

Computer Services Supplement

If you indicated in Question #7 and #8 work involving computer hardware or software, or if your answer to Question #12B is "YES," please provide the following information with respect to computer-related services.

1. Please describe in detail the nature of professional services you provide involving computer hardware or software and describe your clientele:

2. Indicate the percent of gross income derived from the following:

Electronic data processing	_____	%
Systems analysis	_____	%
Software design	_____	%
Programming	_____	%
Computer/systems consulting	_____	%
Computer/systems installation/support	_____	%
Other computer-related services (define)	_____	%

Total = _____ 100%

3. If you are involved in software design, please state whether the software will be used by more than one client and describe the end use of the software: _____

4. Have you been involved in any project involving the integration of imbedded chips or any type of computer hardware or software? Yes No

If yes, please describe in detail the end use of the hardware or software. _____

5. Please provide the following information regarding you/your firm's qualifications to provide professional services:

Name of Individual Performing Professional Services	Professional Qualifications	Educational Degree and Years of Experience	How Long in Practice
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(over, please)

6. Please provide the following information regarding the three largest computer-related jobs or projects by revenue that you participated in during the past five years.

<u>Project/Client Name</u>	<u>Computer Project Application</u>	<u>Type of Professional Services Provided</u>	<u>Revenue Obtained From Those Services</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. Please answer the following questions. If the answer to any question is "YES," please provide the question number and full details on a separate sheet of paper.

- | | | |
|--|--------------------------|--------------------------|
| | Yes | No |
| A. Do you maintain or require training or continuing education programs for employees? | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Do you currently carry Comprehensive General Liability coverage or Umbrella Liability coverage? | <input type="checkbox"/> | <input type="checkbox"/> |

8. List who is responsible for quality control, and briefly describe your quality control programs in place:

9. Please provide a description of your testing and sign-off procedures:

The undersigned represents that the statements set forth herein are true, complete and accurate and that there has been no attempt at suppression or misstatement of any material facts known, and agrees that this application shall become the basis of any coverage and a part of any policy that may be issued by the company.

X

Signature (Owner, Officer or Partner)

Applicant/Firm Name (Please Print)

Date