

# Application/Enrollment Form

## IT CONSULTANTS PROFESSIONAL LIABILITY INSURANCE

Return Applications to:  
**IT Consultants Program**  
 4001 Miller Road, Wilmington, DE 19802  
 Tel: (800) 330-7571 • Fax: (302) 765-2088  
 Web-site: [www.rockwoodinsurance.com](http://www.rockwoodinsurance.com)

**NOTICE:** The insurance coverage for which you are applying is written on a claims-made basis. Subject to policy provisions, this insurance will apply only to liability for claims that are first made against you and reported to the company while the policy is in force.

1 Name of Applicant \_\_\_\_\_ dba \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Key Contact Name \_\_\_\_\_ Title \_\_\_\_\_  
 Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_ E-Mail \_\_\_\_\_  
 Website \_\_\_\_\_

2 Applicant is (check one)  Corporation  Partnership  Sole Proprietorship  Other (describe) \_\_\_\_\_

3 How many employees? \_\_\_\_\_

4 Please check the services you provide below and what percentage of your receipts these services generate.

Services Provided	Receipts %	Services Provided	Receipts %
<input type="checkbox"/> Application Service Provider .....	_____	<input type="checkbox"/> Game Developer .....	_____
<input type="checkbox"/> Commercial On-Line Services .....	_____	<input type="checkbox"/> Hardware Systems Installation .....	_____
<input type="checkbox"/> Computer Related Training .....	_____	<input type="checkbox"/> Hardware Systems Maintenance .....	_____
<input type="checkbox"/> Consulting on Hardware .....	_____	<input type="checkbox"/> Hosting Web Pages .....	_____
<input type="checkbox"/> Consulting on Software .....	_____	<input type="checkbox"/> Internet Access Provider .....	_____
<input type="checkbox"/> Content Provider for Web Page/Forum ...	_____	<input type="checkbox"/> Internet Service Provider .....	_____
<input type="checkbox"/> Custom Software Development .....	_____	<input type="checkbox"/> Packaged Software Development .....	_____
<input type="checkbox"/> Data Processing & Entry .....	_____	<input type="checkbox"/> Software Systems Installation .....	_____
<input type="checkbox"/> Electronic BBS .....	_____	<input type="checkbox"/> Software Systems Maintenance .....	_____
<input type="checkbox"/> Forum Manager .....	_____	<input type="checkbox"/> Web Page Development .....	_____
<input type="checkbox"/> Forum/Content Channel .....	_____	<input type="checkbox"/> Web Page Maintenance/Updates .....	_____
<input type="checkbox"/> File Transfer Protocol Site .....	_____	<input type="checkbox"/> Other _____	_____
<input type="checkbox"/> Exact Description of Professional Services if Different from Descriptions Above _____			

5 Applicant's gross fees during the Last Year \$ \_\_\_\_\_ Current Year (estimate) \$ \_\_\_\_\_

6 When was business established \_\_\_\_\_

7 Are any significant changes in the nature or size of the Applicant's business anticipated over the next 12 months and/or have there been any such changes in the past 12 months? .....  Yes  No

8 Does the Applicant have any contracts valued at \$1,000,000 or above? .....  Yes  No

9 Does the Applicant maintain and use written contracts with all their clients? .....  Yes  No

- 10a** Do you have website/online services or provide such services to third parties? .....  Yes  No
- 10b** If "Yes", does the Applicant have a policy for removing infringing material (copyright, trademark, etc.) from their On-Line Service? .....  Yes  No
- 11** Does the Applicant have a policy for removing controversial material (libelous, slanderous, etc.) from their On-Line Service? .....  Yes  No
- 12** Are firewalls used to prevent unauthorized access connections to Internet networks and computer systems to external networks? .....  Yes  No
- 13** Are anti-virus procedures in use on desk-tops and mission-critical servers? .....  Yes  No
- 14** Are backup and recovery procedures documented for mission-critical systems? .....  Yes  No
- 15** Do you develop and/or provide mission-critical systems? .....  Yes  No
- 16** Is the nature of your market, product, or service:
- |  |  |
|--|--|
| a) Adult Related ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                    | g) Financial Trading and/or Fund Transfer ..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b) Auction Related ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                  | h) Hardware Manufacturing ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                 |
| c) Aviation ..... <input type="checkbox"/> Yes <input type="checkbox"/> No   | i) Lottery Related ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                        |
| d) Domain Name Registration ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                         | j) Medical ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                |
| e) Engineering ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                      | k) Offline Publishing/Printing ..... <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| f) Entertainment (ie MP3, downloading music, video) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No | l) Process Control ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                        |
| ..... <input type="checkbox"/> Yes <input type="checkbox"/> No   | m) Religious ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                              |
- 17** Has the Applicant ever been the subject of, or involved in, any disciplinary or regulatory proceeding by any professional body or association or any regulatory or governmental agency? .....  Yes  No
- 18** Does any director, officer, employee, or partner of the Applicant organization have knowledge or information of any act, error, or situation that might reasonably be expected to give rise to a claim? .....  Yes  No
- 19** Has the Applicant organization been party to any lawsuit or other legal proceeding within the last five years? .....  Yes  No
- 20** Has any claim or allegation of a nature for which coverage is now being sought been made against the Applicant organization or any of its officers, directors, partners, or employees in the last five years, whether covered under any preceding policy or not? .....  Yes  No
- 21** Has any errors and omissions or professional liability insurance ever been declined or cancelled? .....  Yes  No
- If any Questions 17-21 (above) are answered "Yes", please provide details on a seperate sheet.***
- 22** Do you currently have Errors and Omissions insurance in force? .....  Yes  No
- Name of Insurer \_\_\_\_\_ Expiration Date \_\_\_\_\_
- Retroactive Date \_\_\_\_\_ Current Limits \$ \_\_\_\_\_
- Deductible \$ \_\_\_\_\_ Premium \$ \_\_\_\_\_
- 23** Does the applicant organization currently maintain a policy, covernote or certificate with any underwriter at Lloyd's of London in respect of the above coverages (not including an EazyPro renewal)? .....  Yes  No

**WARNING: ANY PERSON WHO KNOWINGLY AND WITH THE INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE 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.**

**APPLICABLE IN CALIFORNIA** For your protection California law requires that following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**APPLICABLE 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.

**APPLICABLE IN NEW YORK** 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 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.

**APPLICABLE IN OKLAHOMA** Any person who knowingly, and with intent to inure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**APPLICABLE IN OREGON/MARYLAND** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

**APPLICABLE IN PENNSYLVANIA** Any person who knowingly and with intent to injure or 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 subjects such person to criminal and civil penalties.

**APPLICABLE IN VIRGINIA** 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.

This application does not bind the insured, nor does it obligate the insurer to issue a policy. The insured hereby represents that the statements and answers to questions made above and attachments hereto are true and the insured has not omitted or misrepresented any information. Further, the insured understands and agrees that she or he is obligated to report any changes from the information in this application which occur after the date this application is signed and the anniversary date of the policy.

\_\_\_\_\_ TYPED OR PRINTED NAME \_\_\_\_\_ TITLE \_\_\_\_\_

\_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Agent's Name \_\_\_\_\_

Agency Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Tel ( \_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_ ) \_\_\_\_\_ E-mail \_\_\_\_\_