



3. Complete the table below for the **Applicant's** five largest fee jobs or projects for professional services during the past three years:

Client Name	Professional Service Provided	Most Recent FYE Fees
		\$
		\$
		\$
		\$
		\$

4. During the past five years, did more than 25% of the **Applicant's** total fees for professional services for any year originate from a single client or contact? .....Yes  No   
*If Yes, provide the client's name, and describe the professional services rendered and how long the relationship is expected to continue:* \_\_\_\_\_

5. Describe any professional services anticipated during the next 12 months that will result in more than 10% of the **Applicant's** total revenue: \_\_\_\_\_

6. Are any professional services offered through a subsidiary that was formed exclusively to provide such professional services? .....Yes  No   
*If Yes, provide the subsidiary name and describe the professional service provided:*

Subsidiary Name	Professional Service Description	Most Recent FYE Fees
		\$
		\$
		\$

7. Are any professional services offered through a third party vendor? .....Yes  No   
*If yes, complete the following table:*

Third Party Vendor Name	Professional Service Description	Most Recent FYE Fees
		\$
		\$
		\$

8. Does the **Applicant** require certificates of professional liability insurance or other evidence of financial responsibility from third party vendors? .....Yes  No   
*If Yes, provide the minimum limit of liability required of the third party vendor: .....\$ \_\_\_\_\_*

9. Does the **Applicant** have operations located outside the United States or in any U.S. territory, possession, or protectorate? .....Yes  No   
*If Yes, attach details, including the location and percent of total revenues.*

10. Does the **Applicant** provide any professional services via the Internet? .....Yes  No   
*If Yes, list professional services: \_\_\_\_\_*

11. Does the **Applicant** provide any of the following professional services below? .....Yes  No   
*If Yes, provide the most recent FYE fees for each professional service:*

Professional Service	Most Recent FYE Fees
Computer Consulting, including Software, Hardware, Systems, and Telecommunications Analysis	\$
Systems Integration	\$
Design, Development, Sale, Licensure, Distribution, Installation or Servicing of Computer Software	\$

**III. PROCEDURAL INFORMATION**

12. Does the **Applicant** provide professional services pursuant to a written contract with the client? .....Yes  No   
*If No, attach full details.*

*If Yes:*

a. What percentage of professional services are provided pursuant to a written contract? ..... \_\_\_\_\_ %

b. Are such contracts reviewed and approved by in-house or external counsel? .....Yes  No

*If any professional services are not rendered pursuant to a written contract with the client or such contracts are not reviewed and approved by in-house or external counsel, attach an explanation.*

c. do all contracts for professional services contain:

i. Specific descriptions of the professional services to be rendered? .....Yes  No

ii. Guarantees or warranties? .....Yes  No

iii. Estimates of the fee to be charged? .....Yes  No

Are fees or incentives achieved by .....  Cost reduction or  General Results?

iv. Clause limiting damages to fees collected? .....Yes  No

v. Time frames to complete professional services? .....Yes  No

vi. Disclaimers? .....Yes  No

vii. Remediation or alternative dispute resolution clause? .....Yes  No

viii. Unilateral hold harmless or indemnification clause? .....Yes  No

13. With respect to all professional services offered by the **Applicant**:

a. Are written or electronic records of important verbal instructions or oral agreements kept in the client's file? .....Yes  No

b. Is written or electronic file documentation that detail actions, procedures, and decisions that are made on client accounts maintained? .....Yes  No

c. Are peer reviews of all major engagements with at least one other professional that will not be providing the service conducted? .....Yes  No

d. Are professional outside experts in areas that are not the **Applicant's** expertise or are especially complex consulted? .....Yes  No

e. Is there a client screening process? .....Yes  No

f. Is advance fee negotiation, explanation, and documentation required? .....Yes  No

g. Is a collection agency regularly used to collect overdue fees? .....Yes  No

*If Yes, provide the number of suits for overdue fees during the past two years: ..... \_\_\_\_\_*

h. Are there procedures in place to provide the client with regular progress reports? .....Yes  No

i. Are there guidelines that specify the conditions and circumstances under which clients must be rejected due to potential conflict of interest? .....Yes  No

j. Are there procedures that preserve the confidential nature of the client-professional relationship? .....Yes  No

k. Is there an in-house orientation training program for all new employees? .....Yes  No

l. Is there an ongoing in-house training program for all employees? .....Yes  No

m. Is there a procedure manual that is reviewed and updated annually? .....Yes  No

**IV. CURRENT INSURANCE INFORMATION**

14. Does the **Applicant** currently carry general liability insurance coverage? .....Yes  No   
*If No, attach an explanation.*

15. List any professional liability insurance in effect during the past three years that provides coverage for professional services provided for a fee:

Policy Period (mm/dd/yyyy - mm/dd/yyyy)	Insurance Company	Limits	Deductible	Premium	Retroactive Date (mm/dd/yyyy)
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	

16. For any insurance listed above that has a retroactive date, has claims-made coverage been continuous and uninterrupted since that date? .....Yes  No   
 If No, was an extended reporting or discovery period purchased? .....Yes  No   
 If an extended reporting or discovery period was purchased, when did coverage terminate under such extended reporting or discovery period (mm/dd/yyyy)?..... \_\_\_\_\_

**V. FRAUD WARNINGS**

<p><b>Attention: Insureds in Alabama, Arkansas, District of Columbia, Maryland, New Mexico, and Rhode Island</b>          Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.</p>
<p><b>Attention: Insureds in Colorado</b>          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.</p>
<p><b>Attention: Insureds in Florida</b>          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.</p>
<p><b>Attention: Insureds in Kentucky, New Jersey, New York, Ohio, and Pennsylvania</b>          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. (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.)</p>
<p><b>Attention: Insureds in Louisiana, Maine, Tennessee, Virginia, and Washington</b>          It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.</p>
<p><b>Attention: Insureds in Oregon</b>          Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.</p>
<p><b>Attention: Insureds in Puerto Rico</b>          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 with the penalty of 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.</p>

**VI. SIGNATURE SECTION**

**IT IS AGREED THAT THIS APPLICATION IS A SUPPLEMENT TO ALL OTHER APPLICATIONS PREVIOUSLY SUBMITTED TO TRAVELERS IN CONJUNCTION WITH THE UNDERWRITING AND ISSUANCE OF INSURANCE COVERAGE FOR WHICH THIS POLICY IS A RENEWAL OR REPLACEMENT OR OTHERWISE SUCCEEDS IN TIME, AND THOSE APPLICATIONS TOGETHER WITH THIS APPLICATION WILL CONSTITUTE THE COMPLETE APPLICATION WHICH WILL BE THE BASIS OF ANY QUOTATION WHICH MAY BE MADE.**

**THE UNDERSIGNED AUTHORIZED REPRESENTATIVE (CHAIRMAN, PRESIDENT, CEO, OR OTHER OFFICER ACCEPTABLE TO TRAVELERS) OF THE APPLICANT REPRESENTS, AFTER REASONABLE INQUIRY, THAT THE STATEMENTS AND REPRESENTATIONS SET FORTH HEREIN ARE TRUE AND ACCURATE. SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT TO ACCEPT, NOR TRAVELERS TO ISSUE, ANY POLICY OF INSURANCE, BUT IT IS AGREED THAT ALL STATEMENTS, REPRESENTATIONS AND ATTACHMENTS FURNISHED TO TRAVELERS IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF. ANY POLICY THAT TRAVELERS MAY ISSUE TO THE APPLICANT WOULD BE ISSUED IN RELIANCE UPON THE TRUTH OF ALL SUCH STATEMENTS, REPRESENTATIONS AND ATTACHMENTS AND WILL BE THE BASIS OF, AND DEEMED ATTACHED TO AND INCORPORATED INTO, ANY POLICY THAT MAY BE ISSUED.**

TRAVELERS IS HEREBY AUTHORIZED TO MAKE ANY INVESTIGATION OR INQUIRY IN CONNECTION WITH THIS APPLICATION. THE UNDERSIGNED AUTHORIZED REPRESENTATIVE AGREES THAT IF THE INFORMATION SUPPLIED IN THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF ANY POLICY THAT TRAVELERS MAY ISSUE TO THE APPLICANT, THE UNDERSIGNED WILL IMMEDIATELY NOTIFY TRAVELERS OF SUCH CHANGES, AND TRAVELERS MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS.

THE SIGNING OF THIS APPLICATION DOES NOT BIND TRAVELERS TO OFFER, NOR THE APPLICANT TO PURCHASE, THE INSURANCE. IT IS AGREED THAT THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, WILL BE THE BASIS OF THE INSURANCE AND WILL BE, IN ALL STATES OTHER THAN NC AND UT, CONSIDERED PHYSICALLY ATTACHED TO AND PART OF THE POLICY, IF ISSUED. TRAVELERS WILL HAVE RELIED UPON THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, IN ISSUING THE POLICY.

ELECTRONICALLY REPRODUCED SIGNATURES WILL BE TREATED AS ORIGINAL.

\_\_\_\_\_  
Signature\* of **Applicant's** Authorized Representative  
(President or CEO)

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**VII. PRODUCER INFORMATION (ONLY REQUIRED IN FLORIDA, IOWA, AND NEW HAMPSHIRE):**

\_\_\_\_\_  
Producer Signature\*

\_\_\_\_\_  
Producer Name (Printed)

\_\_\_\_\_  
Agency Name

\_\_\_\_\_  
Agency Code

\_\_\_\_\_  
License Number

**\*IF YOU ARE ELECTRONICALLY SUBMITTING THIS APPLICATION TO TRAVELERS, APPLY YOUR ELECTRONIC SIGNATURE TO THIS FORM BY CHECKING THE ELECTRONIC SIGNATURE AND ACCEPTANCE BOX BELOW. BY DOING SO, YOU HEREBY CONSENT AND AGREE THAT YOUR USE OF A KEY PAD, MOUSE, OR OTHER DEVICE TO CHECK THE ELECTRONIC SIGNATURE AND ACCEPTANCE BOX CONSTITUTES YOUR SIGNATURE, ACCEPTANCE, AND AGREEMENT AS IF ACTUALLY SIGNED BY YOU IN WRITING AND HAS THE SAME FORCE AND EFFECT AS A SIGNATURE AFFIXED BY HAND.**

**AUTHORIZED REPRESENTATIVE'S ELECTRONIC SIGNATURE AND ACCEPTANCE**

**PRODUCER'S ELECTRONIC SIGNATURE AND ACCEPTANCE**