



Accountants PROtectSM
Computer Related Services Supplemental Application

BY COMPLETING THIS APPLICATION, THE APPLICANT IS APPLYING FOR COVERAGE WITH EITHER **COLONY INSURANCE COMPANY**, **COLONY SPECIALTY INSURANCE COMPANY** OR **PELEUS INSURANCE COMPANY**, AN AUTHORIZED SURPLUS LINES INSURER OR **ARGONAUT INSURANCE COMPANY**, A LICENSED INSURER.

INSTRUCTIONS –

- Answer all questions. The information provided herein is considered material to our underwriting and pricing decision for the policy or additional coverage under consideration at the time this supplemental application is submitted.
- For any information that exceeds the space provided, continue responses on your letterhead.
- This form must be completed, dated and signed by an authorized officer of the Applicant to include this completed form as part of the Application.

1. Name of Applicant:

2. Provide gross annual revenues on an accrual basis earned by the firm from providing Information Technology related services.

Current Fiscal Year (Est.)	Last Fiscal Year	Prior Fiscal Year

Was this revenue included in the revenues reported on the application? Yes No

3. From the amount above for the prior fiscal year, provide for each area of practice:

Services (check all that apply)	% of Revenues
<input type="checkbox"/> Data Processing and Entry	%
<input type="checkbox"/> Recommending, selling and/or training clients on computer software/hardware	%
<input type="checkbox"/> Development or design of computer software for mass distribution	%
<input type="checkbox"/> Installation computer software or hardware	%
Monitor and maintaining client systems:	
<input type="checkbox"/> System security	
<input type="checkbox"/> Firewalls	%
<input type="checkbox"/> System testing	
<input type="checkbox"/> Diagnostic Services	
Customization of software/ hardware for a single client:	
<input type="checkbox"/> Modify existing software	
<input type="checkbox"/> Modify existing hardware	%
<input type="checkbox"/> Create new software	
<input type="checkbox"/> Create new hardware	
Hosting web sites or webpage development:	
<input type="checkbox"/> Webpage development	
<input type="checkbox"/> Modify existing hardware	
<input type="checkbox"/> Webpage maintenance	
<input type="checkbox"/> Create new hardware	%
<input type="checkbox"/> Webpage content provider	
<input type="checkbox"/> Modify existing hardware	
<input type="checkbox"/> Internet Access Provider services	
<input type="checkbox"/> File Storage or back up	
<input type="checkbox"/> Other (describe):	%
Total should equal 100%	

4. Do you anticipate any changes in the nature of services described above in the next twelve (12) months? Yes No

If "Yes", please provide full details.

5. What are the total fees earned from computer-related services last year? \$

6. For what client industries do you perform computer-related services?

7. During the past three (3) years has the Firm or a subsidiary or related entity generated receipts in any of the following end-use applications listed below? If "Yes", indicate which applications apply and provide a description of services provided.

CAD, CAM, CAP	<input type="checkbox"/> Yes <input type="checkbox"/> No	Production Applications	<input type="checkbox"/> Yes <input type="checkbox"/> No
Conversion or Creation of Enterprise Wide Systems	<input type="checkbox"/> Yes <input type="checkbox"/> No	Financial Analysis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Credit Card Processing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Funds Transfer	<input type="checkbox"/> Yes <input type="checkbox"/> No
Data Security/Verification	<input type="checkbox"/> Yes <input type="checkbox"/> No	Systems Testing	<input type="checkbox"/> Yes <input type="checkbox"/> No
Expert Systems	<input type="checkbox"/> Yes <input type="checkbox"/> No	Others (describe):	<input type="checkbox"/> Yes <input type="checkbox"/> No

8. Are you involved in product or system design or development? Yes No

If "Yes",

a. Are development methodologies required to be in writing? Yes No

b. Is there documentation of all system designs and changes? Yes No

c. Is there retention of documentation records for the life of the systems or products? Yes No

d. Do you use a third party to escrow source codes? Yes No

e. Which of the following testing procedures do you have in place? (Check all that apply)

<input type="checkbox"/> Component Testing	<input type="checkbox"/> System Testing	<input type="checkbox"/> Pre-Release Virus Testing
<input type="checkbox"/> Integration Testing	<input type="checkbox"/> Acceptance/Final Testing	<input type="checkbox"/> Other (describe):

f. Are interim changes documented with customer sign-off? Yes No

g. Is a final test run made with customer sign-off? Yes No

9. Do you have a written procedure in place for resolving disputes with customers? Yes No

10. Do you maintain a log of customer complaints? Yes No

11. Do you require the use of a written engagement letter or contract with new clients of the Firm? Yes No

If "Yes", please attach a copy of such standard contract.

12. Does legal counsel review all contracts, warranties, brochures and product literature? Yes No

13. Are the services provided under the name of a subsidiary or related entity? Yes No

If "Yes", please complete Separate Entity Supplement.

14. How many years have computer-related services been offered?

15. Complete the following table summarizing the Firm's practitioners' expertise in the area of computer-related services.

Individual(s)	Number of Years Computer-Related Services Experience	Number of Hours Computer-Related Services CPE in Past Three (3) Years

THIS SUPPLEMENTAL APPLICATION IS INCORPORATED BY REFERENCE INTO THE PRIMARY APPLICATION

APPLICANT'S SIGNATURE	DATE
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