

Specialty Lines

UNDERWRITERS

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COMPUTER/ELECTRONIC DATA PROCESSING SUPPLEMENTAL APPLICATION

- Please complete the appropriate sections indicating the approximate percentages of your total operation:

Electronic Data Processing	___%	EDP Consulting	___%
Custom Software Development	___%	Time Sharing	___%
Packaged Software Development	___%	E-Commerce	___%
Sale of Software for others	___%	Computer Security	___%
Sale of Hardware for others	___%	Website Design	___%
System Analysis/Design	___%	Website Hosting	___%
Other(Describe)	___%		
- List of major software applications (i.e., inventory control, payroll, fund transfer, engineering, educational, etc.)

- Is the applicant an Internet Service Provider and/or does it provide any internet access, online publishing, and/or services as a web portal, web host, web search engine, e-mail service, chat room, online database or bulletin board? If "yes" please provide details on a separate sheet and % of receipts. () Yes () No
% Receipts _____
Any Adult Content? ()Yes () No If yes, please provide details.
- Does the applicant provide any consulting services which enable or affect any of the following:
 - CAD/CAM design or control, robotics or process control of industrial equipment? ()Yes ()No % Receipts_____
 - Mechanical, electrical, chemical, civil or architectural design or engineering? ()Yes ()No % Receipts_____
 - Fund transfers or financial transactions? () Yes ()No % Receipts_____
 - Aircraft, air-ground equipment, military defense and/or weaponry of any kind? ()Yes ()No % Receipts_____
 - Medical, dental or healthcare diagnosis, monitoring or treatment? ()Yes ()No % Receipts_____
 - 911 or other emergency response and/or dispatch? ()Yes ()No % Receipts_____
 - Energy, power plant, utility or pollution monitoring, supply or distribution? ()Yes ()No % Receipts_____
 - Computer security services intended to protect financial assets or privileged government information not intended for public usage/consumption? ()Yes ()No % Receipts_____

It is understood and agreed that this supplemental application shall become part of the application for Professional Liability Errors & Omissions Insurance.

Date: _____ Name of Applicant _____

Signature of person authorized to execute
on behalf of the Applicant

WORLD WIDE WEB ADDRESS _____

SA-20