

Administered by:



**SUPPLEMENTAL APPLICATION E:
Computer-Related Services
Supplement**

CPA Cover

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INSTRUCTIONS FOR COMPLETING APPLICATION:

1. Please answer all the questions. This information is required to make an underwriting and pricing evaluation. Your answers hereunder are considered legally material to that evaluation.
2. If a question is not applicable, state "N/A". If more space is required to answer a question, please attach exhibit with the question number.
3. Application must be signed and dated by authorized person.

APPLICANT:

1. Services provided:

Services	Yes or No	Revenue %
Hardware Installation	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Hardware Sales	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Software installation	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Diagnostic Services	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Client Training	<input type="checkbox"/> Yes <input type="checkbox"/> No	
System Testing	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Writing and/or Analyzing of Computer Code	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Software Development	<input type="checkbox"/> Yes <input type="checkbox"/> No	
System Security and/or Firewalls	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Website Design and/or Maintenance	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (describe):		

2. Are the services provided under the name of a subsidiary or related entity? Yes No

If yes, please complete Subsidiary Entity Supplement C

3. Complete the following table in respect to the Applicant's practitioners' expertise with regards to computer-related services.

Individual(s)	Number of Years Computer-Related Services Experience	Number of Hours Computer Related Services Continuing Education in Past 3 Years

4. Provide a sample of the engagement letter used for these services.

If additional space is needed, please provide details on a separate attachment.

I understand the information submitted herein becomes a part of my Professional Liability Insurance Application and is subject to the same warranty and conditions.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

Signature of Owner, Officer or Partner

Print or Type Name and Title

Date (month-day-year)