



AdmiralPro Delta® TEC Application

NOTICE TO APPLICANT: By signing this application you agree the answers you give us in this application and any other information you give us as part of the application process are:

1. Accurate & Complete.
2. Given to us to issue you an insurance policy.
3. Material to our decision-making process in issuing you an insurance policy.
4. A significant part of what we relied upon in making our decision in issuing you an insurance policy. You must agree to notify us, through your insurance brokerage, if during the policy term any material changes to your operations occur.

Signature:

Print Name & Title: Date:

A. Introduction

1. Legal Name of Applicant (eg. Best Tech, Inc.):

2. Please List all subsidiaries:

3. Applicant's address:

City: State: Zip code:

4. Where can we find you on the internet? (Please list all URLs registered in your name)

5. Is this your first time purchasing this coverage? Yes No
If No, please provide the following information about your most recent policy so we can better understand how we can help:

Limits of Liability	
Expiration Date	
SIR/Deductible	
Retro Date(s)	
Insurance Co.	
Premium	



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6. Is this insurance required by contract? Yes No

If Yes, please submit a copy of the contract including the scope of work document.

B. Getting To Know You

1. How long have you been in business?

2. Please describe your business operations:

3. Please describe an ideal end use of your product or service:

4. Did your business have any prior names? Yes No

If Yes, please provide complete details:

5. Have you experienced any mergers, acquisitions, or divestitures in the last 5 years?

Yes No

Do you plan on any within the next 12 months? Yes No

If Yes, please provide complete details:

6. Are you controlled by any other entity? Yes No

If Yes, please provide complete details:

7. Do you offer any products or services that are not technology related? Yes No

If Yes, please provide complete details:



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8. In the last fiscal year, what percentages of your revenue were from the following activities? (This section should total 100%)

Activities	Percentage
Application Service Provider	
Automation & Control System Development	
Call Center Services	
Cloud Computing & Electronic Data Storage	
Computer Skills Training	
Custom Software Development	
Data Aggregation Services	
Data Destruction (e-cycling)	
GPS, GIS, or other Mapping Software	
Graphic Design/Branding	
Hardware Maintenance & Repair	
Hardware & Software Integration/Installation	
Health Information Exchange	
Health Information Portal	
Internet Service Provider	
Medical Billing	
Mobile Application Development (for others)	
Monitoring (Real Time) Software Development, Including Monitoring Services	
Other Services: <input style="width: 100%;" type="text"/>	

Activities	Percentage
Monitoring (Real Time) Software Development, No Monitoring Services	
Network Security Consulting	
Packaged Hardware Development and Sales	
Packaged Software Development	
Packaged Software Sales (Not Proprietary)	
Reference Material Portal	
Software as a Service Provider (SaaS)	
Software Consulting	
Social Media Platform Development	
Technology Consulting (General)	
Technology Product Design & Development (Proprietary)	
Technology Product Design for Others	
Tech Staffing	
Telecommunication System Consulting & Design	
Telemedicine Platform	
Website Development (Incl. Insured's Content)	
Website Development for Others	
Web Hosting Services	
TOTAL	



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9. In the last fiscal year, please provide the percentage of revenue attributable to the following types of clients. (This should total 100%)

Type of Clients	Percentage	Type of Clients	Percentage
Aerospace		Law Enforcement	
Architects/Engineers		Local Government	
Automotive		Manufacturing	
Casino/Gaming		Oil & Gas	
Construction Industry		Recreational	
Educational Institutions		Retail	
Energy & Power Generation		Small Businesses	
Entertainment/Athletics		Transportation	
Federal Government		Utilities	
Financial Institutions		Other: <input style="width: 100px;" type="text"/>	
Hospitality		TOTAL	
Individual Consumers			

10. REVENUES: (Revenue can be sales, capital funding, grants, etc.)

	Actual Prior Year	Current FY Projection	Next Year Projection
U.S. Revenue			
Foreign Revenue			
Total Revenue			
Cost of Goods Sold			
Capital Funding			

11. Average Contract Details:

Industry of Client	Services Rendered	Project Duration	Revenue Derived

12. Five largest projects in the last 3 years?

Client	Services Rendered	Project Duration	Revenue Derived



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C. Your People

1. How many people work for you? Please list the number of each.

Principals, Partners, Officers	
Technical Personnel	
Independent Contractors	
Clerical & Support	
Sales & Marketing	
Other (Describe):	

2. What is your total number of employees?

3. Do you have employees in countries other than the USA? Yes No

If Yes, please provide complete details:

4. Do you subcontract any of your services to others? Yes No

If Yes, please describe these operations:

5. Do you require subcontractors, independent contractors, or 3rd party vendors to carry insurance?

Yes No

If Yes, does that requirement include coverage for:

Coverage	Yes	No	Minimum Limits of Liability
Network Security and Data Privacy	<input type="checkbox"/>	<input type="checkbox"/>	
General Liability	<input type="checkbox"/>	<input type="checkbox"/>	
Professional Liability	<input type="checkbox"/>	<input type="checkbox"/>	

D. Your Risk

1. Please describe the most likely result if your product or service failed to perform as intended:



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2. How many users would that affect?

