INFORMATION TECHNOLOGY CONSULTANT SUPPLEMENT Forming part of the Professional Liability Application



swgspecialty.com · quotes@swgspecialty.com · +1 888-302-9215 · Fax: 905-428-3977

Name of Applicant		
1. SOFTWARE		
Provide the percentage of your firm s gross revenue from th	e last fiscal period	l attributable to the following:
Consulting	LII Percentage	
Custom Software Design	Percentage	
Data Processing	LII Percentage	
Development Package Software	Percentage	TOTAL should equal 100%
Implementation/Integration	Percentage	
Sales/Value-Added Resale	Percentage	
Training/Support	Percentage	
Other LIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Percentage	
2. HARDWARE		
Provide the percentage of your firm s gross revenue from th	e last fiscal period	l attributable to the following:
Consulting	LII Percentage	
Design/Analysis	Percentage	
Hardware Assembly	Percentage	
Hardware Maintenance	Percentage	TOTAL should equal 100%
Hardware Manufacturing	Percentage	
Installations/Integrations	Percentage	
Sales/Value-Added Resale	Percentage	
Training/Support	Percentage	
Other Describe	L_L_L Percentage	

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3. OTHER SERVICES:

Provide the percentage of your firm s gross revenue from the last fiscal period attributable to the following:

Advertising/Marketing

	Percentage				
Application Service Provider (ASP)	Percentage	TOTAL should equal 100%			
Broadcasting (Radio, TV, Satellite, etc.)	LII Percentage				
Internet Forums, Portals, Chat Rooms	LII Percentage				
Internet Service Provider (ISP)	LII Percentage				
Network and Communication Systems	LLL Percentage				
Printing	LII Percentage				
Publishing	LII Percentage				
Website Development Design	LII Percentage				
Website Hosting	LII Percentage				
Other Describe	L_I_I_ Percentage				
Does your firm provide services for any clients in which a pri firm is also a principal, partner, officer, employee or a more the transfer of the provider.					
If Yes Please provide:					
Client Name					
L					
Approximate General Revenue generates from Client					
Were more than 50% of your total gross billings for any one y	/ear derived from a sin	ngle client or contract? Yes No			
If Yes Please provide:					
L I I I I I I I I I I I I I I I I I I I					
Services Rendered					
L					

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Describe vour firm	c fivo(5) largest	ighe or projecte	during the nac	t throo (2) voore
Describe vour mini	S live(3) latuest	ions of profects	uuiiiiu iiie bas	i illiee isi veals.

	Clients Name	Services Provided	Total Gross Billing (CAD\$)
1			
2			
3			
4			
5			
	le professional services on projects in which you	retain an ownership interest?	Yes No
If yes, please pro	ovide full details		
Do you utilize	the services of independent contractors or sub-c	onsultants?	Yes No
Approximate	L_L_L Percentage		
	ntractors and consultants required to show proof Liability coverage s showing you as an additional		Yes No
I I I I If yes, what limits	<u> </u>		
	nter into contracts where your fees for services p ng cost reductions or improving operating results		Yes No
I I I I If yes, please pro			
How long do y	ou keep your clients information/documentation	on file?	Years
Print Name and ⁻	Title		
Signature of App	licant or Authorized Reprsentative		
DATE:	O M M Y Y		