ACORD 180 (2014/12) - ERRORS AND OMISSIONS SECTION

ACORD 180, Errors and Omissions Section, Electronic Data Processors, Electronic Products Manufacturers, Computer Services & Products, is used to apply for electronic data processors, electronic products manufacturers, and computer services and products E&O. It is not intended to be used with general manufacturing or general service risks.

This form was designed to be used in conjunction with ACORD 125, Commercial Insurance Application, Applicant Information Section.

Form Page 1

Section Name	Field Name	Description
IDENTIFICATION SECTION	**Agency Customer ID**	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
IDENTIFICATION SECTION	**Date**	Enter date: The date on which the form is completed. (MM/DD/YYYY)
IDENTIFICATION SECTION	**Agency**	Enter text: The full name of the producer / agency.
IDENTIFICATION SECTION	**Policy Number**	Enter identifier: The identifier assigned by the insurer to the policy, or submission, being referenced exactly as it appears on the policy, including prefix and suffix symbols. If required for self-insurance, the self-insured license or contract number.
IDENTIFICATION SECTION	**Effective Date**	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence. (MM/DD/YYYY) As used here, this is the proposed effective date.
IDENTIFICATION SECTION	**Carrier**	Enter text: The insurer's full legal company name(s) as found in the file copy of the policy. Use the actual name of the company within the group to which the policy has been issued. This is not the insurer's group name or trade name.
IDENTIFICATION SECTION	**NAIC Code**	Enter code: The identification code assigned to the insurer by the NAIC.
IDENTIFICATION SECTION	**Applicant / First Named Insured**	Enter text: The named insured(s) as it / they will appear on the policy declarations page.
MERGERS / ACQUISITIONS / JOINT VENTURES	**List all mergers or acquisitions**	Enter text: The description of any mergers or acquisitions by your company (including subsidiaries) in the mandated number of years.
MERGERS / ACQUISITIONS / JOINT VENTURES	**List all mergers or acquisitions**	Enter text: The description of any mergers or acquisitions by your company (including subsidiaries) in the mandated number of years.
MERGERS / ACQUISITIONS / JOINT VENTURES	**List all mergers or acquisitions**	Enter text: The description of any mergers or acquisitions by your company (including subsidiaries) in the mandated number of years.
MERGERS / ACQUISITIONS / JOINT VENTURES	**List all mergers or acquisitions**	Enter text: The description of any mergers or acquisitions by your company (including subsidiaries) in the mandated number of years.
MERGERS / ACQUISITIONS / JOINT VENTURES	**List all mergers or acquisitions**	Enter text: The description of any mergers or acquisitions by your company (including subsidiaries) in the mandated number of years.

MERGERS / ACQUISITIONS / JOINT VENTURES	List all mergers or acquisitions	Enter text: The description of any mergers or acquisitions by your company (including subsidiaries) in the mandated number of years.
MERGERS / ACQUISITIONS / JOINT VENTURES	List all joint ventures	Enter text: The description of all joint ventures in which your company is a partner.
MERGERS / ACQUISITIONS / JOINT VENTURES	List all joint ventures	Enter text: The description of all joint ventures in which your company is a partner.
MERGERS / ACQUISITIONS / JOINT VENTURES	List all joint ventures	Enter text: The description of all joint ventures in which your company is a partner.
MERGERS / ACQUISITIONS / JOINT VENTURES	List all joint ventures	Enter text: The description of all joint ventures in which your company is a partner.
MERGERS / ACQUISITIONS / JOINT VENTURES	List all joint ventures	Enter text: The description of all joint ventures in which your company is a partner.
MERGERS / ACQUISITIONS / JOINT VENTURES	List all joint ventures	Enter text: The description of all joint ventures in which your company is a partner.
POLICY / COVERAGE INFORMATION	Transaction Type - Claims Made	Check the box (if applicable): Indicates the policy is on a claims made basis.
POLICY / COVERAGE INFORMATION	Transaction Type - Occurrence	Check the box (if applicable): Indicates the policy is on an occurrence basis.
POLICY / COVERAGE INFORMATION	Transaction Type - Proposed Retroactive Date	Enter date: The retroactive date you are requesting for the policy being applied for. This is the proposed earliest date for which an occurrence could "trigger" coverage under a Claims Made policy.
POLICY / COVERAGE INFORMATION	Transaction Type - Deductible	Enter deductible: The deductible amount for the coverage.
POLICY / COVERAGE INFORMATION	Transaction Type - Expiring Pol #	Enter identifier: The identifier assigned by the insurer to the policy, or submission, being referenced exactly as it appears on the policy, including prefix and suffix symbols. If required for self-insurance, the self-insured license or contract number.
POLICY / COVERAGE INFORMATION	Limits of Liability - Each Claim	Enter limit: The limit amount for each claim.
POLICY / COVERAGE INFORMATION	Limits of Liability - Each Occurrence	Enter limit: The limit amount for each occurrence.
POLICY / COVERAGE INFORMATION	Limits of Liability - Aggregate	Enter limit: The aggregate limit amount.
POLICY / COVERAGE INFORMATION	Limits of Liability - Current Retroactive Date	Enter date: The retroactive date if the policy was issued on a Claims Made basis and there was a retroactive date.

POLICY / COVERAGE INFORMATION	Retained Limit	Enter limit: The retained limit amount.
POLICY / COVERAGE INFORMATION	Retained Limit - Defense Included Within Limit Yes	Check the box (if applicable): Indicates that defense costs are included within the limit.
POLICY / COVERAGE INFORMATION	Retained Limit - Defense Included Within Limit No	Check the box (if applicable): Indicates that defense costs are not included within the limit.
POLICY / COVERAGE INFORMATION	Retained Limit - First Dollar Defense Yes	Check the box (if applicable): Indicates that first dollar defense coverage is requested.
POLICY / COVERAGE INFORMATION	Retained Limit - First Dollar Defense No	Check the box (if applicable): Indicates that first dollar defense coverage is not requested.
PRODUCTS AND SERVICES	Fiscal Year Begins	Enter date: The date on which the fiscal year begins. (MM/DD/YYYY)
PRODUCTS AND SERVICES	Last Fiscal Year Domestic	Enter amount: The domestic sales amount for the last fiscal year.
PRODUCTS AND SERVICES	Last Fiscal Year Foreign	Enter amount: The foreign sales amount for the last fiscal year. (AUD)
PRODUCTS AND SERVICES	Last Fiscal Year Total	Enter amount: The total sales amount for the last fiscal year.
PRODUCTS AND SERVICES	Current Fiscal Year Domestic	Enter amount: The estimated domestic sales amount for the current fiscal year.
PRODUCTS AND SERVICES	Current Fiscal Year Foreign	Enter amount: The estimated foreign sales amount for the current fiscal year. (AUD)
PRODUCTS AND SERVICES	Current Fiscal Year Total	Enter amount: The estimated total sales amount for the current fiscal year.
PRODUCTS AND SERVICES	Next Fiscal Year Domestic	Enter amount: The estimated domestic sales amount for the next fiscal year.
PRODUCTS AND SERVICES	Next Fiscal Year Foreign	Enter amount: The estimated foreign sales amount for the next fiscal year. (AUD)
PRODUCTS AND SERVICES	Next Fiscal Year Total	Enter amount: The estimated total sales amount for the next fiscal year.
PRODUCTS AND SERVICES	Product Line - One	Enter text: The description of the product line or service provided.
PRODUCTS AND SERVICES	Sales Amount -One	Enter amount: The amount of sales for the product or service.
PRODUCTS AND SERVICES	Product Line - Two	Enter text: The description of the product line or service provided.
PRODUCTS AND SERVICES	Sales Amount -Two	Enter amount: The amount of sales for the product or service.
PRODUCTS AND SERVICES	Product Line - Three	Enter text: The description of the product line or service provided.
PRODUCTS AND SERVICES	Sales Amount- Three	Enter amount: The amount of sales for the product or service.
PRODUCTS AND SERVICES	Product Line - Four	Enter text: The description of the product line or service provided.
PRODUCTS AND SERVICES	Sales Amount - Four	Enter amount: The amount of sales for the product or service.

