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**NAME OF APPLICANT:** \_\_\_\_\_

1. Is applicant a member of a BIO, MDMA or state/regional BIO Technology Associations that has endorsed the Chubb/BIO Business Solutions Program?  Yes  No

a. If yes, what is the name of the organization: \_\_\_\_\_

2. Has the applicant received R&D funding from Venture Capital or other endowments sources?  Yes  No

a. If yes, provide % of overall funding: \_\_\_\_\_

3. Is the applicant's product FDA Regulated?  Yes  No

4. Applicant is classified by HIPAA as a:  Covered Entity  Business Associate

5. Is the applicant's product used for (*check all that apply*):

a. Patient Care:

i. Decision or treatment support, monitoring  Yes  No

ii. Direct patient care  Yes  No

• Is the applicant's product a radiation emitting technology?  Yes  No

b. Administration: billing, electronic health records, health information exchange  Yes  No

c. Clinical Informatics, Analytics, Drug Discovery  Yes  No

d. Other (specify): \_\_\_\_\_

6. Does the applicant use or manufacture exotic metals, materials or materials in a sub-atomic form (e.g. nanotechnology)?  Yes  No

7. Does the applicant have any healthcare professionals on staff performing healthcare services with patients?  Yes  No

8. Please confirm that the applicant derives greater than 50% of their revenue from the US Federal Government? (*If yes, please complete Federal Government Contractors Supplement below.*)  Yes  No

a. If yes, provide % of overall revenue: \_\_\_\_\_

b. Any product or service provided to State or Local Governments?  Yes  No

**Errors & Omissions Supplemental Questions**

*Please only answer these questions if applicant is requesting Errors & Omissions coverage.*

1. Does the applicant currently purchase Errors & Omissions insurance to address the failure of their product or service?  Yes  No
  
2. If yes, please provide:
  - a. Limit of insurance: \_\_\_\_\_
  - b. Retroactive date: \_\_\_\_\_
  - c. Deductible/SIR: \_\_\_\_\_
  - d. Carrier: \_\_\_\_\_
  
3. What aggregate limit of insurance is being requested? \_\_\_\_\_
  
4. What deductible/SIR is being requested? \_\_\_\_\_
  - a. Indicate if SIR:
  
5. What Retroactive Date is being requested? \_\_\_\_\_
  
6. E&O Class Code: \_\_\_\_\_

**Errors & Omissions – Revenue**

1. What % of the applicant's revenues comes from consulting or custom work? \_\_\_\_\_
  
2. Please confirm the projected annual revenues for which this policy term will be based: \_\_\_\_\_
  
3. What is the number of different product or services offered by the applicant? \_\_\_\_\_
  
4. What % of the applicant's revenue is derived from Municipal or State Governments? \_\_\_\_\_
  
5. Does the applicant derive greater than 50% of their revenue from the US Federal Government?  
*(If yes, please complete Federal Government Contractors Supplement below.)*  Yes  No
  
6. Does the applicant have foreign (non-USA, its possessions or territories) revenues?  Yes  No
  - a. If yes, please describe:  
\_\_\_\_\_
  
7. How many times in the past three years has the applicant generated a profit? \_\_\_\_\_

**Errors & Omissions – Account Activity Experience**

1. Has the applicant experienced a demand for damages or a stop payment from a customer within the past 3 years?  Yes  No
2. If applicable, has the applicant's insurance policy responded to the demand for damages, paid a defense expense or claim within the past 3 years?  Yes  No
3. Any self-funded defense expenses made by the applicant to address the actual or alleged failure of the applicant's product or service?  Yes  No
4. The applicant or agent has knowledge or is aware of a circumstance which may reasonably be expected to result in a claim?  Yes  No

**Errors & Omissions – Contracts and Contract Management**

1. Does the applicant have a contract manager on staff that specializes in FAR contracts?  Yes  No
  - a. If yes, select experience range in dealing with these contracts: \_\_\_\_\_
2. What is the applicant's average contract value? \_\_\_\_\_
3. What is the applicant's average contract length in months? \_\_\_\_\_
4. Does the applicant have any active contract valued greater than \$2,500,000 or 24-months?  Yes  No
  - a. If yes, please describe: \_\_\_\_\_
5. As part of the applicant's contract management process, please confirm if the applicant's contracts or purchase orders (POs) include the following provisions:
  - a.  Limitation of liability
  - b.  Disclaimer of Warranty
  - c.  Scope of Work Modification
  - d.  Dispute Resolution Provision
  - e.  Does not accept Consequential or indirect damages
  - f.  Use of applicant's standard contract or POs at least 95% of the time
6. Does the applicant use legal counsel to:
  - a.  Draft standard contracts or POs
  - b.  Review modifications of contracts or customer contracts of their customers

**Errors & Omissions – Services and/or Products**

- 1. Does the applicant capture, transmit, process or store nonpublic personal information (NPI) or protected health information (PHI)?  Yes  No
- 2. Is the applicant's product embedded into medical technology?  Yes  No
  - a. If yes, please describe: \_\_\_\_\_
- 3. Is the applicant required to be PCI DSS Compliant? (*Payment Card Industry Data Security Standard*)  Yes  No
- 4. If the applicant's customer is primarily dependent on the product or service provided by the applicant, does the applicant have a contingency plan in place to address this exposure?  Yes  No
- 5. Are the applicant's products or services used in personal protective equipment, aircraft, spacecraft, missile, munition devices or systems?  Yes  No
  - a. If yes, please describe: \_\_\_\_\_
- 6. Does the applicant provide surveillance or security products or services?  Yes  No
- 7. Does the applicant sell or manufacture products that emit or generate electromagnetic fields (EMF)?  Yes  No
- 8. If applicable, total units sold in the last five years sales of largest single customer oriented product line:  
\_\_\_\_\_

**Federal Government Contractors Supplemental Questions**

***Please only answer these questions if applicant generates greater than 50% of their revenue from the US Federal Government.***

- 1. Please describe the experience of the applicant's FAR Contract Manager:  
\_\_\_\_\_  
\_\_\_\_\_
- 2. Which of the following best describes how the application primarily operates?
  - Prime Contractor       Sub-to-Prime Contractor
  - a. If sub-to-prime contractor was selected, does the applicant primarily use FAR contracts?  Yes  No

- b. If no, does the applicant's FAR Contract Manager or GC ensure that FAR flow-down provisions are within the contracts entered by the applicant?  Yes  No
3. Does the applicant provide product or services deemed classified by the US Government or its agencies?  Yes  No
4. Does the applicant perform work on or within the property of the United States of America on Foreign soil?  Yes  No