



COMPUTER TECH PDQ SUPPLEMENTAL

Full name of applicant: _____

Website address: _____ Date established: _____

OPERATIONS

1. Are any of these services offered? **If "Yes" then we cannot offer insurance coverage**

Hardware mfg Yes No

Work for the military Yes No

Software mfg Yes No

Bulletin boards Yes No

Chat rooms Yes No

Website Hosting Yes No

E-mail Yes No

Software design or programming for:

Industrial Yes No

Utilities Yes No

Manufacturing Yes No

Medical equipment Yes No

Designing of websites for:

Matchmaking Yes No

Adult-oriented sites Yes No

Fin'l Institutions Yes No

Installation, service or repair of any *auto related* computer equipment Yes No

Work involving anything related to the airport / aircraft / aerospace industries Yes No

2. Please provide a breakdown of work and full description of business activities :

At **your** premises _____ % _____

At your **client's** premises _____ % _____

3. Your largest job in the past three years, including length of time and details of what it was:

4. Are products sold by the insured? Yes No Types of products sold by the insured? _____

FINANCIAL DATA

Principals, partners or officers 16,000 each – (TX – 20,000) \$ _____

Clerical employee Payroll: \$ _____

Technical employee Payroll: \$ _____

Uninsured Subcontractor Payroll: \$ _____

Total Payroll: \$ _____

Subcontractor Cost \$ _____

Actual Gross Receipts for last year: \$ _____

Estimate for coming year: \$ _____

SUBCONTRACTORS

5. Do you use independent contractors for your services? Yes No
6. If yes, please describe type of jobs you use them for and what is the total cost of sub-contracted labor you expect to pay for the coming year? _____
- _____
- _____
7. Cost of Sub labor: \$ _____ Do you require them to maintain GL insurance? Yes No
8. Minimum Limits Required \$ _____
9. Are certificates of insurance obtained prior to subcontractors starting work? Yes No
10. Are you named as an additional insured on the subcontractor's policy? Yes No
11. Do you require them to maintain professional insurance? Yes No

INSURANCE INFO

12. Current Carrier: GL _____ Professional: _____

13. Prior Carriers: _____

Affiliations with other firms? Yes No If "Yes", please explain _____

I hereby certify that all information is accurate to the best of my knowledge.

Applicant Signature: _____ Date: _____

Producer: _____ Date: _____