

SAFETYTEK INSURANCE PROGRAM

COMPUTER & TECHNOLOGY PRODUCTS AND SERVICES PROFESSIONAL LIABILITY
RENEWAL SHORTFORM APPLICATION



PROFESSIONAL
LIABILITY
(E&O)



ELECTRONIC
MEDIA
LIABILITY



NETWORK
OPERATIONS
SECURITY



CYBER
LIABILITY



WORLDWIDE
COVERAGE



FIRST DOLLAR
DEFENSE



INNOCENT
INSURED



DEFENSE
OUTSIDE
THE LIMIT



CONTRACTUAL
LIABILITY

BUSINESS INFORMATION

Insured's Name: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____ Web Address: _____

APPLICANT'S GROSS REVENUE (domestic only)

Future 12 months (projected) \$ _____

Previous 12 months \$ _____

APPLICANT'S FOREIGN REVENUE (if any)

Future 12 months (projected) \$ _____

Previous 12 months \$ _____

COVERAGE REQUESTED

COVERAGE

☐ Professional Liability

☐ Electronic Media

☐ Network Operations

☐ Cyber Liability

☐ Worldwide

☐ First Dollar Defense

☐ Innocent Insured

☐ Defense Outside The Limit

☐ Contractual Liability

☐ Management Services

☐ Telecommunication Services

☐ IT Staffing Services

LIMITS DESIRED

☐ 1,000,000 / 1,000,000

☐ 1,000,000 / 2,000,000

☐ 1,000,000 / 3,000,000

DEDUCTIBLE DESIRED

☐ \$1,000

☐ \$2,500

☐ \$5,000

RETRO DATE

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INDUSTRIES SERVED

Services and Retail Clients

Government and Utility Clients

Technology Clients

Construction and Transportation

Medical Services Clients

Financial Services Clients

PROFESSIONAL SERVICES

Software Consulting / Development and
Project Management

Web Development / Internet Services /
Advertising

Computer Network Services

Telecommunications

Hardware and Software Sales

Instructional Services

IT Staffing

Specialty Services

CLAIMS

Is any person proposed for coverage aware of any fact or circumstance or any actual or alleged negligent breach of duty, error, misstatement, misrepresentation, omission or other negligent act he/she has reason to suppose might give rise to a future claim that would fall within the scope of the coverage applied for?

☐ Yes ☐ No

SIGNATURE

NOTICE TO THE APPLICANT – PLEASE READ CAREFULLY

The undersigned authorized representative of the Applicant, based upon reasonable inquiry, represents to the best of its knowledge that the statements set forth herein are true and include all material information.

The Applicant agrees that if the information supplied on this application changes materially between the date of this application and the inception date of the policy, it will immediately notify the insurance company of the changes. Signing of this application does not bind the Company to offer nor the Applicant to accept insurance, but it is agreed that this application shall be a basis of the insurance and it will be attached and made a part of the policy should a policy be issued.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

SIGNATURE: _____ PRINTED NAME AND TITLE: _____ DATE: _____

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