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	

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:
      [_____]
      [_____]
      [_____]

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

Activities	Percentage	Activities	Percentage
Application Service Provider		Monitoring (Real Time) Software Development, No Monitoring Services	
Automation & Control System Development		Network Security Consulting	
Call Center Services		Packaged Hardware Development and Sales	
Cloud Computing & Electronic Data Storage		Packaged Software Development	
Computer Skills Training		Packaged Software Sales (Not Proprietary)	
Custom Software Development		Reference Material Portal	
Data Aggregation Services		Software as a Service Provider (SaaS)	
Data Destruction (e-cycling)		Software Consulting	
GPS, GIS, or other Mapping Software		Social Media Platform Development	
Graphic Design/Branding		Technology Consulting (General)	
Hardware Maintenance & Repair		Technology Product Design & Development (Proprietary)	
Hardware & Software Integration/Installation		Technology Product Design for Others	
Health Information Exchange		Tech Staffing	
Health Information Portal		Telecommunication System Consulting & Design	
Internet Service Provider		Telemedicine Platform	
Medical Billing		Website Development (Incl. Insured's Content)	
Mobile Application Development (for others)		Website Development for Others	
Monitoring (Real Time) Software Development, Including Monitoring Services		Web Hosting Services	
Other Services:		TOTAL	

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:	
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

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	☐	☐	
General Liability	☐	☐	
Professional Liability	☐	☐	

D. Your Risk

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

2. How many users would that affect?

Less than 10	☐
10-50	☐
50-100	☐
Greater than 100	☐

3. Is there an acceptable downtime for your customers if your product or service fails?
    Yes ⭕   No ⭕
    If Yes:

Less than 1 day	☐
Less than 2 Days	☐
More than 2 days	☐

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	☐
Shrink Wrap	☐
Click Wrap	☐
Letter of Engagement	☐
Purchase Order	☐
Other: [ ]	☐

7. Do your clients provide written acceptance and approval of the work you complete?
    Yes ⭕   No ⭕

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:

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:

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	
Desktop Computers	
Laptop Computers	
Mobile Devices (Including Tablets and Phones)	
Wearable Devices	

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:

4. Please describe security procedures used to secure, monitor, and track 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	☐
Vendor	☐

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

Access Restrictions	☐	Hot Site	☐
Anti-Virus Scanning	☐	Load Balancers	☐
Automated Security Scanning	☐	Proxy Servers	☐
Network Intrusion Detection	☐	Security Audits	☐
Encryption	☐	Secure Remote Capabilities	☐
Firewall	☐	Others: _____	☐

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 ⚪

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:

[   ]
[   ]
[   ]

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	☐
2	☐
3	☐
4	☐

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:

_____

_____

_____

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	☐
Phone Calls	☐
Email	☐
Others:	☐

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:

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

Adult Content	☐	Educational	☐	News	☐
Advertisements	☐	Entertainment	☐	Product Comparison	☐
Children	☐	Games/Quizzes	☐	Rating or Grading	☐
Culture	☐	How-To	☐	Referral Services	☐
Digital Music	☐	Informational/E-Brochure	☐	Sports	☐
Downloadable Software	☐	Medical	☐		

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: