

The J.P. Anthony Agency, LLC
 Washington Professional Campus II
 901 Route 168, Suite 110
 Turnersville, NJ 08012

**CY TECH CONFIDENTIAL APPLICATION
 (CLAIMS-MADE FORM)**

General Applicant Information

1. Name of Applicant: _____

2. Principal Address: _____

3. City: _____ County: _____ State: _____ Zip Code: _____
4. Website Address: _____ Phone: _____
5. Does the Applicant practice as: Corporation Partnership Individual LLC 501(c)(3)
 Other: _____
6. Date Applicant was established: / /
MM DD YY
7. Are you owned by, associated with or controlled by any other entity or own another entity? Yes No
 If "Yes", please provide full details. _____

Applicant Practice

8. Please describe in detail the professional activities for which coverage is desired:

 9. Does any member of the above entities provide professional services, which require a license, other than those mentioned in Question 8.?
 Yes No If "Yes", please provide full details. _____

 10. Provide information on your Staff:
 a. Total Number: _____
 b. Number voluntarily or involuntarily terminated within the past 12 months: _____

 11. List the revenues for the past two policy periods from these activities in Question 8. In addition, please list projected revenues for the current policy period.
- | Year | Gross Revenue | Cost of Goods Sold | Net Revenue | Grants or Donations |
|--------------------------|---------------|--------------------|-------------|---------------------|
| a. Estimate Upcoming | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| b. Current Policy Period | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| c. Past Fiscal Year | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
12. Has any one client accounted for 25% or more of your gross revenues during the past 12 months? Yes No
 If "Yes", please provide the name(s) of the client(s) and percentage. _____

 13. What is the average revenue and duration of contract? _____

Technology Related Applicant Services

14. Indicate the principal industries in which your clients specialize:

- Aeronautics Communications Consumer / Retail Sales Engineering / Scientific
 Governmental (military) Governmental (non-military) Internet / Technology Medical / Healthcare
 911 Dispatch / Emergency Call Center Other: _____

15. For the revenue listed in Question 11., please indicate the approximate percentage of your total operations involving:

- _____ % Consulting / Design (Systems/Processes)
 _____ % Custom Software Development
 _____ % Package Software Development
 _____ % Outsourcing
 _____ % Support Services
 _____ % Internet Access Provider
 _____ % Internet Website Designer
 _____ % Web Hosting
 _____ % On-Line Sale of Goods / E-Commerce
 _____ % On-Line Content Provider
 _____ % Hardware / Firmware Development
 _____ % Wireless Network / Cloud Computing Services
 _____ % Application Service Provider
 _____ % Other: _____

(Total 100%)

16. Indicate the primary applications of your operations:

- Communications _____
 Accounting/Financial: _____
 -Funds Transfer _____
 -Data Management _____
 Manufacturing: _____
 -Real-time Systems Monitoring, _____
 CAD/CAM/CAE _____
 -Data Management _____
 Publishing/Imaging _____
 Office Automation/Administration: _____
 -Network Management _____
 Security/Disaster Recovery _____
 Other(Describe): _____

17. a. Is all system design work documented and tested? Yes No
 b. Is a test plan followed for all programs/programming changes? Yes No
 c. Is documentation retained for the life of the system? Yes No
 18. Is the client required to provide a written sign-off on all products and services provided? Yes No
 19. Do clients have the responsibility for determining the accuracy of products and services? Yes No
 20. Do you sell goods over the internet? Yes No
 a. Do you maintain GL Coverage, including Products? Yes No
 Provide Limits of Liability \$ _____

Miscellaneous Professional Liability Related Applicant Services

21. Does any member of the Applicant provide professional services other than those mentioned in Question 8?
 Yes No If "Yes", please provide full details. _____

22. To what professional association(s) does the applicant belong? _____

23. Please include a list of Applicant's five (5) largest jobs or projects during the past three (3) years.

Project / Client Name	Service Performed for Client	Revenue from those Services	Date Service Began	Former Employer of Applicant (Yes or No)	Pct. of gross revenue

Media Activities and Intellectual Property

24. Content of information on your Website: (Check all that apply.)

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> For Children | <input type="checkbox"/> Radio/TV | <input type="checkbox"/> Adult Only | <input type="checkbox"/> Company Information |
| <input type="checkbox"/> News or Sports | <input type="checkbox"/> Digital Music | <input type="checkbox"/> Game or Quiz | <input type="checkbox"/> Software |
| <input type="checkbox"/> Comedy | <input type="checkbox"/> Product Comparisons | <input type="checkbox"/> Commentary / Blog | <input type="checkbox"/> Advertising |
| <input type="checkbox"/> Cultural | <input type="checkbox"/> Religious | <input type="checkbox"/> "How To" / Hobbyist | <input type="checkbox"/> Product Sales |
| <input type="checkbox"/> Educational | <input type="checkbox"/> Other: _____ | | |

