ERRORS AND OMISSIONS SECTION  ELECTRONIC DATA PROCESSORS, ELECTRONIC PRODUCTS MANUFACTURERS, COMPUTER SERVICES & PRODUCTS								DATE (MM/DD/YYYY)							
AGENCY						CARRIER					NAIC CODE				
POLICY NUMBER EFFECTIVE					EFFECTIVE DATE	APPLICANT / FIRST NAMED INSURED									
				is checked in the policy carefully.		CY / COVERAG	E INFO	RMATION s	section below	, this is	an application	n for	a claims	-ma	de
ME	RGERS / ACQI	JISITIONS	3 / JOI	NT VENTURES											
	ALL MERGERS CONTRACTUAL			NS BY YOUR COM	PANY (I	NCLUDING YOUF	SUBSII	DIARIES) IN	THE PAST 5 Y	EARS. IF	ANY OCCURR	ED, P	LEASE EN	CLO	SE
LIST	ALL JOINT VEN	TURES IN V	WHICH	YOUR COMPANY	IS A PAF	RTNER.									
POI	LICY / COVERA	AGE INFO	RMAT	TION											
		RANSACTION	TYPE				LIMITS C	F LIABILITY			R	TAINE	D LIMIT		
	CLAIMS MADE	PROPO RETROACT	SED IVE DAT	E DEDUCTIBLE	\$ \$		EACH OCCURRENCE		AGGREGATE		\$			YES	NO
	OCCURRENCE			\$					\$		DEFENSE INCLUDED W				
	RING POL#:	SEDVICE:			CURRENT RETROACTIVE DAT		TE:				FIRST DOLLAR DEFENS		E		
				OSS SALES FOR T	HE FOLI	LOWING PERIODS	S:								
						DOMESTIC		FO	REIGN		TOTAL				
	FISCAL YEAR BEGINS ON			LAST FISCAL YEAR					-		-				
				CURRENT FISCAL YE	AR										
				NEXT FISCAL YEAR								$\bot$			
2. L			OR SEF	RVICE YOU PROVID	DE AND	THE RELATED SA	LES.								
	PRODUCT / SERVI	CE											SALES		
												\$			
												\$			
												\$			
												\$			
												\$			
												\$			
												\$			
3. L	 .IST EACH MANU	IFACTURED	) ELEC	TRONIC PRODUC	Γ. PRECI	SION INSTRUME	NT OR M	IEDICAL DEV	ICE YOU MAKI	E OR SEI		\$			
(			ST TO	TRONIC PRODUCT							,				
	MANUFACTURED	PRODUCTS											SALES		
												\$			
												\$			
												\$			
												\$			
4. F	RETAIL SALES:											\$			
	VHOLESALE SAL											\$			
6. II	NCOME FROM O														
	IF YOU HAVE INCO	OME FROM OT	THER BU	JSINESS ACTIVITIES, P	LEASE LI	ST THE BUSINESSES	HERE.					Ф.	SALES		
												\$			
												\$			
												\$			
												\$			

