



COMPUTER/ELECTRONIC DATA PROCESSING SUPPLEMENTAL APPLICATION

- 1) Please complete the appropriate sections indicating the approximate percentage of your total operation:

| | | | |
|-------------------------------|---|-------------------|---|
| Electronic Data Processing | % | EDP Consulting | % |
| Custom Software Development | % | Computer Security | % |
| Packaged Software Development | % | Website Design | % |
| Sale of Software for others | % | Website Hosting | % |
| Sale of Hardware for others | % | Other (describe) | % |

- 2) List major software applications (i.e. inventory control, payroll fund transfer, engineering, educational, etc.)

- 3) Is the applicant an Internet Service Provider and/or does it provide any internet access, online purchasing, and/or services as a web portal, web host, web search engine, e-mail service, chat room, online database or bulletin board? ☐ Yes ☐ No

% of receipts _____%

- 4) Does the applicant provide any services (other than support) or have any staff that is located outside the U.S. ☐ Yes ☐ No

% Staff _____%

- 5) Does the applicant provide any consulting services which enable or affect any of the following:

| | | % Receipts |
|---|--|---------------|
| CAD/CAM design or control, robotics or process control of Industrial equipment? | <input type="checkbox"/> Yes <input type="checkbox"/> No | % |
| Mechanical, electrical, chemical, civil or architectural design or engineering? | <input type="checkbox"/> Yes <input type="checkbox"/> No | % |
| Fund transfers or financial transactions? | <input type="checkbox"/> Yes <input type="checkbox"/> No | % |
| Aircraft, air-ground equipment, military defense and/or weaponry of any kind? | <input type="checkbox"/> Yes <input type="checkbox"/> No | % |
| Medical, dental or healthcare diagnosis, monitoring or treatment? | <input type="checkbox"/> Yes <input type="checkbox"/> No | % |
| 911 or other emergency response and/or dispatch? | <input type="checkbox"/> Yes <input type="checkbox"/> No | % |
| Energy, power plant, utility or pollution monitoring, supply or distribution? | <input type="checkbox"/> Yes <input type="checkbox"/> No | % |
| Computer security services intended to protect financial assets or privileged government information not Intended for public usage/consumption? | <input type="checkbox"/> Yes <input type="checkbox"/> No | % |
| Financial trading platforms? | <input type="checkbox"/> Yes <input type="checkbox"/> No | % |

It is understood and agreed that this supplemental application shall become a part of the application for Professional Liability Errors & Omissions Insurance.

Date _____

Name of Applicant

*Signature of a person authorized to execute
on behalf of the Applicant.*

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

IN 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.

IN KANSAS, 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, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN 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 INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.