PRODUCTS AND SERVICES	Product Line - Five	Enter text: The description of the product line or service provided.
PRODUCTS AND SERVICES	Sales Amount - Five	Enter amount: The amount of sales for the product or service.
PRODUCTS AND SERVICES	Product Line - Six	Enter text: The description of the product line or service provided.
PRODUCTS AND SERVICES	Sales Amount - Six	Enter amount: The amount of sales for the product or service.
PRODUCTS AND SERVICES	Product Line - Seven	Enter text: The description of the product line or service provided.
PRODUCTS AND SERVICES	Sales Amount - Seven	Enter amount: The amount of sales for the product or service.
PRODUCTS AND SERVICES	Product Line - Eight	Enter text: The description of the product line or service provided.
PRODUCTS AND SERVICES	Sales Amount - Eight	Enter amount: The amount of sales for the product or service.
PRODUCTS AND SERVICES	Product Line - Nine	Enter text: The description of the product line or service provided.
PRODUCTS AND SERVICES	Sales Amount - Nine	Enter amount: The amount of sales for the product or service.
PRODUCTS AND SERVICES	Manufactured Products - One	Enter text: The description of a manufactured electronic product, precision instrument or medical device you make or sell.
PRODUCTS AND SERVICES	Sales Amount - One	Enter amount: The amount of sale for the manufactured electronic product, precision instrument or medical device you make or sell.
PRODUCTS AND SERVICES	Manufactured Products - Two	Enter text: The description of a manufactured electronic product, precision instrument or medical device you make or sell.
PRODUCTS AND SERVICES	Sales Amount - Two	Enter amount: The amount of sale for the manufactured electronic product, precision instrument or medical device you make or sell.
PRODUCTS AND SERVICES	Manufactured Products - Three	Enter text: The description of a manufactured electronic product, precision instrument or medical device you make or sell.
PRODUCTS AND SERVICES	Sales Amount - Three	Enter amount: The amount of sale for the manufactured electronic product, precision instrument or medical device you make or sell.
PRODUCTS AND SERVICES	Manufactured Products - Four	Enter text: The description of a manufactured electronic product, precision instrument or medical device you make or sell.
PRODUCTS AND SERVICES	Sales Amount - Four	Enter amount: The amount of sale for the manufactured electronic product, precision instrument or medical device you make or sell.
PRODUCTS AND SERVICES	Manufactured Products - Five	Enter text: The description of a manufactured electronic product, precision instrument or medical device you make or sell.
PRODUCTS AND SERVICES	Sales Amount - Five	Enter amount: The amount of sale for the manufactured electronic product, precision instrument or medical device you make or sell.
PRODUCTS AND SERVICES	Retail Sales	Enter amount: The amount of retail sales.

PRODUCTS AND SERVICES	Wholesale Sales	Enter amount: The amount of wholesale sales.
PRODUCTS AND SERVICES	Other Income - One	Enter text: The description of the business activity.
PRODUCTS AND SERVICES	Sales Amount - One	Enter amount: The amount of sales from the business activity.
PRODUCTS AND SERVICES	Other Income - Two	Enter text: The description of the business activity.
PRODUCTS AND SERVICES	Sales Amount - Two	Enter amount: The amount of sales from the business activity.
PRODUCTS AND SERVICES	Other Income - Three	Enter text: The description of the business activity.
PRODUCTS AND SERVICES	Sales Amount - Three	Enter amount: The amount of sales from the business activity.
PRODUCTS AND SERVICES	Other Income - Four	Enter text: The description of the business activity.
PRODUCTS AND SERVICES	Sales Amount - Four	Enter amount: The amount of sales from the business activity.
PRODUCTS AND SERVICES	Other Income - Five	Enter text: The description of the business activity.
PRODUCTS AND SERVICES	Sales Amount - Five	Enter amount: The amount of sales from the business activity.
PRODUCTS AND SERVICES	Other Income - Six	Enter text: The description of the business activity.
PRODUCTS AND SERVICES	Sales Amount - Six	Enter amount: The amount of sales from the business activity.