25. Average number of daily hits to your website: _____

26. Provide description of standard procedures for checking accuracy and originality of content. _____

27. Do you have an established procedure to safeguard against infringing on copyrights/trademarks of others? _____

28. Do you obtain licensing agreements prior to using content provided by others? _____

29. Does legal counsel review the content of your Website or On-Line Service for Media-type offenses? Yes No

Network Security and Data Breach Information

30. Do you have a full-time IT security manager? Yes No

31. Do you have a written procedure with respect to security? Yes No

32. Do you distribute a manual on security procedures to all employees? Yes No

33. How many of your PCs are equipped with anti-virus software? _____

34. How often is your anti-virus software updated? _____

35. What is the brand name of your anti-virus software? _____

36. Are firewalls in place as part of your security system? Yes No

37. What firewall security do you use? _____

38. Was the firewall system configured/installed by your staff or a third party? _____

39. Briefly describe your safeguards for preventing unauthorized persons from accessing your website, network or database:

40. Do you require employees to change access codes & passwords on a regular basis? Yes No
41. Do you have restricted access to your computer room? Yes No
42. Do you host your own websites and computer networks? Yes No
43. Is hosting or maintenance outsourced? Yes No

44. If outsourced, which company provides hosting? _____

45. Are credit card or fund transfer transactions conducted on your website? Yes No

46. What sources are the payments accepted from:
Credits Cards, Debit Cards, Pre-Paid Cards, Checking Account Transfer, or PayPal? _____

47. Is the applicant compliant with the current Payment Card Industry (PCI) and Fair and Accurate Credit Transaction Act (FACTA) standards? Yes No

If "Yes", indicate date of last PCI and FACTA audits/reviews: _____

48. As part of your online service, do you gather personal data of visitors to your site? Yes No

If "Yes", is the information sold or shared with third parties? Yes No

If "Yes", does your privacy policy advise that the information is sold or shared? Yes No

49. Do you store social security numbers, medical records, credit card numbers, dates of birth, email addresses, client's trade secrets or intellectual property rights on your network? Yes No

If "Yes", please advise which specific ones: _____

50. Is all sensitive data encrypted? Yes No

51. Is sensitive data stored on laptops, PDA or other mobile devices or on flash / USB drives? Yes No

52. Does your website contain materials designed to be downloaded, such as software, plug-ins, and MP3 files? Yes No

If yes, please provide details: _____

53. To the best of your knowledge, have you ever had a security system breached by a third party or internal employee? Yes No

If yes, please provide details: _____

54. Do your services include ASP Services? Yes No

If yes, how frequently are files duplicated? _____

If yes, is a disaster recovery plan in place? Yes No

Please forward copy of plan.

Insurance History

55. In the past five (5) years, has any professional liability, media liability or cyber liability claim or suit ever been made against you or any of your predecessors' firms? Yes No

If yes, how many? _____ Please complete the Claim Supplement and provide currently valued company loss runs for the past 5 years.

56. Does any principal, owner, partner or employee know of any incident, act, error or omission that could result in a claim or suit against the Applicant or any predecessor firms? Yes No

If yes, how many? _____ Please complete the Claim Supplement and provide currently valued company loss runs for the past 5 years.

57. Have all matters in Questions 55 and 56 been reported to your former or current insurer(s) or to the former insurer of a current member of the Firm? Yes No

58. Please list your Professional Liability Insurance Coverage carried during the past three (3) years, including any periods without coverage.

Name of Insurer	Policy Period From: MM/DD/YY TO: MM/DD/YY	Limits of Liability	Deductible/Retention	Premium

59. Does the current policy have a retroactive date? (This date should be the date which the Applicant first purchased claims made coverage that has been continuously renewed).

If yes, please indicate date: / /
MM DD YY

60. Have you ever purchased an extended reporting endorsement? Yes No

61. In the past five (5) years, have you or any of your members ever had professional liability insurance or similar insurance declined, cancelled or non-renewed? Yes No

If yes, please provide full details. _____

Limits Desired: _____

Deductible Desired: _____

Desired Effective Date: / /
MM/DD/YY

Please Include:

- A. Any brochures or promotional materials.
- B. Resumes of the Applicant's principals or key employees.
- C. A copy of the Applicant's standard client contract or agreement.

Representations

The Applicant declares that the above statement and representations are true and correct, and that no facts have been suppressed or misstated. All written statements and materials furnished to the Company, in conjunction with this application will be incorporated by reference into this application and made part hereof.

This application does not bind the Applicant to buy, or the Company 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 made part of the policy. The undersigned Applicant declares that if the information supplied on this application changes between the dates of this application and the time when the policy is issued, the Applicant will immediately notify the company of such changes, and the Company may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance.

Signature of the Insured, Owner, Partner or Principal

Title

Date