Less than 10	<input checked="" type="checkbox"/>
10-50	<input checked="" type="checkbox"/>
50-100	<input checked="" type="checkbox"/>
Greater than 100	<input checked="" type="checkbox"/>

3. Is there an acceptable downtime for your customers if your product or service fails?

Yes No

If Yes:

Less than 1 day	<input checked="" type="checkbox"/>
Less than 2 Days	<input checked="" type="checkbox"/>
More than 2 days	<input checked="" type="checkbox"/>

4. In the past year have you, or your Independent contractors experienced any project delays or other contract issues? Yes No

If Yes, please describe:

5. Do you use written contracts or agreements with your clients on 100% of your products and services?

Yes No

If no, what percentage of your clients sign contracts?

6. What type of customer contracts do you use?

Executable	<input checked="" type="checkbox"/>
Shrink Wrap	<input checked="" type="checkbox"/>
Click Wrap	<input checked="" type="checkbox"/>
Letter of Engagement	<input checked="" type="checkbox"/>
Purchase Order	<input checked="" type="checkbox"/>
Other: <input type="text"/>	<input checked="" type="checkbox"/>

7. Do your clients provide written acceptance and approval of the work you complete?

Yes No



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8. Could the failure of your product or service result in damage to, or destruction of, physical property?

Yes No

If Yes, please describe:

9. Could the failure of your product or service result in bodily injury or loss of life?

Yes No

If Yes, please describe:

10. What percentage of your revenue comes from the sale of a product or software developed by another company? %

11. Is all software development work for others documented and tested before deployment?

Yes No

12. Have you discontinued any software, product, or service in the last 5 years? Yes No

If Yes, have you continued to provide maintenance services after discontinuance?

Yes No

Please describe:

E. History

1. Has any insurer declined, cancelled, or non-renewed any similar insurance for which you are applying?

Yes No

If Yes, please provide complete details:

2. Have any claims, suits, or regulatory proceedings been made or brought against you during the past five years? Yes No

If Yes, please provide complete details:



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3. Are you aware of any actual or alleged fact, circumstance, situation, error or omission that might give rise to a claim or regulatory proceeding against you? Yes No

If Yes, please provide complete details:

Three stacked text input boxes for providing details.

4. Have you attached five years of currently valued carrier loss runs? Yes No

5. Are you interested in having General Liability insurance offered in combination with this Tech E&O/Cyber policy for which you are applying? Yes No

If Yes, please complete the General Liability supplemental application.

F. Network Security & Data Privacy

1. How many of the following comprise your IT network and systems?

Servers	<input type="text"/>
Desktop Computers	<input type="text"/>
Laptop Computers	<input type="text"/>
Mobile Devices (Including Tablets and Phones)	<input type="text"/>
Wearable Devices	<input type="text"/>

2. How many users are authorized to connect to your IT network and systems?

3. Please describe your network security safeguards including any software solutions, physical security, etc:

Three stacked text input boxes for describing network security safeguards.

4. Please describe security procedures used to secure, monitor, and track mobile hardware:

Three stacked text input boxes for describing security procedures for mobile hardware.

5. Do you have a full time IT security manager? Yes No

6. Who manages your IT networks and systems?

In-House Personnel	<input checked="" type="checkbox"/>
Vendor	<input checked="" type="checkbox"/>



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7. Please indicate all IT risk management elements Implemented by you or your vendor:

Access Restrictions	<input type="checkbox"/>	Hot Site	<input type="checkbox"/>
Anti-Virus Scanning	<input type="checkbox"/>	Load Balancers	<input type="checkbox"/>
Automated Security Scanning	<input type="checkbox"/>	Proxy Servers	<input type="checkbox"/>
Network Intrusion Detection	<input type="checkbox"/>	Security Audits	<input type="checkbox"/>
Encryption	<input type="checkbox"/>	Secure Remote Capabilities	<input type="checkbox"/>
Firewall	<input type="checkbox"/>	Others: <input style="width: 100px;" type="text"/>	<input type="checkbox"/>

8. Do you test your network security to ensure effectiveness of your technical controls as well as procedures for responding to network security incidents? Yes No
 If Yes, how frequently?

