



**TECHNOLOGY E&O
APPLICATION FORM**



TMT TECHNOLOGY E&O

APPLICATION

If a policy is issued, it will provide coverage only for claims that are first made against the Insureds and reported to Underwriters during the policy period, or any extended reporting period, if applicable.

Notice: This application is for insurance in which the limit of liability available to pay judgments or settlements shall be reduced by amounts incurred for legal defense. Further note that amounts incurred for legal defense shall be applied against the retention amount.

Please include subsidiary companies (companies in which you directly or indirectly own more than 50% of the assets or outstanding voting shares or interests).

1. Applicant details

Name:

Address:

State:

Zip:

Telephone:

Website:

Email:

Year established:

2. Cover required

Please indicate cover required:

US \$1,000,000

US \$2,000,000

US \$3,000,000

US \$4,000,000

US \$5,000,000

US \$10,000,000

Other - specify:

Retention requested: \$

3. Revenue allocation

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

Software services	
Sales/resale/licensing/training of standardised software	%
Software customisation	%
Maintenance services	%
Technology consulting/implementation/development/integration/project management	%
Hardware services	
Manufacture	%
Distribute/install/maintain	%
Service provider	
Internet service provider	%
Application service provider (software hosting)	%
Outsourced IT operations provider	%
Business process outsourcing	%
Managed service provider	%



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Other revenue	
Other – please specify:	%
Total	100%

4. Functionality

Please describe the functionality of your technology:

5. Gross revenue

Past year ending / /	Current year	Estimate for coming year
\$	\$	\$

6. Existing cover

Do you have existing E&O cover of this type? YES NO

Limit: Retention:

Premium:

Retro date: Renewal Date:

7. Large contract details

Please give details of the largest 3 contracts you have entered into in the last three years:

Name of client:	Description of Services:	Total revenue associated with contract (US\$):	Start of contract	End of contract

8. Contract information

What is the average contract size entered into?

What is the average contract length entered into?

What is the longest contract entered into?

Approximately how many customers/clients do you have?

9. How you contract

Do you always use written contracts when performing your technology business activities for a client? YES NO

If NO, please specify details:



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Have you had your standard contract terms and conditions reviewed by a suitably qualified attorney? YES NO

If NO, please specify details:

[Empty text box for details]

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

If you do use non-standard contract terms do you have a suitably qualified attorney review the contract? YES NO

If NO, please specify details:

[Empty text box for details]

Do you limit your liability under contract? (with the exception of intellectual property infringement or breach of confidentiality)? YES NO

If NO, please specify details:

[Empty text box for details]

Do you fully exclude liability for all consequential losses (with the exception of intellectual property infringement or breach of confidentiality)? YES NO

If NO, please specify details:

[Empty text box for details]

10. Sub-contractors

What proportion of your work (% of revenue) is carried out by subcontractors? %

Please describe the type of work done?

[Empty text box for details]

11. Claims details

Have you suffered any loss or has any claim whether successful or not ever been made against you? YES NO

If YES, please specify details (attach additional information if required):

[Empty text box for details]



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Are **you** aware of any matter which is likely to lead to **you** suffering a **loss** or a **claim** being made against **you**? YES NO

If YES, please specify details (attach additional information if required):

For the purposes of the questions in 11 above, the terms **you**, **loss**, **claim**, shall have the meaning as defined in the current Hiscox Duty to Defend Technology Protection Wording. If you do not have a copy of the wording, please obtain a copy from your insurance advisor so that you fully understand these definitions and what is being asked of you on this application.

MATERIAL INFORMATION

Please provide us with details of any other information which may be material to our consideration of your application for insurance. If you have any doubt over whether something is relevant, please let us have details:

Notice to New York applicants: any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

DECLARATION

I declare that (a) this application form has been completed after reasonable inquiry, including but not limited to all necessary inquiries of my fellow principals, partners, officers, directors and employees, to enable me to answer the questions accurately and (b) its contents are true and accurate and not misleading.

I undertake to inform you before the inception of any policy pursuant to this application of any material change to the information already provided or any new fact or matter that may be material to the consideration of this application for insurance.

I agree that this application form and all other information which is provided are incorporated into and form the basis of any contract of insurance.

Signature of Principal/Partner/Officer/Director as authorized representative of the Applicant

Date (mm/dd/yyyy)

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



BEAZLEY PRIVACY LIABILITY INSURANCE SUPPLEMENTAL APPLICATION

This application is a supplement to and is part of an application for Beazley Media Tech, Media or Information Security and Privacy Insurance.

Name of Applicant: Click here to enter text.

1. Does the Applicant have a written corporate-wide privacy policy? Yes No
If yes, please attach a copy

2. Does the Applicant collect, store, maintain or transmit personally identifiable consumer information? Yes No

If yes, does such information include:

Information subject to regulation under HIPAA Yes No

Information subject to regulation under GLB Yes No

Credit card information Yes No

Other personally identifiable consumer information (please describe): Yes No

Click here to enter text.

3. How often are the Applicant's privacy policies reviewed and updated?
Click here to enter text.

4. Have the Applicant's privacy policies been reviewed by a qualified attorney? Yes No

5. Does the Applicant employ a chief privacy officer? Yes No

If no, what position is responsible for management of, and compliance with the Applicant's privacy policies?

Click here to enter text.

6. Within the past two years, has the Applicant undertaken any internal or external privacy audit or received any privacy certification? Yes No

If yes, please describe:

Click here to enter text.

7. Does the Applicant restrict employee access to private consumer information to employees on a business-need to know basis? Yes No

8. Does the Applicant provide training for employees on privacy and data security issues? Yes No

9. Does the Applicant's contracts with vendors and others with whom it shares personally identifiable information require the other party to defend and indemnify the Applicant for legal liability of the vendor or other party? Yes No



10. Does any Applicant, director, officer, employee or other proposed Insured have knowledge or information of any fact, circumstance, situation, event or transaction which may give rise to a Claim against any Insured for invasion of or interference with any right of privacy, wrongful disclosure of personal information, or violation of any privacy related statute or regulation? Yes No

If "yes", please explain:
Click here to enter text.

11. During the past three years, has anyone made any Claim against the Applicant for invasion of or interference with any right of privacy, wrongful disclosure of personal information, or violation of any privacy related statute or regulation? Yes No

If "yes," please explain:
Click here to enter text.

This Supplemental Application does not bind the Applicant to buy or the insurer to issue the insurance, but it is agreed that this form shall be the basis of the contract should a policy be issued, and it will be attached to and become part of the Policy. By signing below, the undersigned duly authorized representative of the company states and represents that the information furnished in this application is complete, true and correct. The undersigned authorized officer agrees that if the information supplied on this supplemental application changes between the date of this supplemental application and the effective date of the insurance, the Applicant will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance.

Signed: _____ Date: [Click here to enter text.](#)

Print Name: [Click here to enter text.](#) Title: [Click here to enter text.](#)