



ENTERPRISE PROFESSIONAL SOLUTIONS

Renewal Application for Enterprise Professional Solutions

Technology and Telecommunications Liability, Professional Services Liability, Media Liability, Network Security Liability and Privacy Injury Liability

1.	Name of Applicant			
	Street Address:			
	City, Province, Postal Code			
	Website Address			
	Number of Employees			
2.	Indicate the percentage of the Applicant's revenue which is generated inside the United States and the percentage generated outside the United States:	CAN %	US %	Foreign %
3.	Indicate the Applicant's Gross Annual Revenue for the following twelve (12) month fiscal time periods:			
	Prior Fiscal Period	Current Fiscal Period (forecasted)	Next Fiscal Period (forecasted)	
	\$	\$	\$	
4.	Indicate the percentage of total gross revenue generated by each of the Applicant's following business activities:			
	Business Activity	Current Year %	Next Year %	
	Technology Services			
	Technology Products			
	Telecommunication Services			
	Misc. Professional Services			
	Media Services			
5.	During the past year, have there been any changes in the professional services rendered by the Applicant? <i>If "Yes" please attach a detailed explanation on a separate sheet.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
6.	Are any substantive changes in the nature or the size of the Applicant's business anticipated over the next 12 months? <i>If "Yes" please attach a detailed explanation on a separate sheet.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
7.	Have any technology products been recalled by either the Applicant or a client within the past year? <i>If "Yes" describe in detail what products, services and operations have been discontinued or recalled including the procedure for informing customers on a separate sheet.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

8.	Please provide information on any acquisitions completed over the past year.			
	Name	Size (Total Annual Revenue)	Scope of Services	
9.	During the last year, has the Applicant entered into any contract that is valued at 10% or more of the total annual revenue?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<i>If "Yes" please complete the section below:</i>			
	Client	Size of Contract	Length of Contract	Description of Services
10.	Have any of the following contractual provisions been amended in your standard contract?			
	<i>If "Yes", please select which provisions and attach a copy of the standard contract</i>			
	<input type="checkbox"/> Disclaimer of Warranties	<input type="checkbox"/> Hold Harmless		
	<input type="checkbox"/> Dispute Resolution	<input type="checkbox"/> Limitation of Liability		
<input type="checkbox"/> Exclusions for Consequential Damages		<input type="checkbox"/> Performance Milestone		
11.	Has the Applicant experienced any network security breach or unauthorized disclosure of confidential data over the past year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<i>If "Yes" please describe in detail the nature of such breach or disclosure.</i>			

This Application along with all signed applications, any attachments to such applications, other materials submitted therewith or incorporated therein, and any other documents submitted, any public documents filed by the Insured Entity prior to inception of this Policy (or if amended, as of that date), with any federal, state, local or foreign regulatory agency, (including, but not limited to the Securities and Exchange Commission) are the basis of the proposed Policy and are to be considered as incorporated into and constituting a part of the proposed Policy.

SIGNATURE AND REPRESENTATION:

None of the proposed Insureds has knowledge or information of any Wrongful Act or fact, circumstance or situation which (s)he has reason to suppose might result in a future Claim, except as follows (if answer is "None", so state): _____

It is agreed by all concerned that if any of the proposed Insured Persons or Employees is responsible for or has knowledge of any Wrongful Act, fact, circumstance, or situation which s(he) has reason to suppose might result in a future Claim, whether or not described above, any Claim subsequently emanating therefrom shall be excluded from coverage under the proposed insurance as to (i) such of the Insured Persons or Employees and (ii) the Company and Subsidiaries if such proposed Insured Persons are Executive Officers. The responsibility or knowledge of any individual shall not be imputed to any other individual for the purposes of determining the availability of coverage.

1. It is declared that this Application and any materials submitted or required (which shall be maintained on file by the Insurer and be deemed attached as if physically attached to the proposed Policy) are true and are the basis of the proposed Policy and are to be considered as incorporated into and constituting a part of the proposed Policy.
2. The undersigned declares that to the best of his/her knowledge the statements set forth herein are true and correct and that reasonable efforts have been made to obtain sufficient information from all of the proposed Insureds to facilitate the proper and accurate completion of this Application for the proposed Policy. Signing of this Application does not bind the undersigned to purchase the insurance, but it is agreed that this Application shall be the basis of the contract should a Policy be issued, and this

Application will be attached to and become part of such Policy. The undersigned agrees that if after the date of this Application and prior to the effective date of any Policy based on this Application, any occurrence, event or other circumstance should render any of the information contained in this Application inaccurate or incomplete, then the undersigned shall notify the Insurer of such occurrence, event or circumstance and shall provide the Insurer with information that would complete, update or correct such information. Any outstanding quotations may be modified or withdrawn at the sole discretion of the Insurer.

3. The information requested in this Application is for underwriting purposes only and does not constitute notice to the Insurer under any Policy of a Claim or potential claim. All such notices must be submitted to the Insurer pursuant to the terms of the Policy, if and when issued.

The undersigned acknowledges that he or she is aware that Claim Expenses reduce and may exhaust the applicable Limits of Liability. The Insurer is not liable for any Loss (which includes Claim Expenses) in excess of the applicable Limits of Liability.

FRAUD NOTICE – WHERE APPLICABLE UNDER THE LAW OF YOUR STATE

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 MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES (for New York residents only: 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.) (For Pennsylvania Residents only: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000.) (For Tennessee Residents only: Penalties include imprisonment, fines and denial of insurance benefits.)

Applicant:

By: _____
Signature of Authorized Representative of the Firm Printed Name of Authorized Representative

Date: _____