

Technology Package with E&O Supplemental Questionnaire

NA	AME OF APPLICANT:			
1.	es, services	or		
	products?	☐ Yes		No
2.	Does the applicant or any other person or organization under its control provide produ	ct or service	e rela	ating to
	any of the following:	☐ Yes		No
	a. Physical or electronic security service;			
	b. Spacecraft, aircraft including UAS or UAV;			
	c. Watercraft; rail or vehicle transportation;			
	d. Missile or munition devices or systems;			
	e. Body or vehicle armor;			
	f. Radar avoidance systems;			
	g. Chemical, petrochemical, oil, gas, civil, electrical, mechanical or nuclear engin	neering;		
3.	Does the applicant use or manufacture exotic metals, materials or materials in a sub-a	atomic form	(e.g.	
	nanotechnology)?	Yes		No
4.	Does the applicant manufacture (not assemble or stuff) printed circuit boards?	☐ Yes		No
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
	1. 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 hold any quality certifications? (check all that apply)			
	☐ ISO9001:200 ☐ VDA 6.1 ☐ Other (specify)			
	☐ QS-9000 ☐ AVSQ			
	☐ ISO/TS 16949 ☐ EAQF			



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7.	Please confirm that the applicant derives greater than 50% of their revenue from the US Federal					
	Government? (If yes, please complete Federal Government Contractors Supplet	Supplement below.)				
		☐ Yes	☐ No			
	a. If yes, provide % of overall revenue:					
	b. Any product or service provided to State or Local Governments?	☐ Yes	☐ No			
Err	ors & Omissions Supplemental Questions					
Ple	ease only answer these questions if applicant is requesting Errors & Omissi	ons coverage.				
1.	Does the applicant currently purchase Errors & Omissions insurance to address	the failure of the	eir 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:					
Er	rrors & 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 Government	ents?				
5.	Does the applicant derive greater than 50% of their revenue from the US Feder (If yes, please complete Federal Government Contractors Supplement below.)	al Government?	☐ No			

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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?			
Eri	rors & Omissions – Account Activity Experience			
1.	Has the applicant experienced a demand for damages or a stop payment from a cusyears?	stomer withi	n the	past 3 No
2.	If applicable, has the applicant's insurance policy responded to the demand for dame expense or claim within the past 3 years?	ages, paid a	a defe	nse No
3.	Any self-funded defense expenses made by the applicant to address the actual or a applicant's product or service?	illeged failur	e of th	ne No
4.	The applicant or agent has knowledge or is aware of a circumstance which may rearesult in a claim?	sonably be o	expec	ted to No
Eri	rors & Omissions – Contracts and Contract Management			
1.	Does the applicant have a contract manager on staff that specializes in FAR contract	cts?		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-n	nonths?		
		☐ Yes		No
	a. If yes, please describe:			
5.	As part of the applicant's contract management process, please confirm if the applic purchase orders (POs) include the following provisions:	cant's contra	cts or	
	a. Limitation of liability			
	b. Disclaimer of Warranty			
	c. Scope of Work Modification			
	d. Dispute Resolution Provision			

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	e. Does not accept Consequential or indirect damages			
	f. Use of applicant's standard contract or POs at least 95% of the time	1		
6.	Does the applicant use legal counsel to:			
	a. Draft standard contracts or POs			
	b. Review modifications of contracts or customer contracts of their cus	tomers		
Er	rors & Omissions – Services and/or Products			
1.	Does the applicant capture, transmit, process or store nonpublic personal informatio	n (NPI) or p	rotec	ted
	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 So	ecurity Stan	dard))
		☐ Yes		No
4.	If the applicant's customer is primarily dependent on the product or service provided	by the appl	icant,	, 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,			aft, m	nissile,
	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 ori	ented produ	ıct lin	e:
Fed	Ieral Government Contractors Supplemental Questions			
Ple	ase only answer these questions if applicant generates greater than 50% of thei deral Government.	r revenue f	rom t	the US
1.	Does the applicant primarily conduct business as a sub-to-prime contractor?	☐ Yes		No
	a. If a sub-prime, does the applicant ensure that the appropriate Federal Acqu	uisition Regu	ulatio	n
	(FAR) provisions are included in their commercial contracts with the prime?	Yes		No

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	b.	Does the applicant have an experienced FAR Contract Manager or Legal C	Counsel to e	nsure that	
		these provisions are included?	☐ Yes	☐ No	
2.	Does th	e applicant or any other person or organization under its control provide pro	duct or servi	ce related	
	to any o	f the following:	☐ Yes	☐ No	
	a.	Physical or electronic security service;			
	b.	Spacecraft, aircraft including UAS or UAV;			
	C.	Watercraft; rail or vehicle transportation;			
	d.	Missile or munition devices or systems;			
	e.	Body or vehicle armor;			
	f.	Chemical, petrochemical, oil, gas, civil, electrical, mechanical or nuclear er	ngineering;		
	g.	Veteran or veteran affairs service			
3.	Does the applicant manufacture or sell any products that emits or generates electromagnetic fields (EMF)?				
			☐ Yes	☐ No	
4.	Does th	e applicant have product or services deemed classified by the US Departme	ent of Defens	se or other	
	national	security agencies?	☐ Yes	☐ No	
	a.	What percentage of applicant's employees has Federal Security Clearance	∍?		
	b.	What percentage of applicant's employees currently work in a Federal, Mill Facility?	itary or Natio	onal Security	
5.	Does th	e applicant have employees traveling to countries where the US State Depa	rtment has	current	
	travel w	arnings? (To verify visit travel.state.gov)	☐ Yes	☐ No	
6.	Any con	tract or legal disputes or Quality Deficiency Reports (QDRs) within the last t	hree years?		
			☐ Yes	☐ No	