PRO	DDL	JCTS AND SERVICES (continued)			AGENCY CUSTOMER	טו:				
7. V	/HA	T IS THE ACCEPTABLE DOWNTIME FOR YOUR	PRODUCT / SERVICE A	CC	ORDING TO YOUR AVERAG	E CUSTOMER'S NEEDS?				
		1	Γ							
		NO DOWNTIME ACCEPTABLE			DOWNTIME OF LESS THAN 2 DAYS IS ACCEPTABLE					
8 14	/ΗΔ	DOWNTIME OF LESS THAN 1 DAY IS ACCEPTABLE T IS THE WORST THING THAT COULD HAPPEN	TO VOLID CLISTOMER	S' (	MORE THAN 2 DAYS DOWNTIME		∩P W∩E	KINI		
O. V	VIIA	TIS THE WORST THING THAT COOLD HAFFEN	TO TOOK COSTOMER	5 0	FERATIONS II TOOK FROD	OCT / SERVICE WERE TO TAIL OR ST	JF WOI	VIVIING	J!	
l .		T IS THE AVERAGE LIFE EXPECTANCY OF  H OF YOUR PRODUCTS?			GE COST OF A SALE OR INDIVIDUAL CUSTOMER?	11. WHAT IS THE VALUE OF YOUR L OR PROJECT?	ARGES	SAL	_E	
_	., (01	TO TOOK TROBUSTO!		, •	INDIVIDO/IL GOOT GINERY.	31111002011				
40		AE VOUD EIVE (5) LA DOFOT QUOTOMEDO								
12.	INAIN	ME YOUR FIVE (5) LARGEST CUSTOMERS.								
13.	LIST	TANY NEW PRODUCTS OR SERVICES YOU PLA	IN TO INTRODUCE IN T	HE	UPCOMING YEAR.					
		JCT DEVELOPMENT AND QUALITY CON								
1. B	RIE	FLY EXPLAIN YOUR PRODUCT DEVELOPMENT	METHODOLOGY.							
2. V	/HA	T IS THE TITLE OF THE PERSON WHO HAS PRI	MARY RESPONSIBILITY	/ F(	OR YOUR QUALITY ASSURA	NCE PROGRAM?				
3. D	ESC	CRIBE YOUR QUALITY ASSURANCE PROGRAM.								
4. L	IST	ALL PRODUCTS AND QUALITY ASSURANCE ST.	ANDARDS, SUCH AS IS	0 9	000, FOR WHICH YOU ARE	CERTIFIED.				
5. D	ΟY	OU CONDUCT FORMAL INSPECTIONS OF REQU	JIREMENTS, DESIGN C	OD	E, AND TEST PLANS?		YES		NO	
6. D	ΟY	OU REQUIRE YOUR CUSTOMERS TO SIGN OFF	AT CRITICAL MILESTO	ONE	S OF A PROJECT?		YES		NO	
7. V	/HA	T PERCENT OF YOUR PRODUCTS OR SERVICE	S DO YOU DESIGN YO	UR	SELF?			9	%	
8. A	RE	REDUNDANT SYSTEMS OR WARNINGS BUILT II	NTO YOUR PRODUCT	ΓΟΙ	PREVENT OR WARN AGAINS	ST THE PRODUCT'S FAILURE?	YES		NO	
9. P	LEA	SE LIST ALL PRODUCTS THAT YOU HAVE DISC	CONTINUED MAKING, B	UT	WHICH ARE STILL BEING US	SED.				
10.	DO.	YOU HAVE A FORMAL PRODUCT RECALL PLAN	?				YES		NO	
11.	IF Y	OU HAVE EVER HAD TO RECALL A PRODUCT, F	PLEASE EXPLAIN THE (	CIR	CUMSTANCES.					
12.	DO '	YOU HAVE CONTINGENCY PLANS TO SERVICE	A CUSTOMER WHO HA	AS I	HAD A CRITICAL FAILURE OF	YOUR PRODUCT OR SERVICE?	YES		NO	
13.	DO '	YOU NORMALLY INSTALL AND SERVICE YOUR	PRODUCTS?				YES		NO	
14.	DO	YOU PROVIDE SERVICE AND REPAIR OF PROD	UCTS OTHER THAN YO	DUF	R OWN?		YES		NO	
	IF S	O, WHAT IS THE % OF TOTAL SERVICE REVEN	UE GENERATED BY TH	IIS	WORK?			9	%	
SUF	PL	IERS								
1. V	/HA	T % OF YOUR COMPONENT PARTS ARE SUPPL	LIED BY OUTSIDE VEND	OF	lS?			9	%	
2. V	/HA	T % OF YOUR SUPPLIERS' COMPONENTS OR P	ARTS ARE DESIGNED	BY	YOUR COMPANY, BUT MAN	UFACTURED BY YOUR SUPPLIER?		9	%	
3. V	/HA	T % OF YOUR COMPONENT PARTS ARE SUPPL	IED BY FOREIGN BASE	D (	COMPANIES?				%	
		OU EVER AGREE TO HOLD HARMLESS ANY SU				JCTS? IF YES, PLEASE EXPLAIN.	YES		NO	
							_		-	

AGENCY CUSTOMER ID:

	AGENCY CUSTOMER ID:			
SUB AND INDEPENDENT CONTRACTORS  1. WHAT, IF ANY, DEVELOPMENT OR PRODUCT WORK DO YOU CO	ONTRACT OUT?			
1. WHAT, II ANT, DEVELOT MENT ON TRODUCT WORK DO TOU OC	SWITAGE COT:			
2. DO YOU REQUIRE ANYONE TO WHOM YOU CONTRACT WORK, T	TO HAVE PRODUCTS AND E & O COVERAGE?	YES		NO
IF YES, ARE YOU NAMED AS AN ADDITIONAL INSURED ON THEIR	R POLICY?	YES		NO
3. DO YOU REQUIRE ANYONE TO WHOM YOU CONTRACT WORK, T	TO PROVIDE YOU WITH CERTIFICATES OF INSURANCE?	YES		NO
DISTRIBUTION				
1. STATE THE % OF YOUR PRODUCTS THAT ARE DIRECTLY SHIPP	PED TO:			
OTHER MANUFACTURERS%	RETAILERS%			
WHOLESALERS%	CONSUMERS%			
OTHERS (SPECIFY)	%			
2. DO YOU EVER AGREE TO HOLD HARMLESS ANY DEALERS FOR	CLAIMS ARISING OUT OF YOUR PRODUCTS? IF YES, PLEASE EXPLAIN.	YES		NO
	L			7
MARKETING / CONTRACTS	TRACTO ADVEDTICING AND PROMOTICINAL MATERIALS AND PROGULIPESS			
	TRACTS, ADVERTISING AND PROMOTIONAL MATERIALS, AND BROCHURES?	YES		NO
2. DO YOU REQUIRE YOUR CUSTOMERS TO SIGN WRITTEN AGREE SERVICES YOU WILL PROVIDE?	EMENTS THAT OUTLINE THE SPECIFICATIONS OF PRODUCTS AND	_		٦
		YES		NO
3. DESCRIBE THE TRAINING OF YOUR SALES STAFF IN TERMS OF PRODUCTS AND SERVICES.	TEACHING THEM THE CHARACTERISTICS AND CAPABILITIES OF YOUR			
4. IS YOUR SALES STAFF SPECIFICALLY INSTRUCTED NOT TO EXA	AGGERATE THE CAPABILITIES OF YOUR PRODUCTS OR SERVICES?	YES		NO
5. DO ALL OF YOUR CONTRACTS INCLUDE THE FOLLOWING CLAUS		1123		INO
FORCE MAJEURE	NOLO.	YES		NO
DISCLAIMER OF WARRANTIES		YES		NO
LIMITATION OF LIABILITIES		YES		NO
LIMITATION OF LIABILITIES  LIMITATION OF LIABILITIES FOR CONSEQUENTIAL DAMAGES		YES		NO
CONDITIONS OF PRODUCT ACCEPTANCE		YES		NO
GENERAL INFORMATION		1120		INO
EXPLAIN ALL "YES" RESPONSES				
1. ARE YOU A MEMBER OF A PROFESSIONAL ORGANIZATION RELA	ATED TO YOUR BUSINESS?	YES		NO
2. ARE ANY OF YOUR PRODUCTS USED IN THE AIRCRAFT, SPACE,	, MEDICAL, ROBOTICS, POLLUTION OR ENVIRONMENTAL INDUSTRIES?	YES		NO
PRIOR INCIDENTS				
PRIOR INCIDENTS	VERNATE OF THIS POLICY OF DATED DRICK TO THE FEFFORING DATE OF THE	0.00110	)/ IT	
	/E DATE OF THIS POLICY BE DATED PRIOR TO THE EFFECTIVE DATE OF THI S. ERRORS, OMISSIONS, INCIDENTS OR PROBLEMS THAT YOU KNOW OF, OR		,	
OF, THAT MAY RESULT IN A CLAIM BEING MADE DURING THE	COVERED PERIOD IN THIS POLICY. FAILURE TO REPORT SUCH INFORMAT			
COVERAGE IN THIS POLICY.	_	_		_
	WHICH MAY LEAD TO A CLAIM BEING MADE AGAINST YOUR COMPANY?	YES		NO
EVIDENCE OF SUCH PROBLEMS MIGHT INCLUDE, BUT ARE NOT L				
CUSTOMER HAS HAD A FINANCIAL LOSS BECAUSE OF A PRO	OBLEM RELATED TO YOUR PRODUCT OR SERVICE,			
REPEATED VERBAL OR WRITTEN COMPLAINTS				
PROBLEMS WITH BELOW STANDARD PERFORMANCE OF YOU	•			
CUSTOMER HAS STOPPED PAYING BECAUSE OF A PRODUCT				
CUSTOMER HAS BROUGHT SUIT, OR THREATENED TO BRING  BLEAGE RECORDER ANY BRIOD MODERNICE  OF THE PROPERTY O	G SUIT, BECAUSE OF A PROBLEM.			
PLEASE DESCRIBE ANY PRIOR INCIDENTS.				
DEMARKS / ATTACHMENTS / ACORD 404 Additional Rom	carks Cahadula may be attached if more anacs is required)			
REMARKS / ATTACHMENTS (ACORD 101, Additional Rema	STD SALES, SERVICE OR LICENSE AGREEMENTS			
SALES CATALOGUES	3.5 S. LEG, SERVICE OR EIGENOL MORELWILMIO			
o 20020				

# Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

#### Applicable in CO

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 a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

#### Applicable in FL and OK

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)\*. \*Applies in FL Only.

## Applicable in KS

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 conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

### Applicable in KY, NY, OH and PA

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\* (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

# Applicable in ME, TN, VA and WA

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 and denial of insurance benefits. \*Applies in ME Only.

#### Applicable in NJ

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

# Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

### Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

I CERTIFY THAT I AM AN AUTHORIZED EMPLOYEE OF THE PROSPECTIVE NAMED INSURED. I ALSO CERTIFY THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS HEREIN WHICH ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

I UNDERSTAND THAT SIGNING THIS APPLICATION SHALL NOT CONSTITUTE A BINDER OR OBLIGATE THE COMPANY TO COMPLETE THIS INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS UPON WHICH A POLICY MAY BE ISSUED.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE		NATIONAL PRODUCER NUMBER
APPLICANT'S TITLE		DATE