Form Page 2

Section Name	Field Name	Description
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
PRODUCTS AND SERVICES	No Downtime Acceptable	Check the box (if applicable): Indicates no downtime is acceptable for your product or service according to your average customer's needs.
PRODUCTS AND SERVICES	Downtime of less than 1 day is acceptable	Check the box (if applicable): Indicates the acceptable downtime for your product or service according to your average customer's needs is less than 1 day.
PRODUCTS AND SERVICES	Downtime of less than 2 days is acceptable	Check the box (if applicable): Indicates the acceptable downtime for your product or service according to your average customer's needs is less than 2 days.
PRODUCTS AND SERVICES	More than 2 days downtime is acceptable	Check the box (if applicable): Indicates the acceptable downtime for your product or service according to your average customer's needs is more than 2 days.
PRODUCTS AND SERVICES	What is the worst thing that could happen to customers' operations if your product / service were to fail or stop working?	Enter text: The description of the worst thing that could happen to your customers' operations if your product or service were to fail or stop working.

PRODUCTS AND SERVICES	**What is the average life expectancy of each of your products?**	Enter number: The average life expectancy of the products in months.
PRODUCTS AND SERVICES	**What is the average cost of a sale or contract with an individual customer?**	Enter amount: The average cost of a sale or contract with an individual customer.
PRODUCTS AND SERVICES	**What is the value of your largest sale or project?**	Enter amount: The value of the largest sale or project.
PRODUCTS AND SERVICES	**Name your five (5) largest customers.**	Enter text: The full name of a large customer.
PRODUCTS AND SERVICES		Enter text: The full name of a large customer.
PRODUCTS AND SERVICES		Enter text: The full name of a large customer.
PRODUCTS AND SERVICES		Enter text: The full name of a large customer.
PRODUCTS AND SERVICES		Enter text: The full name of a large customer.
PRODUCTS AND SERVICES	**List any new products or services you plan to introduce in the upcoming year.**	Enter text: The description of any new products or services you plan to introduce in the upcoming year.
PRODUCTS AND SERVICES		Enter text: The description of any new products or services you plan to introduce in the upcoming year.
PRODUCTS AND SERVICES		Enter text: The description of any new products or services you plan to introduce in the upcoming year.
PRODUCT DEVELOPMENT AND QUALITY CONTROL	**Briefly Explain Your Product Development Methodology**	Enter text: The description of your product development methodology.
PRODUCT DEVELOPMENT AND QUALITY CONTROL	**What is the title of the person who has primary responsibility for your quality assurance program?**	Enter text: The title of the person who has primary responsibility for your quality assurance program.
PRODUCT DEVELOPMENT AND QUALITY CONTROL	**Describe your quality assurance program**	Enter text: The description of your quality assurance program.
PRODUCT DEVELOPMENT AND QUALITY CONTROL	**List all products and quality assurance standards, such as ISO 9000, for which you are certified.**	Enter text: The description of all products and quality assurance standards, such as ISO 9000, for which you are certified.

PRODUCT DEVELOPMENT AND QUALITY CONTROL	**List all products and quality assurance standards, such as ISO 9000, for which you are certified.**	Enter text: The description of all products and quality assurance standards, such as ISO 9000, for which you are certified.
PRODUCT DEVELOPMENT AND QUALITY CONTROL	**List all products and quality assurance standards, such as ISO 9000, for which you are certified.**	Enter text: The description of all products and quality assurance standards, such as ISO 9000, for which you are certified.
PRODUCT DEVELOPMENT AND QUALITY CONTROL	**List all products and quality assurance standards, such as ISO 9000, for which you are certified.**	Enter text: The description of all products and quality assurance standards, such as ISO 9000, for which you are certified.
PRODUCT DEVELOPMENT AND QUALITY CONTROL	**List all products and quality assurance standards, such as ISO 9000, for which you are certified.**	Enter text: The description of all products and quality assurance standards, such as ISO 9000, for which you are certified.
PRODUCT DEVELOPMENT AND QUALITY CONTROL	**List all products and quality assurance standards, such as ISO 9000, for which you are certified.**	Enter text: The description of all products and quality assurance standards, such as ISO 9000, for which you are certified.
PRODUCT DEVELOPMENT AND QUALITY CONTROL	**Do you conduct formal inspections of requirements, design code, and test plans? Yes**	Check the box (if applicable): Indicates a "Yes" response to the question, "Do you conduct formal inspections of requirements, design code, and test plans?".
PRODUCT DEVELOPMENT AND QUALITY CONTROL	**Do you conduct formal inspections of requirements, design code, and test plans? No**	Check the box (if applicable): Indicates a "No" response to the question, "Do you conduct formal inspections of requirements, design code, and test plans?".
PRODUCT DEVELOPMENT AND QUALITY CONTROL	**Do you require your customers to sign off at critical milestones of a project? Yes**	Check the box (if applicable): Indicates a "Yes" response to the question, "Do you require your customers to sign off at critical milestones of a project?".
PRODUCT DEVELOPMENT AND QUALITY CONTROL	**Do you require your customers to sign off at critical milestones of a project? No**	Check the box (if applicable): Indicates a "No" response to the question, "Do you require your customers to sign off at critical milestones of a project?".

