



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: