



HiscoxPRO™
Modular application form

Instructions

The HiscoxPRO Policy may be purchased on an à-la-carte basis.

The table in section 1 of this application allows you to specify the coverages for which you are applying. Please check the box for each coverage part you want to purchase and fill out the section for that coverage part (section numbers listed in the last column of the table).

All applicants must complete sections 1 and 8 of this application.

Additional information

Please also provide us with the following information in addition to your application:

1. Loss runs for the last five years (if you currently carry coverage).
2. If you have any pending or prior litigation, please provide details, including demand amounts, name of the plaintiff, amount of any settlements or payouts, and steps you have taken to mitigate similar issues in the future.
3. If you have coverage currently in place, please provide the Declarations Page of your current policy in order to evidence existing prior acts coverage. Any newly purchased coverage will be bound with a retroactive date of inception.

Coverage information

Coverage type Coverage description

Technology Professional Liability	Technology Professional Liability provides insurance coverage for 3rd party claims made against you arising out of your technology services.
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Application

If a policy is issued, it will provide coverage only for claims that are first made against you and reported to us during the policy period, or any extended reporting period, if applicable; or first party events first discovered by you and reported to us during the policy period, or any extended reporting period, if applicable.

Notice: This application is for insurance in which the policy limit available to pay judgments or settlements will be reduced by amounts incurred for defense costs. Amounts incurred for defense costs will be applied against the retention amount.



HiscoxPRO™ – Common
Modular application form

Section 1

All applicants must complete this Section and Section 8.

1. Applicant details

Applicant name:

Address:

State: Zip code:

Website:

What state(s) do you operate in?

Do you provide any services outside of the United States? Yes No

If Yes, please describe/attach an explanation and estimated revenues:

Subsidiaries for which you seek coverage, to be incorporated into this application (entities in which you directly or indirectly own more than 50% of the assets or outstanding voting shares or interests). Please specifically note the country for any subsidiaries located outside of the United States.

Applicant is a/an: Corporation Partnership Individual

Date established:

2. Coverage required

Please indicate coverage required:

	Check desired coverage part(s)	Requested Limit(s):	Requested Retention(s):	Required application section(s)
Technology Professional Liability	<input type="checkbox"/>	\$	\$	3

3. Gross revenue*

Last 12 months	Next 12 months (estimate)
\$	\$

*Inclusive of subsidiaries from item 1 above. Healthcare entities, please use net patient revenue. Not-for-profits, please use annual budget.

4. Claims details

Please answer the following questions for each coverage part for which you are applying for coverage:

a) Has any claim of the type that could be covered by this coverage part ever been made against you?

Technology Professional Liability Yes No

If Yes, please specify details below or attach additional information.



HiscoxPRO™ – Common
Modular application form

b) Are you aware of any act, error, omission, or other matter which is likely to lead to a claim against you or other loss of the type that could be covered by this coverage part ?

Technology Professional Liability

Yes No

If Yes, please specify details below or attach additional information.

c) Have you ever been subject to an inquiry, investigation, or action by any regulatory body or administrative agency?

Yes No

If Yes, please specify details below or attach additional information.

5. Material dependencies

a) Do you use the services of independent contractors or subcontractors to perform your professional services?

Yes No

If Yes, please answer the following three questions:

i) Do you always use a written contract with independent contractors/subcontractors?

Yes No

ii) Do you require independent contractors/subcontractors to carry their own professional liability insurance?

Yes No

iii) What percentage of your professional services are contracted out to independent contractors or subcontractors?

%

b) Please identify any material supplier (not including utility services, telecommunication services, or internet service providers) you depend on to conduct your professional or technology services:

Type	Supplier name	Written contract in place?	Are you able to contractually recover for direct losses arising from the failure of their services, including from a data breach?
Data center/ co-location		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Cloud computing		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Payment processing		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Records storage		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Managed IT services		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

HiscoxPRO™ – Technology Professional Liability
Modular application form

Section 3 - Technology Professional Liability

1. Revenue allocation

a) Type of products/service offered:	Percentage of revenue:	# of years providing such service:	Type of products/service offered:	Percentage of revenue:	# of years service has been offered:
Software/software services			Internet service provider	%	
Sale of your own pre-packaged software	%		IT consulting		
Sale of your own software, including project based services such as customization and integration	%		IT strategic consulting	%	
Sale of pre-packaged third-party software	%		IT staffing	%	
Sale of third-party software, including project based services such as customization and integration	%		IT project management	%	
Custom software design/build, including custom application development and website design	%		IT training	%	
Mobile application design/build	%		Outsourced service provider		
Software implementation/integration	%		Software programming (no design)		
Software maintenance	%		Outsourced hardware design and/build	%	
Software testing	%		Infrastructure management/monitoring	%	
Hardware/hardware services			Security management/ monitoring	%	
Hardware design	%		Application management/monitoring	%	
Hardware manufacturing	%		IT helpdesk/support services	%	
Sales of your own hardware	%		Desktop management	%	
Sale of your own hardware, including project based services such as customization and integration	%		Cloud provider (PaaS/IaaS; for SaaS please see software/software services section above)	%	
Sale of third-party hardware	%		Data center/co-location services	%	
Sale of third-party hardware, including project based services such as customization and integration	%		Website hosting	%	
Hardware Maintenance	%		Domain name services	%	
Telecommunications			Search engine optimization	%	
Business-to-consumer telecommunication services	%		Payment processing	%	
Business-to-business telecommunication services	%		Business process outsourcing (please include description)	%	



HiscoxPRO™ – Technology Professional Liability
Modular application form

Other tech and non-tech services (please include description and percentage of revenue from those services):

Please list any other services you offer and the percentage of revenue from those services:

b) If applicable, what percentage of software supplied by you is hosted by you or others on your behalf? %

What portion of this percentage is hosted by others on your behalf? %

c) Do you participate in any joint ventures? Yes No

If Yes, please describe/attach an explanation:

2. Contracts

a) Please provide details regarding your company's largest contracts for ongoing or completed work in the last three years, as well as your average contract.

Name of client	Description of services	Contract value	Date range that service is/was provided
		\$	
		\$	
		\$	

Average contract details	Average contract value	Average contract length
	\$	months

b) If applicable, what is your largest and average fee associated with the design/build, implementation, and/or project delivery phase of your contracts?

	Largest	\$
	Average	\$

3. Contract Information

Please check the box that applies:

- a) Do you always use written contracts when performing your technology services for a client? Yes No
- b) Have you had your standard contract terms and conditions reviewed by a suitably qualified attorney? Yes No
- c) What percentage of your contracts are based on non-standard contract terms? %
- d) If you do use non-standard contract terms, do you have a suitably qualified attorney review the contract? Yes No
- e) Approximately what percentage of your contracts include the following? %
Limitations of liability



HiscoxPRO™ – Technology Professional Liability
Modular application form

To what level do you typically limit your liability? (This may be a monetary amount, value of the individual contract, a fixed percentage of fees, etc.)

Exclusion of liability for all consequential damages

 %

Provisions related to intellectual property

 %

Hold harmless/indemnity agreements that benefit you

 %

Hold harmless/indemnity agreements that benefit your client

 %

Warrantees or guarantees provided by you

 %

f) Is formal signoff and acceptance required when mid-project changes are requested? Yes No

g) Do you contractually indemnify your clients for costs they incur as a result of your breach of their sensitive data? Yes No

4. Quality controls

a) Do you perform a review to ensure customer requirements are sufficiently captured and documented? Yes No

b) Do you perform a technical review to ensure functional requirements can be met? Yes No

c) Do you have formalized procedures in place to ensure your work products do not infringe on the rights of others? Yes No

d) Do you host sensitive data of your clients or of their customers?
If Yes, do you encrypt this data? Yes No

5. Prior coverage

Please indicate if you currently carry similar coverage:

Insurance carrier/coverage	Limit	Retention	Premium	Retroactive date
	\$	\$	\$	

Please proceed to any subsequent section for which you wish to apply, otherwise please proceed to section 8.

**HiscoxPRO™ – Execution and Declaration** Modular application form**Section 8 - Execution****All applicants must complete this Section and Section 1.**

Please provide us with details of any other information which may be material to our consideration of your application for insurance. If you have any doubt over whether something is relevant, please provide us with details. Feel free to attach an addendum to this application if insufficient space is provided below:

NOTE: Hiscox policyholders may qualify for various complimentary value-added services. Please provide the contact details of the individual who may be contacted by Hiscox or its partners regarding these services:

Name: Phone:
Email:

APPLICATION DISCLOSURES:

If there is any material change in the answers to the questions in this Application before the proposed policy inception date, you must notify us in writing and any outstanding quote for insurance coverage may be modified or withdrawn.

Your submission of this Application does not obligate us to issue, or you to purchase, a policy. You authorize us to make any inquiry in connection with this Application.

All written statements and materials furnished to us in conjunction with this Application are incorporated into this Application and made a part of it.

Declaration

I declare that (a) this application form has been completed after reasonable inquiry, including but not limited to all necessary inquiries of my fellow principals, partners, officers, directors, and employees, to enable me to answer the questions accurately and (b) its contents are true and accurate and not misleading.

I will undertake to inform you before the inception of any policy issued pursuant to this application of any material change to the information already provided or any new fact or matter that may be material to the consideration of this application for insurance.

I agree that this application form and all other information which is provided are incorporated into and form the basis of any contract of insurance.

* Applicant Signature:

Date:

Title:

* Must be signed by President, Chairman, Chief Executive or Chief Financial Officer, Corporate Risk Manager, or General Counsel.

**HiscoxPRO™ – Execution and Declaration** Modular application form

THE FOLLOWING APPLIES TO APPLICANTS LOCATED IN THE STATES OF AR, MO, NY, NM, and RI:

Please read the following statement carefully and sign where indicated. If a policy is issued, this signed statement will be attached to the policy.

The undersigned authorized officer of the Applicant hereby acknowledges that he/she is aware that the limit of liability contained in this policy will be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, we will not be liable for the costs of legal defense or for the amount of any judgment or settlement to the extent that such exceeds the limit of liability of this policy.

The undersigned authorized officer of the Applicant hereby acknowledges that he/she is aware that legal defense costs that are incurred will be applied against the retention amount.

* Applicant Signature:

Date:

Title:

* Must be signed by President, Chairman, Chief Executive or Chief Financial Officer, Corporate Risk Manager, or General Counsel.

NOTICE TO APPLICANTS: 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO COLORADO APPLICANTS: 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 INSURANCE 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 AUTHORITIES

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

NOTICE TO FLORIDA APPLICANTS: 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

**HiscoxPRO™ – Execution and Declaration** Modular application form

GUILTY OF A FELONY IN THE THIRD DEGREE.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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.

NOTICE TO LOUISIANA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO MAINE APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE INSURANCE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY OR WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY (365:15-1-10, 36 §3613.1).

NOTICE TO OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS MATERIALLY FALSE INFORMATION IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO PENNSYLVANIA APPLICANTS: 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.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE INSURANCE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO VERMONT APPLICANTS: 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

**HiscoxPRO™ – Execution and Declaration** Modular application form

OR, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO CIVIL PENALTIES UNDER STATE LAW.

NOTICE TO NEW YORK APPLICANTS: 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

* Applicant Signature:

Date:

Title:

* Must be signed by President, Chairman, Chief Executive or Chief Financial Officer, Corporate Risk Manager, or General Counsel.

THE FOLLOWING APPLIES TO APPLICANTS LOCATED IN THE STATES OF IA and FL:**Producer Information:**

** Producer Signature:

Date:

Address of Producer:

*** Producer License Number:

** required only in the following State(s): Iowa

*** required only in the following State(s): Florida

A copy of this application should be retained for your records.