AGENCY CUSTOMER ID: _____

TECHNOLOGY E&O SECTION

ELECTRONIC DATA PROCESSORS, ELECTRONIC PRODUCTS MANUFACTURERS, COMPUTER SERVICES & PRODUCTS

DATE (MM/DD/YYYY)

AGENCY	CARRIER	NAIC CODE

POLICY NUMBER	EFFECTIVE DATE	APPLICANT / FIRST NAMED INSURED

IMPORTANT - If CLAIMS MADE is checked in the POLICY / COVERAGE INFORMATION section below, this is an application for a claims-made policy. Read all provisions of the policy carefully.

MERGERS / ACQUISITIONS / JOINT VENTURES

LIST ALL MERGERS OR ACQUISITIONS BY YOUR COMPANY (INCLUDING YOUR SUBSIDIARIES) IN THE PAST 5 YEARS. IF ANY OCCURRED, PLEASE ENCLOSE THE CONTRACTUAL AGREEMENT(S).	
LIST ALL JOINT VENTURES IN WHICH YOUR COMPANY IS A PARTNER.	

POLICY / COVERAGE INFORMATION

TRANSACTION TYPE				LIMITS OF LIABILITY			RETAINED LIMIT	
	CLAIMS MADE	PROPOSED RETROACTIVE DATE	DEDUCTIBLE	EACH CLAIM	EACH OCCURRENCE	AGGREGATE	$	Y / N
	OCCURRENCE		$	$	$	$	DEFENSE INCLUDED WITHIN LIMIT	
EXPIRING POL #:				CURRENT RETROACTIVE DATE:			FIRST DOLLAR DEFENSE	

PRODUCTS AND SERVICES

1. LIST YOUR TOTAL ESTIMATED GROSS SALES FOR THE FOLLOWING PERIODS:

FISCAL YEAR BEGINS ON

	DOMESTIC	FOREIGN	TOTAL
LAST FISCAL YEAR			
CURRENT FISCAL YEAR			
NEXT FISCAL YEAR			

2. LIST EACH PRODUCT LINE OR SERVICE YOU PROVIDE AND THE RELATED SALES.

PRODUCT / SERVICE	SALES
	$
	$
	$
	$
	$
	$
	$
	$
	$

3. LIST EACH MANUFACTURED ELECTRONIC PRODUCT, PRECISION INSTRUMENT OR MEDICAL DEVICE YOU MAKE OR SELL, OR ATTACH A PRODUCT LIST TO THE APPLICATION.

MANUFACTURED PRODUCTS	SALES
	$
	$
	$
	$
	$

4. RETAIL SALES:	$
5. WHOLESALE SALES:	$

6. INCOME FROM OTHER BUSINESS ACTIVITIES

IF YOU HAVE INCOME FROM OTHER BUSINESS ACTIVITIES, PLEASE LIST THE BUSINESSES HERE.	SALES
	$
	$
	$
	$
	$
	$

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Attach to ACORD 125

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PRODUCTS AND SERVICES (continued)

7. WHAT IS THE ACCEPTABLE DOWNTIME FOR YOUR PRODUCT / SERVICE ACCORDING TO YOUR AVERAGE CUSTOMER'S NEEDS?

- ☐ NO DOWNTIME ACCEPTABLE
- ☐ DOWNTIME OF LESS THAN 1 DAY IS ACCEPTABLE
- ☐ DOWNTIME OF LESS THAN 2 DAYS IS ACCEPTABLE
- ☐ MORE THAN 2 DAYS DOWNTIME IS ACCEPTABLE

8. WHAT IS THE WORST THING THAT COULD HAPPEN TO YOUR CUSTOMERS' OPERATIONS IF YOUR PRODUCT / SERVICE WERE TO FAIL OR STOP WORKING?

9. WHAT IS THE AVERAGE LIFE EXPECTANCY OF EACH OF YOUR PRODUCTS?	10. WHAT IS THE AVERAGE COST OF A SALE OR CONTRACT WITH AN INDIVIDUAL CUSTOMER?	11. WHAT IS THE VALUE OF YOUR LARGEST SALE OR PROJECT?

12. NAME YOUR FIVE (5) LARGEST CUSTOMERS.

13. LIST ANY NEW PRODUCTS OR SERVICES YOU PLAN TO INTRODUCE IN THE UPCOMING YEAR.

PRODUCT DEVELOPMENT AND QUALITY CONTROL

1. BRIEFLY EXPLAIN YOUR PRODUCT DEVELOPMENT METHODOLOGY.

2. WHAT IS THE TITLE OF THE PERSON WHO HAS PRIMARY RESPONSIBILITY FOR YOUR QUALITY ASSURANCE PROGRAM?

3. DESCRIBE YOUR QUALITY ASSURANCE PROGRAM.

4. LIST ALL PRODUCTS AND QUALITY ASSURANCE STANDARDS, SUCH AS ISO 9000, FOR WHICH YOU ARE CERTIFIED.

5. DO YOU CONDUCT FORMAL INSPECTIONS OF REQUIREMENTS, DESIGN CODE, AND TEST PLANS?	☐	Y / N
6. DO YOU REQUIRE YOUR CUSTOMERS TO SIGN OFF AT CRITICAL MILESTONES OF A PROJECT?	☐	Y / N
7. WHAT PERCENT OF YOUR PRODUCTS OR SERVICES DO YOU DESIGN YOURSELF?	_____%	
8. ARE REDUNDANT SYSTEMS OR WARNINGS BUILT INTO YOUR PRODUCT TO PREVENT OR WARN AGAINST THE PRODUCT'S FAILURE?	☐	Y / N

9. PLEASE LIST ALL PRODUCTS THAT YOU HAVE DISCONTINUED MAKING, BUT WHICH ARE STILL BEING USED.

10. DO YOU HAVE A FORMAL PRODUCT RECALL PLAN?	☐	Y / N

11. IF YOU HAVE EVER HAD TO RECALL A PRODUCT, PLEASE EXPLAIN THE CIRCUMSTANCES.

12. DO YOU HAVE CONTINGENCY PLANS TO SERVICE A CUSTOMER WHO HAS HAD A CRITICAL FAILURE OF YOUR PRODUCT OR SERVICE?	☐	Y / N
13. DO YOU NORMALLY INSTALL AND SERVICE YOUR PRODUCTS?	☐	Y / N
14. DO YOU PROVIDE SERVICE AND REPAIR OF PRODUCTS OTHER THAN YOUR OWN?	☐	Y / N
IF SO, WHAT IS THE % OF TOTAL SERVICE REVENUE GENERATED BY THIS WORK?	_____%	

SUPPLIERS

1. WHAT % OF YOUR COMPONENT PARTS ARE SUPPLIED BY OUTSIDE VENDORS?	_____%	
2. WHAT % OF YOUR SUPPLIERS' COMPONENTS OR PARTS ARE DESIGNED BY YOUR COMPANY, BUT MANUFACTURED BY YOUR SUPPLIER?	_____%	
3. WHAT % OF YOUR COMPONENT PARTS ARE SUPPLIED BY FOREIGN BASED COMPANIES?	_____%	
4. DO YOU EVER AGREE TO HOLD HARMLESS ANY SUPPLIERS FOR CLAIMS ARISING OUT OF THEIR PRODUCTS? IF YES, PLEASE EXPLAIN.	☐	Y / N

AGENCY CUSTOMER ID: _____

SUB AND INDEPENDENT CONTRACTORS

1. WHAT, IF ANY, DEVELOPMENT OR PRODUCT WORK DO YOU CONTRACT OUT?

2. DO YOU REQUIRE ANYONE TO WHOM YOU CONTRACT WORK, TO HAVE PRODUCTS AND E & O COVERAGE? ☐ **Y / N**
   IF YES, ARE YOU NAMED AS AN ADDITIONAL INSURED ON THEIR POLICY? ☐ Y / N

3. DO YOU REQUIRE ANYONE TO WHOM YOU CONTRACT WORK, TO PROVIDE YOU WITH CERTIFICATES OF INSURANCE? ☐ Y / N

DISTRIBUTION

1. STATE THE % OF YOUR PRODUCTS THAT ARE DIRECTLY SHIPPED TO:

OTHER MANUFACTURERS	_____%	RETAILERS	_____%
WHOLESALERS	_____%	CONSUMERS	_____%
OTHERS (SPECIFY) _____			_____%

2. DO YOU EVER AGREE TO HOLD HARMLESS ANY DEALERS FOR CLAIMS ARISING OUT OF YOUR PRODUCTS? IF YES, PLEASE EXPLAIN. ☐ Y / N

MARKETING / CONTRACTS

1. DOES YOUR LEGAL COUNSEL REVIEW AND APPROVE ALL CONTRACTS, ADVERTISING AND PROMOTIONAL MATERIALS, AND BROCHURES? ☐ **Y / N**

2. DO YOU REQUIRE YOUR CUSTOMERS TO SIGN WRITTEN AGREEMENTS THAT OUTLINE THE SPECIFICATIONS OF PRODUCTS AND SERVICES YOU WILL PROVIDE? ☐ **Y / N**

3. DESCRIBE THE TRAINING OF YOUR SALES STAFF IN TERMS OF TEACHING THEM THE CHARACTERISTICS AND CAPABILITIES OF YOUR PRODUCTS AND SERVICES.

4. IS YOUR SALES STAFF SPECIFICALLY INSTRUCTED NOT TO EXAGGERATE THE CAPABILITIES OF YOUR PRODUCTS OR SERVICES? ☐ **Y / N**

5. DO ALL OF YOUR CONTRACTS INCLUDE THE FOLLOWING CLAUSES:
   - FORCE MAJEURE ☐ Y / N
   - DISCLAIMER OF WARRANTIES ☐ Y / N
   - LIMITATION OF LIABILITIES ☐ Y / N
   - LIMITATION OF LIABILITIES FOR CONSEQUENTIAL DAMAGES ☐ Y / N
   - CONDITIONS OF PRODUCT ACCEPTANCE ☐ Y / N

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES

1. ARE YOU A MEMBER OF A PROFESSIONAL ORGANIZATION RELATED TO YOUR BUSINESS? ☐ Y / N

2. ARE ANY OF YOUR PRODUCTS USED IN THE AIRCRAFT, SPACE, MEDICAL, ROBOTICS, POLLUTION OR ENVIRONMENTAL INDUSTRIES? ☐ Y / N

PRIOR INCIDENTS

IMPORTANT: IF YOU ARE REQUESTING THAT THE RETROACTIVE DATE OF THIS POLICY BE DATED PRIOR TO THE EFFECTIVE DATE OF THIS POLICY, IT IS IMPORTANT THAT YOU PROVIDE INFORMATION ABOUT ANY ACTS, ERRORS, OMISSIONS, INCIDENTS OR PROBLEMS THAT YOU KNOW OF, OR SHOULD KNOW OF, THAT MAY RESULT IN A CLAIM BEING MADE DURING THE COVERED PERIOD IN THIS POLICY. FAILURE TO REPORT SUCH INFORMATION MAY VOID COVERAGE IN THIS POLICY.

ARE YOU AWARE OF ANY PRIOR INCIDENTS OR PROBLEMS WHICH MAY LEAD TO A CLAIM BEING MADE AGAINST YOUR COMPANY? ☐ Y / N

EVIDENCE OF SUCH PROBLEMS MIGHT INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING:

- CUSTOMER HAS HAD A FINANCIAL LOSS BECAUSE OF A PROBLEM RELATED TO YOUR PRODUCT OR SERVICE,
- REPEATED VERBAL OR WRITTEN COMPLAINTS
- PROBLEMS WITH BELOW STANDARD PERFORMANCE OF YOUR PRODUCTS OR SERVICE,
- CUSTOMER HAS STOPPED PAYING BECAUSE OF A PRODUCT OR SERVICE PROBLEM, OR
- CUSTOMER HAS BROUGHT SUIT, OR THREATENED TO BRING SUIT, BECAUSE OF A PROBLEM.

PLEASE DESCRIBE ANY PRIOR INCIDENTS.

REMARKS / ATTACHMENTS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

☐	ADV / PROMOTION MATERIAL	☐	STD SALES, SERVICE OR LICENSE AGREEMENTS	☐	
☐	SALES CATALOGUES	☐		☐	

SIGNATURE

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or 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. *Applies in MD Only.

Applicable in CO

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.

Applicable in FL and OK

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)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

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* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

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 by 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.

I CERTIFY THAT I AM AN AUTHORIZED EMPLOYEE OF THE PROSPECTIVE NAMED INSURED. I ALSO CERTIFY THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS HEREIN WHICH ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

I UNDERSTAND THAT SIGNING THIS APPLICATION SHALL NOT CONSTITUTE A BINDER OR OBLIGATE THE COMPANY TO COMPLETE THIS INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS UPON WHICH A POLICY MAY BE ISSUED.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE		NATIONAL PRODUCER NUMBER
APPLICANT'S TITLE		DATE