



SHAND MORAHAN & COMPANY, INC.

Ten Parkway North, Suite 100, Deerfield, Illinois 60015
(847) 572-6000 Fax (847) 572-6137

APPLICATION FOR SYSTEMS INTEGRATORS PROFESSIONAL LIABILITY INSURANCE

(Claims Made Basis)

APPLICANT'S INSTRUCTIONS:

1. Answer all questions. If the answer requires detail, please attach a separate sheet.
2. Application must be signed and dated by owner, partner or officer.
3. PLEASE READ CAREFULLY THE STATEMENTS AT THE END OF THIS APPLICATION.
(PLEASE TYPE OR PRINT IN INK)

1. APPLICANT INFORMATION

a. Full name of Applicant:

b. Principal Office Address:

c. Coverage requested: Limit _____ Deductible _____ Proposed Effective Date of insurance: _____

d. Number of Employees: Full time _____ Part time _____ Seasonal _____ Total _____

e. Address of Branches:

f. Individual [] Partnership [] Corporation [] Other [] Date Established _____

g. Affiliations with other firms:

h. Are you an Allen-Bradley Authorized Systems Integrator? [] Yes [] No

i. Attach lists of:

- (i) Partners, key employees, etc. and their professional qualifications;
- (ii) Professional societies & organizations to which they or the firm belong(s);
- (iii) The Applicant's five largest jobs in the past three years.

j. Attach copies of :

- (i) Advertisements, brochures, descriptive literature;
- (ii) Sample contract for services between the applicant and its clients;
- (iii) Latest financial data (annual report or balance sheet and income statement).

2. APPLICANT OPERATIONS

a. Please indicate the major industries you serve:

Food/Beverage	_____ %	Transportation	_____ %
Pharmaceutical	_____ %	Materials Handling	_____ %
Petroleum	_____ %	Government (State, Local, Federal)	_____ %
Forest Products	_____ %	Water & Wastewater	_____ %
Mining & Metals	_____ %	Consumer Products	_____ %
Rubber & Plastic	_____ %	General Industry	_____ %

b. Which of the following major activities do you engage in?

Controls	_____ %	Information	_____ %
Motion Control	_____ %	Communications	_____ %
Machine Visions	_____ %	Automatic Identification	_____ %

2. APPLICANT OPERATIONS (CONTD.)

- c. (i) Estimated gross revenues for new policy year: _____
- (ii) Estimated revenues from Equipment & Hardware not manufactured by you (passthrough sales): _____
- (iii) Estimate revenues less revenues from Equipment & Hardware not manufactured by you: _____
- (iv) Actual revenues for each of the last three years (net): 19__ _____ 19__ _____ 19__ _____

d. Has the applicant established a quality control and/or continuing education program to limit its professional liability exposure? [] Yes [] No
 Please explain.

e. Does the applicant have a written loss control program? [] Yes [] No
 If Yes, please attach copy.

f. Does the applicant provide clients with written training manuals for their customers? [] Yes [] No

- g. Year 2000 computer systems issue:
- (i) Does your computer systems store a four-digit year? [] Yes [] No
 - (ii) If no, please attach a description of corrective measures taken and anticipated resolution date.
 - (iii) Are you, in the course of your business, working to solve the year 2000 problem as a consultant/advisor or as a part of your employment? [] Yes [] No
 - (iv) If yes, what percentage of work is involved? _____%

3. APPLICANT HISTORY

a. List any professional liability claims actually made against you in the past five years, including status of claim, amounts demanded or paid, date of claim, and action taken to prevent the same type of claim in the future:

b. List any known incidents which might give rise to a professional liability claim:

c. Has any insurer canceled or refused to renew any similar insurance during the past five years? [] Yes [] No

d. Do you carry Products/Completed Operations Coverage? [] Yes [] No

Carrier	Policy No.
Inception	Expiration

e. Previous Coverage

Policy Period	Insurer	Indicate whether claims made or occurrence policy	Limits of Liability	Deductible	Premium

If expiring insurance is a claims made policy, what is the retroactive date? _____

3. APPLICANT HISTORY (CONTD.)

f. Proposed Effective Date of Insurance _____

NOTICE TO APPLICANT: Except to such extent as may be provided otherwise in the policy, the policy for which application is being made is limited for **ONLY THOSE CLAIMS FIRST MADE AGAINST THE INSURED** while the policy is in force.

REPRESENTATION: It is represented to Shand Morahan & Company, Inc., that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Company evidence its acceptance of this application by issuance of a policy. **I/We hereby authorize the release of claim information from any prior insurer to Shand Morahan & Company, Inc., Underwriting Manager for the Company.**

Name of Applicant

Title (Officer, partner, etc.)

Signature of Applicant

Date

One signed copy will be attached to the policy, cover note or certificate, if issued.

*SIGNING this form does not bind the applicant or the Company or the Underwriting Manager to complete the insurance.