PRODUCT DEVELOPMENT AND QUALITY CONTROL	What percent of your products or services do you design yourself?	Enter percentage: The percentage of products or services that you design yourself.
PRODUCT DEVELOPMENT AND QUALITY CONTROL	Are redundant systems or warnings built into your product to prevent or warn against the product's failure? Yes	Check the box (if applicable): Indicates a "Yes" response to the question, "Are redundant systems or warnings built into your product to prevent or warn against the product's failure?".
PRODUCT DEVELOPMENT AND QUALITY CONTROL	Are redundant systems or warnings built into your product to prevent or warn against the product's failure? No	Check the box (if applicable): Indicates a "No" response to the question, "Are redundant systems or warnings built into your product to prevent or warn against the product's failure?".
PRODUCT DEVELOPMENT AND QUALITY CONTROL	Please list all products that you have discontinued making, but which are still being used.	Enter text: The description of all products that you have discontinued making, but which are still in use.
PRODUCT DEVELOPMENT AND QUALITY CONTROL	Please list all products that you have discontinued making, but which are still being used.	Enter text: The description of all products that you have discontinued making, but which are still in use.
PRODUCT DEVELOPMENT AND QUALITY CONTROL	Please list all products that you have discontinued making, but which are still being used.	Enter text: The description of all products that you have discontinued making, but which are still in use.
PRODUCT DEVELOPMENT AND QUALITY CONTROL	Please list all products that you have discontinued making, but which are still being used.	Enter text: The description of all products that you have discontinued making, but which are still in use.
PRODUCT DEVELOPMENT AND QUALITY CONTROL	Please list all products that you have discontinued making, but which are still being used.	Enter text: The description of all products that you have discontinued making, but which are still in use.
PRODUCT DEVELOPMENT AND QUALITY CONTROL	Please list all products that you have discontinued making, but which are still being used.	Enter text: The description of all products that you have discontinued making, but which are still in use.

PRODUCT DEVELOPMENT AND QUALITY CONTROL	Do you have a formal product recall plan? Yes	Check the box (if applicable): Indicates a "Yes" response to the question, "Do you have a formal product recall plan?".
PRODUCT DEVELOPMENT AND QUALITY CONTROL	Do you have a formal product recall plan? No	Check the box (if applicable): Indicates a "No" response to the question, "Do you have a formal product recall plan?".
PRODUCT DEVELOPMENT AND QUALITY CONTROL	If you have ever had to recall a product, please explain the circumstances.	Enter text: The description of the circumstances surrounding a product recall.
PRODUCT DEVELOPMENT AND QUALITY CONTROL	Do you have contingency plans to service a customer who has had a critical failure of your product or service? Yes	Check the box (if applicable): Indicates a "Yes" response to the question, "Do you have contingency plans to service a customer who has had a critical failure of your product or service?".
PRODUCT DEVELOPMENT AND QUALITY CONTROL	Do you have contingency plans to service a customer who has had a critical failure of your product or service? No	Check the box (if applicable): Indicates a "No" response to the question, "Do you have contingency plans to service a customer who has had a critical failure of your product or service?".
PRODUCT DEVELOPMENT AND QUALITY CONTROL	Do you normally install and service your products? Yes	Check the box (if applicable): Indicates a "Yes" response to the question, "Do you normally install and service your products?".
PRODUCT DEVELOPMENT AND QUALITY CONTROL	Do you normally install and service your products? No	Check the box (if applicable): Indicates a "No" response to the question, "Do you normally install and service your products?".
PRODUCT DEVELOPMENT AND QUALITY CONTROL	Do you provide service and repair of products other than your own? Yes	Check the box (if applicable): Indicates a "Yes" response to the question, "Do you provide service and repair of products other than your own?".
PRODUCT DEVELOPMENT AND QUALITY CONTROL	Do you provide service and repair of products other than your own? No	Check the box (if applicable): Indicates a "No" response to the question, "Do you provide service and repair of products other than your own?".
PRODUCT DEVELOPMENT AND QUALITY CONTROL	If so, what is the % of total service revenue generated by this work?	Enter percentage: The percentage of total service revenue generated by service and repair work of products other than your own.
SUPPLIERS	What % of your component parts are supplied by outside vendors?	Enter percentage: The percentage of your component parts that are supplied by outside vendors.

