

COMPUTER CONSULTANTS GENERAL LIABILITY & WORKERS  
COMPENSATION QUESTIONNAIRE

Company Name:

Mail Address:

Location Address:

Contact Name:

Phone#

Fax#

E-Mail:

Website:

FEIN#:

Date of Incorporation:

# Years in business?

# Years experience in this field?

Has coverage been declined, cancelled or non-renewed within the last 3 years? If yes, explain:

If Corporation: List officers names, titles & % ownership:

Is the business office location also your residence or do you maintain a separate office location? (Note: this is not your client location – if you work at client locations & do not maintain an office elsewhere, then your residence is your “business location”).

Does insured operate any other business or own any property other than the premises listed in this policy? If yes, describe the operation and provide the location address.

Total values of business contents (office furniture & equipment – do not include Computer Equipment):

What are the total values of EDP/Computer equipment owned, leased or rented?

If values are over \$250,000, is there a central station fire/smoke/sprinkler alarm?

Year Built – Your business location.

Construction – Your business location. (Frame, Masonry)

Area (Sq ft) – Your business location.

Number of stories?

Is your business location building over 30 years old? If yes, provide year of each update – electrical, plumbing, heating and roof.

If building coverage is desired, list all occupants and provide square footage of each.

Also, list separately the area that is vacant.

What percent of sales are from the internet?

Does the insured have technology Errors & Omissions coverage?

Indicate which of the following services the insured performs and the percent of sales generated:

- A. Hardware development/sales,
- B. Hardware installation/integration/maintenance,
- C. Pre-packed software development,
- D. Custom software development
- E. Software installation/integration/maintenance,
- F. Services, rental, leasing (ASP-applications or services accessed and utilized by customers via the internet),
- G. Systems outsource/systems facility management/administration,
- H. Consulting services (advise only no other products/services included)
- I. Custom programming or systems services,
- J. Internet access,
- K. Web site design (include hosting for design customers only),
- L. Web site hosting services,
- M. E-commerce applications,
- N. Other

Indicate which of the following functions or services the insured performs:

- A. Training education,
- B. Fire/security/emergency,
- C. CAD(computer aided design),
- D. Human resources,
- E. Scientific/weather(seismology, etc),
- F. Utility/natural resource processes (oil & gas/power/nuclear energy/waste disposal, etc.),
- G. Medical purposes (diagnostics, patient care, biotech, non-administrative) This refers to medical/healthcare operations or equipment, not to associated business functions such as accounting, billing, appointment scheduling or general office management,
- H. Chemical Processing,
- I. Manufacturing processes/controls (robotics, factory automation, CAM computer aided manufacturing,
- J. Financial software (funds transfer, trading, financial modeling),
- K. Aerospace/aircraft,
- L. Transportation (automotive, watercraft, railroads, etc.),
- M. Computer systems security advice/products,
- N. Pollution/environmental testing & remediation,
- O. Administrative (billing, sales, marketing, etc.),
- P. Accounting software (no funds transfer),
- Q. Agriculture/mining,
- R. Machinery/equipment control (control of operating/moving parts of machinery, equipment, toys, appliances),
- S. Military/defense (weapons procurement, ballistic missile technology) not to general office management such as general accounting or non-weapons, non-combat related procurement,
- T. Other

Indicate percent of employees working remote or via telecommuting.

Does the insured have the authority to direct and control people (other than insured's own employees/subcontractors) on the job or in the field?

Indicate degree of client supervision when performing services: no client supervision, limited supervision with regular client sign-off, direct client supervision.

Describe your business operations and products in detail:

#### BUSINESS AUTO QUESTIONS:

Do you own or long term lease any vehicles?

Do employees or volunteers use their own vehicles on Company business?

If yes, describe purpose and frequency: (note: underwriter may require driver info depending on response)

If any employee uses their vehicle on a regular basis, does the insured verify that the employee carries adequate limits on his/her own personal lines policy? (\$500,000 minimum required)

#### PRIOR CARRIER/LOSS HISTORY QUESTIONS:

-General Liability

Provide prior insurance carrier:

Policy #

Expiration date

Provide loss info for the past 3 years: Date of Loss, type, description, amount paid.  
(write None - if not applicable)

-Workers Compensation

Provide prior insurance carrier:

Policy #

Expiration date

Provide loss info for the past 3 years: Date of Loss, type, description, amount paid.  
(write None - if not applicable)

#### WORKERS COMPENSATION QUESTIONS:

Estimated annual payroll for each officer:

States where employees work

Estimated payroll by state (excluding officers)

Work location address:

# of employees

Are subcontractors used? If so, what % of payroll?

Do subcontractors carry their own Workers Compensation & provide you with Certificates of Insurance?

Any leasing employees to or from other employers?