9. Do you do network security penetration testing? Yes No
 If Yes, please describe how you correct unfavorable results:

10. Do you host or store sensitive information (medical records, financial records, protected personal information)? Yes No

11. Is all sensitive and/or confidential information encrypted when stored on your organization’s databases, servers, and data files? Yes No
 If no, is this sensitive data segregated from other data or under restricted access?
 Yes No

12. Is remote access encrypted? Yes No

13. Do you require all information stored on your networks to be encrypted? Yes No

14. Is data encrypted in transit between networks? Yes No

15. Are all employees or contractors that have access to personal information (protected by privacy law) subject to background and reference checks? Yes No

16. Do you have a privacy policy? Yes No
 If Yes, has it been reviewed by legal representation? Yes No

17. Do you have a formal, documented Information security policy that all employees are required to read and verify receipt of such policy? Yes No



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18. Do you have a formal data destruction policy in place for data and documents no longer needed by your organization? Yes No

19. How long do you retain personal information which is protected by privacy law?

20. Do you use any physical security controls to prevent unauthorized access to networks and data?
Yes No

If Yes, please describe such controls:

21. Do you backup computer systems and data? Yes No

If Yes, how often are backups performed?

Are backups stored at an off-site location? Yes No

22. Do you have a written disaster recovery plan? Yes No

23. Do you have a formal software patch management program in place? Yes No

24. Are your networks actively monitored? Yes No

If Yes, by whom and how frequently?

25. Does applicant use a cloud provider for data storage? Yes No

26. Do you require 3rd parties to whom you entrust sensitive data to contractually agree to data safeguards at least equivalent to your own? Yes No

27. Are your operations subject to the Health Information Portability & Accountability Act?

Yes No

If Yes, describe how you remain HIPAA compliant:



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28. Is your organization compliant with the Payment Card Industry Data Security Standards (PCI DSS)?

Yes No

If Yes, please indicate your certification level:

1	<input checked="" type="checkbox"/>
2	<input checked="" type="checkbox"/>
3	<input checked="" type="checkbox"/>
4	<input checked="" type="checkbox"/>

What was the date of last assessment:

29. Do you outsource all of your payment processing? Yes No

If Yes, do you require the processor to indemnify you for their security breaches? Yes No

30. In the past five years have you experienced any network breaches? Yes No

31. In the past five years have you been required by privacy law to notify any individual that their personal information had been subject to a privacy breach or potential privacy breach?

Yes No

If Yes, please provide complete details, i.e. how many individuals were notified, was there an actual privacy breach (versus potential breach), who discovered the breach, what was the source of the breach and have you made any changes to your network security policies as a result of such breach or potential breach?

32. In the past five years have you notified any business that their confidential business information was the subject of a privacy breach or potential privacy breach? Yes No

33. In the event of a complete loss of, or access to, proprietary data how long would it take you to recreate such data?

Please describe the process to recreate such data:



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G. Media

1. List all owned mobile applications and the app stores in which they're available:

Mobile Applications	App Store

2. Does the applicant use media materials provided by others? This includes music, graphics, video clips, etc.

Yes No

If Yes, does the applicant always obtain necessary rights, licenses, and releases for the use of such materials? Yes No

3. Describe your procedures for removing defamatory, infringing, or damaging materials from your website and mobile applications:

4. Do you send any electronic advertising content to outside parties regarding your products or services or the products or services of your clients? Yes No

If Yes, what media do you use for such advertising?

SMS Text Messaging	<input type="checkbox"/>
Phone Calls	<input type="checkbox"/>
Email	<input type="checkbox"/>
Others: <input style="width: 300px;" type="text"/>	<input type="checkbox"/>

5. Do you always obtain the appropriate permission from recipients of your advertisements when such permission is required by law? Yes No

6. Do you operate or support any sweepstakes, contests or similar promotions whether web based or not? Yes No

If Yes, please describe:



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7. Please select the items that accurately describe any content or information available on your website:

Adult Content	<input type="checkbox"/>	Educational	<input type="checkbox"/>	News	<input type="checkbox"/>
Advertisements	<input type="checkbox"/>	Entertainment	<input type="checkbox"/>	Product Comparison	<input type="checkbox"/>
Children	<input type="checkbox"/>	Games/Quizzes	<input type="checkbox"/>	Rating or Grading	<input type="checkbox"/>
Culture	<input type="checkbox"/>	How-To	<input type="checkbox"/>	Referral Services	<input type="checkbox"/>
Digital Music	<input type="checkbox"/>	Informational/E-Brochure	<input type="checkbox"/>	Sports	<input type="checkbox"/>
Downloadable Software	<input type="checkbox"/>	Medical	<input type="checkbox"/>		

8. Do your websites allow for others to upload or otherwise share content with others?

Yes No

9. In the past five years have you received any complaints concerning the content of your websites or electronic communications? Yes No

If Yes, please provide complete details:

10. In the past five years have you been accused of, made aware of, or had a claim as a result of actual or alleged infringement upon another’s domain name, trademark, copyright, services mark or similar intellectual property? Yes No

If Yes, please provide complete details:

11. Have you been subject to any actions or investigations by any regulatory or administrative body for violations arising out of your advertising or electronic communication activities?

Yes No

If Yes, please provide complete details:

12. Have you ever been sued, threatened with suits (whether verbally or in writing), or had a claim made against you for libel, slander, defamation, invasion of privacy, plagiarism, disparagement, or misappropriation of ideas? Yes No

If Yes, please provide complete details: