



COMPUTER/ELECTRONIC DATA PROCESSING

SUPPLEMENTAL APPLICATION

Applicant:

1. Please complete the appropriate sections indicating the approximate percentages of your total operation:

- a. Electronic Data Processing %
- b. EDP Consulting %
- c. Customer Software Development %
- d. Time Sharing %
- e. Packaged Software Development %
- f. E-Commerce %
- g. Sale of Software %
- h. Computer Security %
- i. Sale of Hardware for others %
- j. Website Design %
- k. System Analysis/Design %
- l. Website Hosting %
- m. Other (please specify) %

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

3. Is this applicant an Internet Service Provider and/or does it provide any internet access, online publishing, and/or services as a web portal, web host, web search engine, email service, chat room, online database or bulletin board?

YES NO

If YES, please give % of receipts: % and provide details on a separate sheet.

Any adult content?

YES NO

If YES, please provide details:



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- 4. Does the applicant provide any consulting services which enable or affect any of the following:
 - a. CAD/CAM design or control, robotics or process control of industrial equipment?: YES NO
Receipts: %
 - b. Mechanical, electrical, chemical, civil or architectural design or engineering? YES NO
Receipts: %
 - c. Fund transfers or financial transactions? YES NO
Receipts: %
 - d. Aircraft, air-ground equipment, military defense and/or weaponry of any kind? YES NO
Receipts: %
 - e. Medical, dental or healthcare diagnosis, monitoring or treatment? YES NO
Receipts: %
 - f. 911 or other emergency response and/or dispatch? YES NO
Receipts: %
 - g. Energy, power plant, utility or pollution monitoring, supply or distribution? YES NO
Receipts: %
 - h. Computer security services intended to protect financial assets or privileged government information not intended for public usage/consumption? YES NO
Receipts: %
 - i. Securities trading platforms YES NO
Receipts: %

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

Name of applicant:

Signature of person authorized to execute on behalf of the applicant:

Date:

A copy of this application should be retained for your records.