SUPPLIERS	What % of your suppliers' components or parts are designed by your company, but manufactured by your supplier?	Enter percentage: The percentage of your suppliers' components or parts that are designed by your company, but manufactured by your supplier.
SUPPLIERS	What % of your component parts are supplied by foreign based companies?	Enter percentage: The percentage of your component parts that are supplied by foreign based companies.
SUPPLIERS	Do you ever agree to hold harmless any suppliers for claims arising out of their products? Yes	Check the box (if applicable): Indicates a "Yes" response to the question, "Do you ever agree to hold harmless any suppliers for claims arising out of their products?".
SUPPLIERS	Do you ever agree to hold harmless any suppliers for claims arising out of their products? No	Check the box (if applicable): Indicates a "No" response to the question, "Do you ever agree to hold harmless any suppliers for claims arising out of their products?".
SUPPLIERS	If yes, please explain.	Enter text: The description of any circumstances in which you agree to hold harmless any suppliers for claims arising our of their products.

Form Page 3

Section Name	Field Name	Description
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
SUB AND INDEPENDENT CONTRACTORS	What, if any, development or product work do you contract out?	Enter text: The description of any development or product work that you contract out.
SUB AND INDEPENDENT CONTRACTORS	Do you require anyone to whom you contract work, to have products and E&O coverage? Yes	Check the box (if applicable): Indicates a "Yes" response to the question, "Do you require anyone to whom you contract work to have products and E&O coverage?".
SUB AND INDEPENDENT CONTRACTORS	Do you require anyone to whom you contract work, to have products and E&O coverage? No	Check the box (if applicable): Indicates a "No" response to the question, "Do you require anyone to whom you contract work to have products and E&O coverage?".
SUB AND INDEPENDENT CONTRACTORS	If yes, are you named as an additional insured on their policy? Yes	Check the box (if applicable): Indicates a "Yes" response to the question, "Are you named as an additional insured on their policy?".

SUB AND INDEPENDENT CONTRACTORS	If yes, are you named as an additional insured on their policy? No	Check the box (if applicable): Indicates a "No" response to the question, "Are you named as an additional insured on their policy?".
SUB AND INDEPENDENT CONTRACTORS	Do you require anyone to whom you contract work, to provide you with certificates of insurance? Yes	Check the box (if applicable): Indicates a "Yes" response to the question, "Do you require anyone to whom you contract work to provide you with certificates of insurance?".
SUB AND INDEPENDENT CONTRACTORS	Do you require anyone to whom you contract work, to provide you with certificates of insurance? No	Check the box (if applicable): Indicates a "No" response to the question, "Do you require anyone to whom you contract work to provide you with certificates of insurance?".
DISTRIBUTION	State the % of your products that are directly shipped to: Other Manufacturers	Enter percentage: The percentage of your products that are directly shipped to other manufacturers.
DISTRIBUTION	Wholesalers	Enter percentage: The percentage of your products that are directly shipped to wholesalers.
DISTRIBUTION	Retailers	Enter percentage: The percentage of your products that are directly shipped to retailers.
DISTRIBUTION	Consumers	Enter percentage: The percentage of your products that are directly shipped to consumers.
DISTRIBUTION	Others (Specify)	Enter text: The description of the party that your products are being shipped to.
DISTRIBUTION	% Others	Enter percentage: The percentage of your products that are directly shipped to the party described.
DISTRIBUTION	Do you ever agree to hold harmless any dealers for claims arising out of your products? Yes	Check the box (if applicable): Indicates a "Yes" response to the question, "Do you ever agree to hold harmless any dealers for claims arising out of their products?".
DISTRIBUTION	Do you ever agree to hold harmless any dealers for claims arising out of your products? No	Check the box (if applicable): Indicates a "No" response to the question, "Do you ever agree to hold harmless any dealers for claims arising out of their products?".
DISTRIBUTION	If yes, please explain	Enter text: The description of any circumstances in which you agree to hold harmless any dealers for claims arising out of your products.
MARKETING/CONTRACTS	Does your legal counsel review and approve all contracts, advertising and promotional materials, and brochures? Yes	Check the box (if applicable): Indicates a "Yes" response to the question, "Does legal counsel review and approve all contracts, advertising and promotional materials, and brochures?". As used here, attach copies of standard contracts, advertising and marketing material if requested by the underwriter.

MARKETING/CONTRACTS	**Does your legal counsel review and approve all contracts, advertising and promotional materials, and brochures? No**	Check the box (if applicable): Indicates a "No" response to the question, "Does legal counsel review and approve all contracts, advertising and promotional materials, and brochures?".
MARKETING/CONTRACTS	**Do you require your customers to sign written agreements that outline the specifications of products and services you will provide? Yes**	Check the box (if applicable): Indicates a "Yes" response to the question, "Do you require your customers to sign written agreements that outline the specifications of products and services you will provide?".
MARKETING/CONTRACTS	**Do you require your customers to sign written agreements that outline the specifications of products and services you will provide? No**	Check the box (if applicable): Indicates a "No" response to the question, "Do you require your customers to sign written agreements that outline the specifications of products and services you will provide?".
MARKETING/CONTRACTS	**Describe the training of your sales staff in terms of teaching them the characteristics and capabilities of your products and services.**	Enter text: The description of the training of your sales staff in terms of teaching them the characteristics and capabilities of your products and services.
MARKETING/CONTRACTS	**Is your sales staff specifically instructed not to exaggerate the capabilities of your products or services? Yes**	Check the box (if applicable): Indicates a "Yes" response to the question, "Is your sales staff specifically instructed not to exaggerate the capabilities of your products or services?".
MARKETING/CONTRACTS	**Is your sales staff specifically instructed not to exaggerate the capabilities of your products or services? No**	Check the box (if applicable): Indicates a "No" response to the question, "Is your sales staff specifically instructed not to exaggerate the capabilities of your products or services?".
MARKETING/CONTRACTS	**Force Majeure Yes**	Check the box (if applicable): Indicates a "Yes" response to the question, "Do all of your contracts include the Force Majeure clause?".
MARKETING/CONTRACTS	**Force Majeure No**	Check the box (if applicable): Indicates a "No" response to the question, "Do all of your contracts include the Force Majeure clause?".
MARKETING/CONTRACTS	**Disclaimer of Warranties Yes**	Check the box (if applicable): Indicates a "Yes" response to the question, "Do all of your contracts include the Disclaimer of Warranties clause?".

