

RLI Technology Professionals Application



RLI Insurance Company
Peoria, IL 61615

NOTICE: IF A POLICY IS ISSUED, IT MAY CONTAIN BOTH LIABILITY AND LOSS COVERAGE. INSURING CLAUSES 1, 2, 3 AND 4 PROVIDE COVERAGE ON A CLAIMS MADE AND REPORTED BASIS. CLAIM EXPENSES WILL REDUCE THE APPLICABLE LIMIT OF LIABILITY. INSURING CLAUSES 5, 6, 7 AND 8 ARE PROVIDED FOR LOSS OCCURRING DURING THE POLICY PERIOD. ALL PAYMENTS UNDER THIS POLICY SHALL REDUCE THE APPLICABLE LIMIT.

ANY POLICY ISSUED, ONLY AFFORDS COVERAGE UNDER THOSE INSURING CLAUSES INDICATED AS PURCHASED ON THE DECLARATIONS PAGE.

Please read this application carefully and answer all questions thoroughly. Attach separate pages with additional information to any question for which the provided space is not sufficient. Please sign and date the application.

A. General Information: (All Applicants must complete this section.)

1. Name of Applicant: _____ DBA: _____

2. Street Address: _____

City: _____ State: _____ Zip: _____

Same as mailing address. If different from above:

(Please list all other addresses of office locations occupied by the Applicant separately.)

Telephone #: _____ Website address(es): _____

3. Contact name and email address of primary contact: _____

4. Type of Legal Entity: _____ Date business started: _____

5. Gross Revenues:

a. Annual sales within the United States? \$ _____

b. Annual sales generated outside the United States? \$ _____

Total sales \$ _____

6. Number of staff:

Principals, partners, officers _____ Full time employees (W2) _____ Independent Contractors (1099) _____

B. Technology Services Activities: (All Applicants must complete this section.)

1. If Applicant provides any of the services listed below please answer "Yes" or "No":

- Any involvement with processing financial transactions: Yes No
- Non-Information Technology related engineering services – mechanical, electrical, chemical, civil, etc.: Yes No
- Firmware or embedded software services: Yes No
- Process control of industrial equipment including HVAC systems: Yes No
- Any military defense services: Yes No
- Any medical, dental, healthcare or pharmaceutical services: Yes No
- 911 or other emergency response/dispatch services: Yes No
- Energy, power plant, utility or pollution monitoring, supply or distribution: Yes No
- Electronic manufacturing, hardware design services: Yes No
- Medical device development: Yes No
- Internet Service Provider (ISP) – Voice, Data, TV services: Yes No

• IF "NO" TO ALL CATEGORIES ABOVE PLEASE CHECK THIS BOX:

• IF "YES" TO ANY QUESTIONS ABOVE PLEASE DESCRIBE:

2. Please describe in detail all professional activities or services conducted by the Applicant for which Technology Services Liability coverage is desired:

3. Indicate the percentage of gross revenues from the following list (estimate for new businesses):

Graphic Design	____%	Network Architecture/Design	____%
Web Site Design/Development	____%	Network/Computer Security	____%
Search Engine Optimization	____%	Network Cabling/Wiring	____%
Web Hosting (reselling/own servers)	____%	Network/Computer/Application Support	____%
Application Service Provider, Software as a service, Cloud computing	____%	Wireless Installation/Configuration	____%
Custom Software Development	____%	System/Network Evaluation or Optimization	____%
Packaged Software Development	____%	Co-location Services, Managed Service Provider	____%
Mobile Software Development	____%	Hardware Maintenance Services	____%
Packaged Software Installation/Configuration	____%	Remote Data Back-up Services	____%
Packaged Software and/or Hardware sales	____%	Data/Records Imaging, Warehousing or Storage	____%
Technical Project Management	____%	Home Theater Installation	____%
Database Administration	____%	Training and Education	____%
Business Intelligence/Reporting	____%	Help Desk/Call Center	____%
Records Management/Retrieval	____%	IT Staffing Consulting	____%
Telecommunications	____%	Hardware Manufacturing	____%
Other (list % and describe)	____%	Internet Service Provider	____%
		Total (must equal 100%):	____%

C. **Network Security, Privacy and Media Questions:** (Complete this section if applying for any of these coverages.)

Network Security:

1. What electronic data does the Applicant store on its computer systems? (Check all that apply):

- Securities
 Protected health information
 Intellectual property assets including trade secrets
 Other data, please explain: _____
 Confidential client information
 Personal information (Social Security/Drivers License #'s, Financial/bank account or Credit/debit card information, E-mail addresses)

2. Does the Applicant have a written network security policy in place? Yes No
 If "Yes", is it reviewed periodically and updated by an IT department? Yes No

3. Does the Applicant have physical security procedures in place to control access to the Applicant's computer system(s)? Yes No
 If "No", please explain: _____

4. Does the Applicant use any of the following techniques to monitor information security? (Check all that apply):

- Intrusion Detection Systems (IDS)
 Web Activity Monitoring Software
 Vulnerability Scans
 Email Monitoring Software
 Penetration Testing
 Log File Monitoring

5. Does the Applicant employ the most current versions, updates and patches of commercially available firewall, anti-virus, anti-spyware and software security protection on all desktops, portable computers and mission critical servers to prevent unauthorized access? Yes No
 If "No", please explain: _____

6. Are connections from laptops, mobile devices, and remote users into the Applicant's network secured with the following?

- Advanced authentication controls (i.e. two-factor and certificates for remote access)
 Personal firewalls required for a Virtual Private Network (VPN)

7. Does the Applicant perform data backups of their computer system and data assets a minimum of every seventy-two (72) hours? Yes No
 If "No", please explain: _____

8. Does the Applicant employ "Strong" user password protection including: non-alphanumeric characters, eight (8) digit minimum length, variation of capital and lower case letters and forty-five (45) day expiration? Yes No
If "No", please explain: _____
9. Does the Applicant have formal procedures in place to report and respond to unauthorized attempts to access their computer systems? Yes No
If "No", please explain: _____
10. Does the Applicant have a written business continuity/disaster recovery plan that includes procedures to be followed in the event of a network interruption? Yes No
If "Yes", how often is plan updated and tested? _____
11. Does the Applicant outsource a critical part of its internal network/computer system or internet presence to others (Hosting Facility, Data Storage or Co-Location Facility, Application or Managed Service Provider)? Yes No

Privacy:

1. Is the Applicant in compliance with the following: (Check all that apply)
 PCI DSS (Payment Card Industry Data Security Standard) HIPAA (Health Insurance Portability & Accountability Act)
 GLBA (Gramm-Leach-Bliley Act)
2. Does the Applicant maintain a privacy policy approved by legal counsel? Yes No
If "Yes", then: is policy posted on internal and external websites? Yes No
how often are privacy policies reviewed and updated? _____
3. Does the Applicant have protocols in place to escalate any breach or possible breach of information? Yes No
If "No", please explain: _____
4. Does the Applicant restrict employee access to customer files and personally identifiable information of employees to those with a business-need-to-know basis? Yes No
If "No", please explain: _____
5. Does the Applicant have a document retention and destruction policy? Yes No
If "No", please explain: _____
6. Does the Applicant ensure that all private or personal information is encrypted?:
 a. at rest: Yes No b. in transit: Yes No
 c. when downloaded to laptops or mobile devices: Yes No
 If "No" to any of the above, please explain: _____
7. Does the Applicant sell or share personally identifiable information with either related entities or third parties? Yes No
If "Yes", does Applicant provide opt-out controls that are visible and addresses within the privacy policy? Yes No
8. Does the Applicant require third parties handling personally identifiable information of customers or employees to adhere to the Applicant's information security and privacy policies? Yes No
If "No", please explain: _____
9. Do the Applicant's agreements with third parties require the other party to defend and indemnify the Applicant for the legal liability arising from any unauthorized release or disclosure of the information by the third party? Yes No
If "No", please explain: _____

Media:

1. Does the Applicant have a legal review process in place to clear all material prior to dissemination, publication, broadcast, utterance or distribution for (Check all that apply):
 Copyright infringement Trademark infringement
 Domain name infringement Libel Slander
 Privacy violations Violation of rights of publicity
 Please provide explanation for any unchecked boxes above: _____
2. Does the Applicant publish a bulletin board, chat room or otherwise allow users to upload or post content to the Applicant's website? Yes No
If "Yes", does the Applicant monitor and edit material being posted? Yes No
If "Yes", how often? _____

3. Does the Applicant have a procedure in place for removing infringing, libelous or otherwise controversial material? Yes No

If "No", please explain: _____

4. Does the Applicant require contractors, business partners or others who provide the Applicant with copyrightable material to (Check all that apply):

- Assign or license their rights to any copyrightable material to the Applicant in writing
 Warrant their material does not infringe on other's intellectual property rights
 Indemnify the Applicant should an intellectual property claim be filed against the Applicant regarding such material
 Hold the Applicant harmless should an intellectual property claim be filed against the Applicant regarding such material

Please provide explanation for any unchecked boxes above: _____

D. Additional Applicant Information: (All Applicants must complete this section.)

1. Does the Applicant have similar technology professional liability insurance currently in force? Yes No

If "Yes", please provide the following information for the current and prior policy periods:

Name of Insurer	Limits	Deductible	Premium	Policy Period	Retroactive Date (if any)
	\$	\$	\$		
	\$	\$	\$		

2. Does the Applicant have General Liability insurance currently in force? Yes No

If "Yes", please provide details below:

Name of Insurer	Limits	Deductible	Premium	Policy Period
	\$	\$	\$	

3. If coverage is desired for any subsidiaries please list each entity below or on a separate sheet:

Name and Address	Relationship to Applicant	Description of Operations	Percent Owned

