

Best Choice Insurance Agency
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COMPUTER AND TECHNOLOGY PRODUCTS AND SERVICES
PROFESSIONAL LIABILITY APPLICATION

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1. Name of Applicant: _____
 Address: _____
 City _____ State _____ Zip Code _____ County _____

2. Applicant contact's Email Address: _____

3. Domain Name: _____

4. Requested Effective Date: _____

5. Applicant's Gross Revenues (Domestic) (Foreign, if any)

Projected 12 months _____	_____
Previous 12 months _____	_____
Year before last _____	_____

6. Please indicate the percentages of your annual revenue involving the following services:

_____ % Staffing	_____ % Business Application Software
Development	
_____ % Database Design/Mgmt	_____ % Office Automation
_____ % System Design	_____ % Accounting/Financial/Payroll
_____ % Financial Transaction Software	_____ % ERP Implementation Maintenance
_____ % Network Design & Admin.	_____ % Software/Hardware
Installation/Maintenance	
_____ % Hardware Only Installation/Maint.	_____ % Software Sales
_____ % Hardware Sales	_____ % Web Hosting
_____ % Application Service Provider	_____ % Web Design, Development, Graphic
Design	
_____ % Computer Security	_____ % E-Commerce
_____ % Content/FTP/Search Service	_____ % Training & Education
_____ % Technical Writing	_____ % Telecommunication Consulting
_____ % Manufacturing Software	_____ % CAD (Non-structural)
_____ % Medical Management	_____ % Medical Diagnostic Software/Hardware
_____ % Disaster Recovery Planning/ Backup Services	_____ % Other

7. Please indicate the percentage of your annual revenue from end clients in the industries Below:

_____ %Manufacturing	_____ %Government	_____ %Aerospace
_____ %Utilities	_____ %Banking	_____ %Internet
_____ %Insurance	_____ %Medical	_____ %Pharmaceutical
_____ %Telecommunications		_____ %Medical/Life Support
_____ %Software Development		_____ %Entertainment
_____ %Transportation		_____ %Construction
_____ %Education	_____ %Advertising	_____ %Retail

8. **For Internet/On-Line service providers only:**

Please check the appropriate services and indicate percentage of revenue from each.

___ Web Hosting _____ %	_____ Web Page Design _____ %
___ Electronic Bulletin Board _____ %	_____ FTP Site _____ %
___ Internet Access Provider _____ %	_____ Search Engine _____ %
___ Content Provider _____ %	_____ Other _____ %

Total number of subscribers (if applicable) _____
 Internet Address _____

If you are providing web design services, please provide the URLs of 3 sites you have designed.

9. Current Professional Liability Insurance: _____

Carrier _____	Retroactive Date _____
Limits _____	Annual Premium _____

10. Limits desired _____ Deductible _____

 Signature of Authorized Representative

 Date