



**COMPUTER CONSULTANTS  
ERRORS & OMISSIONS APPLICATION - RENEWAL**

**APPLICANT'S INFORMATION:**

APPLICANT NAME:	
LOCATION ADDRESS:	
WEBSITE ADDRESS:	
Receipts <i>Last</i> 12 Mo.	
Receipts <i>Next</i> 12 Mo.	
Number of Principals/Directors/Partners	

*Attach resumes for each principal*

<u>List 5 Largest Clients</u>	<u>Receipts</u>	<u>Details of job</u>
<u>Types of Services:</u>	<u>Receipts</u>	<u>% of Work</u>
Custom Software Design & Development		%
Programming/Software Maintenance		%
Sale of Packaged Software		%
Sale of Hardware/Hardware Maintenance		%
System Analysis & Design		%
Data Entry/Processing for others		%
EDP Consulting		%
Network Design		%
Implementation		%
Turnkey Systems		%
CAD/CAM		%
Year 2000 Compliance/Remediation		%
Other (describe)		%
Aerospace equipment, aircraft guidance systems or ground support systems		<input type="checkbox"/> No <input type="checkbox"/> Yes
Medical equipment or records		<input type="checkbox"/> No <input type="checkbox"/> Yes
Process control or environmental monitoring equipment or systems		<input type="checkbox"/> No <input type="checkbox"/> Yes
Pollution control or environmental monitoring equipment or systems		<input type="checkbox"/> No <input type="checkbox"/> Yes
Transportation		<input type="checkbox"/> No <input type="checkbox"/> Yes
Construction/mining/agriculture		<input type="checkbox"/> No <input type="checkbox"/> Yes
Number of Subcontractors used in a 12 month period.		
Are they required to have their own errors & omissions insurance?		<input type="checkbox"/> No <input type="checkbox"/> Yes
Are all of the Applicant's products/services Y2K compliant		<input type="checkbox"/> No <input type="checkbox"/> Yes
Has the Applicant been retained to undertake Y2K assessment correction, testing work or to conduct Y2K compliance audits? <small>* 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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine. * not applicable in all states</small>		<input type="checkbox"/> No <input type="checkbox"/> Yes
Applicant's Signature & Date		_____/_____/____