



Broker Information	
Name:	_____
Phone:	_____
E-mail:	_____

**Professional Liability / Errors & Omissions or Technology Based Services / Products Coverage
Premium Indication Worksheet**

Name of Firm: _____
 Street: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Fax: _____
 Contact Person: _____
 Email Address: _____ Website Address: _____

- Detailed explanation of the professional, consulting and/or technology services provided:
- Types of technology products developed, manufactured, licensed or sold:
- Date Firm Established: _____
- Years of Experience: _____
- Does applicant use independent contractors: Yes No
 # of Independent Contractors: _____ If yes, % of receipts? _____
 What services: _____
- Annual Gross Revenues: Current year projected: _____ Last year: _____
- What is the percentage in which the applicant uses a written contract? _____
- Indicate the percentage of the Applicant's revenue expected *this year* from the following: (Please answer for all that apply.) Please note that the total must equal one hundred percent (100%).

Revenue %	Revenue %	Revenue %
a. Packaged Software Development & Licensing %	g. IT & Business Process Outsourcing %	n. Technology Products sales & maintenance (other than software) %
b. Custom Software Development %	h. Media Content & Data Sales, Subscriptions, & Licenses %	o. Application Service Provider %
c. Software Maintenance & Support %	i. Revenues from ISP and Email services %	p. Other services or products (please explain) %
d. Computer & Software Systems Implementation/Installation/Integration %	j. Website hosting & collocation services %	Total (Must equal 100%)
e. IT Consulting, Including Consulting on Hardware and/or Software System Design/Purchase %	k. Advertising & Referral Revenues %	
f. Data & Transaction Processing %	l. Telecomm %	
	m. Other internet services (please explain) %	

- Any claims in the last 5 years? _____ If so, please provide detail.
- Is Professional Liability Insurance currently in force? Yes No
 If yes, Carrier: _____ Limit: _____ Deductible: _____
 Expiration Date: _____ Date Professional Liability Insurance began: _____
- Insurance Coverage desired:
 Limit of Liability: \$300,000 \$500,000 \$1,000,000 \$2,000,000 Other:
 Deductible/Retention: \$2,500 \$5,000 \$10,000 Other: