



Supplemental Application for Technology

Section 1 – Your business

1. Name of applicant:

Address:

Zip code:

Telephone: Email:

Website:

When was your business established?

2. Are you involved in any of the following industries:

a. Casinos? Yes No

b. The provision of lotteries or gambling? Yes No

c. Adult entertainment? Yes No

d. Hardware manufacturing? Yes No

Current insurance

3. Do you currently have E&O coverage for your technology services? Yes No

Limit: US\$ Deductible: US\$

Premium: US\$

Retro date: / / Renewal date: / /

Gross revenue

4. Last complete year: US\$

This year: US\$

Next year: US\$

Revenue allocation

5. Please allocate your last complete year's revenue below and include the revenue from any subsidiaries that you want covered:

Software services	
Sale/licensing of standardized software	%
Implementation/integration work	%
Software development	%
Customization work of your software products	%
Customization of others' software products	%
Maintenance services	%
Technology consulting	%
Hardware services	
Manufacture	%
Distribute/install/maintain	%



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Service provider		
Internet service provider		%
Outsourced operations provider (including BPO)		%
Managed service provider		%
Co-location		%
Other revenue		
Training		%
Internet web design		%
Domain name registration		%
Data processing		%
Project management		%
Other – please specify:		%
Total		100%

6. What percentage of your revenue comes from Government contracts (state both if applicable)?

State: % Federal: %

7. What percentage of your revenue comes from the provision for mission critical or live trading systems?

%

Section 2 – Your contracts

Contract details

8. Please give details of the largest three contracts you have signed in the last three years:

Name of client:	Description of services:	Total revenue associated with contract (US\$):

How you contract

9. Do you always use written contracts when performing your technology business activities for a client?

Yes No

If No, please specify details:

10. What percentage of your contracts is based on non-standard contract terms?

%



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11. If you do use non-standard terms do you have a lawyer review the contract? Yes No

If No, please specify details:

12. Do you have a lawyer review the contract if you ever use a client contract rather than your own? Yes No

If No, please specify details:

13. Do you always include a specific capped limitation of liability applicable to all liability arising from the contract (with the exception of carve outs from the cap for intellectual property infringement or breach of confidentiality)? Yes No

If No, please specify details:

14. Do you as standard practice, not agree to pay more than twice the value of your fees as a limit of liability? Yes No

If No, please specify details:

15. Do you fully exclude liability for all consequential losses (with the exception of carve outs from the exclusion for intellectual property infringement or breach of confidentiality)? Yes No

If No, please specify details:

Sub-contractors

16. What proportion of your work (% of revenue) is carried out by sub-contractors? %

Please describe the type of work done:



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Section 3 – General matters

Claims declaration

17. In the past ten (10) years, have you or your subsidiaries suffered any loss or has any claim (whether successful or not) ever been made against you that would be covered by this insurance?

Yes No

If Yes, please specify details:

18. Are you or your subsidiaries aware of any problem which could reasonably lead to you suffering a loss or a claim being made against you that is reasonably likely to be covered by this insurance?

Yes No

If Yes, please specify details:

Supplemental information

Please attach the following additional information:

- Standard contracts with clients;
- Experience resumes of your principal officer and partners, if less than three (3) years experience; and
- Any general information that you feel may be relevant to our consideration of your request for insurance.

Declaration

I declare that this application form has been completed after proper inquiry and, based on this inquiry, I declare the application contents are true, accurate, and not misleading.

I declare that I will immediately notify Hiscox, before any contract of insurance is concluded, of any additional information that might render the contents of this application untrue, inaccurate, or misleading, and that this notification obligation terminates on the date that Hiscox issues a policy pursuant to this application.

I declare that I understand and agree that if any of the contents of this application are untrue, inaccurate or misleading, in any material respect, or if I fail to notify Hiscox of additional information that might render the contents of this application untrue, inaccurate, or misleading, in any material respect, then Hiscox is entitled to rescind any policy issued pursuant to this application.

I declare that I understand and agree that this application and all materials submitted in connection with this application are incorporated into and form the basis of any policy issued by Hiscox pursuant to this application.

I declare that by signing this application I am representing and warranting that I am duly authorized to execute insurance contracts on behalf of the entity applying for this coverage and that all representations (whether verbal or written) made in connection with this application are made on behalf of and shall be fully binding upon such entity.



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Signature

Date (mm/dd/yyyy)

Title:

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