\$
Systems Analysis and Design	\$
Systems Integration	\$
Telecommunication Services	\$
Website Design	\$
Other, please describe:	\$
Other, please describe:	\$
Other, please describe:	\$
Total	\$

- Provide the following details regarding the **Applicant's** three largest contracts over the past 12 months:

Client	Industry	Revenue & Duration	Services
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

- Indicate the average contract value and duration: _____

IV. INDEPENDENT CONTRACTORS

4. Does the **Applicant** hire subcontractors and/or independent contractors to assist in the performance of professional services for third parties? Yes No
 If "Yes," attach a copy of the standard contractor engagement agreement and complete the following:
- a. Does the **Applicant** always use a written contract with such contractors? Yes No
 b. Does the **Applicant** require such contractors to carry E&O insurance? Yes No
 c. What percent of the **Applicant's** services are contracted out? _____ %
 d. Briefly describe the nature of contracted services and the contractor selection and oversight process:
- _____
- _____

V. HIGH RISK APPLICATIONS/END USERS

5. Does **Applicant** or applicant's software store personal sensitive information? Yes No If yes, please explain: _____
6. Is the **Applicant** engaged in the analysis, development or sale of any of the following:
- a. Gaming or Gambling Software Yes No If yes, % of revenue: ____ %
 b. Supply Chain Software Yes No If yes, % of revenue: ____ %
 c. Medical Diagnostic Software or Hardware Yes No If yes, % of revenue: ____ %
 d. Architectural/Engineering Design Software Yes No If yes, % of revenue: ____ %
 e. Aerospace/Aviation/Satellite Software or Hardware Yes No If yes, % of revenue: ____ %
 f. E-Commerce Software Yes No If yes, % of revenue: ____ %

VI. USE OF VENDORS

7. Is the **Applicant's** web site hosted by a third party? Yes No
 8. Does the **Applicant** use the services of a third party for off-site backup and/or archiving? Yes No
 If "Yes" to any of a-b above, complete the following:
- a. Is each vendor encompassed in the above contractually obligated to hold the **Applicant** harmless and indemnify the **Applicant** in the event the vendor fails to perform? Yes No
 b. Are all vendor agreements reviewed by in-house or outside legal counsel or insurance agent? Yes No

VII. BUSINESS OWNERS POLICY (BOP) AND WORKERS' COMPENSATION INFORMATION

9. Number of Office Locations: _____
 10. Number of Employees: _____ 11. Federal Employer ID Number: _____
 12. Gross Workers' Compensation Annual Payroll: \$ _____ 13. SIC Code: _____

VIII. INSURANCE AGENT SERVICES

For a limited time, RISKPRO is offering these free services to Technology Companies. Call us to schedule a free consultation on:

- Review of existing insurance program Yes No
 ▫ Review your existing client standard contract or independent contractor agreement Yes No
 ▫ The benefits of having all coverages on one certificate of insurance Yes No
 ▫ The benefits of having one contact for all of your business and personal insurance policies Yes No
 ▫ The benefits of an agent of record letter Yes No

*This Questionnaire must be signed by an officer of the **Applicant** acting as the authorized representative of the person(s) and entity(ies) proposed for this insurance.*

Name

Signature

Title

Date

Please Email, Fax or Mail Questionnaire to RISKPRO Insurance Agency, LLC:

Email: whiting@riskpro.us

P.O. Box 515512
Dallas, Texas 75251

Phone: (972) 235-3030 x140
Fax: (972) 235-3556