Protection Advantage

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: _____

1. Detailed explanation of the professional, consulting and/or technology services provided:

2. Types of technology products developed, manufactured, licensed or sold:

3. Date Firm Established: _____

4. Years of Experience: _____

5. Does applicant use independent contractors: Yes ◯ No ◯

   # of Independent Contractors: _____ If yes, % of receipts? _____

   What services: _____

6. Annual Gross Revenues: Current year projected: _____ Last year: _____

7. What is the percentage in which the applicant uses a written contract? _____

8. 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	%		
e. IT Consulting, Including Consulting on Hardware and/or Software System Design/Purchase	%	k. Advertising & Referral Revenues	%		
f. Data & Transaction Processing	%	l. Telecomm Services	%		
		m. Other internet services (please explain)	%	Total (Must equal 100%)	0

9. Any claims in the last 5 years? _____ If so, please provide detail.

10. Is Professional Liability Insurance currently in force? Yes ◯ No ◯

    If yes, Carrier: _____ Limit: _____ Deductible: _____

    Expiration Date: _____ Date Professional Liability Insurance began: _____

11. 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:

Fax to: (800)-214-9486 or Email: Charlene Furiani at charlene.furiani@protectionadvantage.com OR visit our website at Protection Advantage

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