MARKETING/CONTRACTS	Disclaimer of Warranties No	Check the box (if applicable): Indicates a "No" response to the question, "Do all of your contracts include the Disclaimer of Warranties clause?".
MARKETING/CONTRACTS	Limitation of Liabilities Yes	Check the box (if applicable): Indicates a "Yes" response to the question, "Do all of your contracts include the Limitation of Liabilities clause?".
MARKETING/CONTRACTS	Limitation of Liabilities No	Check the box (if applicable): Indicates a "No" response to the question, "Do all of your contracts include the Limitation of Liabilities clause?".
MARKETING/CONTRACTS	Limitation of Liabilities for Consequential Damages Yes	Check the box (if applicable): Indicates a "Yes" response to the question, "Do all of your contracts include the Limitation of liabilities for consequential damages clause?".
MARKETING/CONTRACTS	Limitation of Liabilities for Consequential Damages No	Check the box (if applicable): Indicates a "No" response to the question, "Do all of your contracts include the Limitation of liabilities for consequential damages clause?".
MARKETING/CONTRACTS	Conditions of Product Acceptance Yes	Check the box (if applicable): Indicates a "Yes" response to the question, "Do all of your contracts include the Conditions of Product Acceptance clause?".
MARKETING/CONTRACTS	Conditions of Product Acceptance No	Check the box (if applicable): Indicates a "No" response to the question, "Do all of your contracts include the Conditions of Product Acceptance clause?".
GENERAL INFORMATION	Are you a member of a professional organization related to your business? Yes	Check the box (if applicable): Indicates a "Yes" response to the question, "Are you a member of a professional organization related to your business?".
GENERAL INFORMATION	Are you a member of a professional organization related to your business? No	Check the box (if applicable): Indicates a "No" response to the question, "Are you a member of a professional organization related to your business?".
GENERAL INFORMATION	Remarks	Enter text: An explanation as to whether you are a member of a professional organization related to your business.
GENERAL INFORMATION	Are any of your products used in the Aircraft, Space, Medical, Robotics, Pollution or Environmental Industries? Yes	Check the box (if applicable): Indicates a "Yes" response to the question, "Are any of your products used in the aircraft, space, medical, robotics, pollution or environmental industries?".
GENERAL INFORMATION	Are any of your products used in the Aircraft, Space, Medical, Robotics, Pollution or Environmental Industries? No	Check the box (if applicable): Indicates a "No" response to the question, "Are any of your products used in the aircraft, space, medical, robotics, pollution or environmental industries?".
GENERAL INFORMATION	Remarks	Enter text: An explanation as to whether any of your products are used in the aircraft, space, medical, robotics, pollution or environmental industries.

PRIOR INCIDENTS	Are you aware of any prior incidents or problems which may lead to a claim being made against your company? Yes	Check the box (if applicable): Indicates a "Yes" response to the question, "Are you aware of any prior incidents or problems which may lead to a claim being made against your company?".
PRIOR INCIDENTS	Are you aware of any prior incidents or problems which may lead to a claim being made against your company? No	Check the box (if applicable): Indicates a "No" response to the question, "Are you aware of any prior incidents or problems which may lead to a claim being made against your company?".
PRIOR INCIDENTS	Please describe any prior incidents.	Enter text: The description of any prior incidents which may lead to a claim being made against your company.
ATTACHMENTS	ADV/Promotion Material	Check the box (if applicable): Indicates ADV / Promotional Materials are attached.
ATTACHMENTS	Sales Catalogues	Check the box (if applicable): Indicates a sales catalogue is attached.
ATTACHMENTS	STD Sales, Service or License Agreements	Check the box (if applicable): Indicates standard sales, service or license agreements are attached.
ATTACHMENTS	Other One	Check the box (if applicable): Indicates there are attachments to the application other than those listed.
ATTACHMENTS	Other Description One	Enter text: The description of an attachment to the policy.
ATTACHMENTS	Other Two	Check the box (if applicable): Indicates there are attachments to the application other than those listed.
ATTACHMENTS	Other Description Two	Enter text: The description of an attachment to the policy.
ATTACHMENTS	Other Three	Check the box (if applicable): Indicates there are attachments to the application other than those listed.
ATTACHMENTS	Other Description Three	Enter text: The description of an attachment to the policy.
REMARKS	Remarks	Enter text: The general remarks associated with the errors and omissions line of business.

Form Page 4

Section Name	Field Name	Description
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
SIGNATURE	Producer's Signature	Sign here: Accommodates the signature of the authorized representative (e.g., producer, agent, broker, etc.) of the company(ies) listed on the document. This is required in most states.

SIGNATURE	Producer's Name (Please Print)	Enter text: The name of the authorized representative of the producer, agency and/or broker that signed the form.
SIGNATURE	State Producer License No (Required in FL)	Enter identifier: The State License Number of the producer.
SIGNATURE	Applicant's Signature	Sign here: Accommodates the signature of the applicant or named insured.
SIGNATURE	National Producer Number	Enter identifier: The National Producer Number (NPN) as defined in the National Insurance Producer Registry (NIPR). Note: The NPN is not the same as the producer state license number.
SIGNATURE	Applicant's Title	Enter text: The title of the individual in the organization or his relationship to the organization.
SIGNATURE	Date	Enter date: The date the form was signed by the named insured. (MM/DD/YYYY)