4. Is the Applicant controlled, owned by, employed by, or associated with any other entity not shown above? Yes No

If "Yes", please explain: _____

5. Does the Applicant require a written contract for the services that are provided? Yes No

If "Yes", what percentage of the time are written contracts used: _____%

6. What percentage of contracts are valued at: less than \$250,000 _____% greater than \$250,000 _____%

7. What percentage of contracts are in effect for: less than 18 months? _____% greater than 18 months? _____%

8. What percentage of contracts are from government businesses (local, municipal, state, federal)? _____%

9. Does the Applicant's written contract(s) with clients contain:

(a) mutual hold harmless or indemnity agreements? <input type="checkbox"/> Yes <input type="checkbox"/> No	(d) clauses limiting the liability of the Applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No
(b) guarantees or warranties? <input type="checkbox"/> Yes <input type="checkbox"/> No	(e) a "force majeure" limitation clause? <input type="checkbox"/> Yes <input type="checkbox"/> No
(c) description of services to be provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	(f) milestone management provisions? <input type="checkbox"/> Yes <input type="checkbox"/> No

10. Please provide details on the Applicant's top three (3) revenue-producing clients or projects during the last fiscal year:

Name of Client/Project	Services Provided	Annual Revenues from Services
		\$
		\$
		\$

11. Please list any industry-specific technical certifications or designations:

Designation	Description

12. Are subcontractors required to carry Professional Liability Insurance? Yes No
 If "Yes", what are the minimum limits of liability required? _____

E. Prior Losses, Circumstances Or Events Information: (All Applicants must complete this section.)

1. During the past five (5) years, have any claims or suits been made against the applicant or any director, officer, employee or other proposed insured that could or would be covered under this policy? Yes No
 If "Yes", please provide details on a separate supplemental claim application.

2. Is any owner, partner, director, employee or independent contractor aware of any circumstance, allegation, contention, or incident which may result in a claim being made against the proposed insured, its predecessor(s) in business, or any of its present or former partners, owners, officers, directors or independent contractors? Yes No
 If "Yes", please provide details on a separate supplemental claim application.

3. Within the past three (3) years, have you:

- had any information security breaches including unauthorized access, unauthorized use, unauthorized disclosure, virus, denial of service attack, theft of data, fraud, electronic vandalism, sabotage or other security events? Yes No
- notified customers or employees that their information may have been compromised? Yes No
- received a complaint or an injunction arising out of intellectual property infringement, content or advertising? Yes No
- had a demand, claim, complaint, or filed lawsuit against you alleging invasion or interference of rights of privacy or the inappropriate disclosure of personal information? Yes No
- had any cyber extortion threats or similar or related threats? Yes No

If "Yes" to any questions, please provide details: _____

4. Has any company declined to write, cancel or non-renew errors or omissions, professional liability, media, privacy or network security coverage for you? Yes No
 If "Yes", provide details on a separate supplemental claim application.

F. Fraud Statement – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

ARKANSAS APPLICANTS – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

COLORADO APPLICANTS – It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

DISTRICT OF COLUMBIA APPLICANTS – WARNING: It is a crime to provide false, or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

FLORIDA APPLICANTS – 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.

HAWAII APPLICANTS – For your protection, Hawaii law requires you to be informed that any person who presents a fraudulent claim for payment of a loss or benefit is guilty of a crime punishable by fines or imprisonment, or both.

IDAHO APPLICANTS – Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

KANSAS APPLICANTS – Any person who knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto, or who conceals, for the purpose of misleading, information concerning any fact material thereto, is guilty of a crime and may be subject to fines and confinement in prison.

KENTUCKY APPLICANTS – Any person who knowingly and with 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.

LOUISIANA APPLICANTS – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

MAINE APPLICANTS – It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

MARYLAND APPLICANTS – Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

MINNESOTA APPLICANTS – Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NEW HAMPSHIRE APPLICANTS – Any person who, with purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

NEW JERSEY APPLICANTS – Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW MEXICO APPLICANTS – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NEW YORK APPLICANTS – 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.

OHIO APPLICANTS – 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 is guilty of insurance fraud.

OKLAHOMA APPLICANTS – **WARNING:** Any person who knowingly, and with intent to injure, 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.

OREGON APPLICANTS – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

PENNSYLVANIA APPLICANTS – 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 subjects such person to criminal and civil penalties.

TENNESSEE APPLICANTS – 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.

VIRGINIA APPLICANTS – 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.

WASHINGTON APPLICANTS – 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.

If your state requires that we have information regarding your Authorized Retail Agent or Broker, please provide below:

Retail Agency Name: _____ License: _____ Phone Number: _____

Agency Mailing Address: _____

City: _____ State: _____ Zip: _____

I / We declare that if the firm or any of its members become aware of any information that would change answers furnished in the application, the firm will reveal such information in writing to the Company prior to the effective date of coverage.

On behalf of the Applicant firm, I declare that this application, including attachments, supplementary pages and other exhibits attached, is complete and correct to the best of my knowledge and belief. I understand that the application shall form the basis of the contract of insurance should the Company offer coverage and should the firm accept the Company's quotation. I also understand that completion of this application does not bind the Company or broker to provide insurance.

Applicant's Signature (Principal, Partner, Officer, or Director): _____

Title: _____ Date: _____