

## ACORD 180 SD (2016/03) - South Dakota Technology E&O Section

ACORD 180 SD, South Dakota Technology E&O 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 in South Dakota. 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. Alternatively, this form may also be attached to ACORD 825, Professional / Specialty Insurance Application.

### 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 National Association of Insurance Commissioners (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.
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<b>MERGERS / ACQUISITIONS / JOINT VENTURES</b>	<b>List all mergers or acquisitions</b>	Enter text: The description of any mergers or acquisitions by your company (including subsidiaries) in the mandated number of years.
<b>MERGERS / ACQUISITIONS / JOINT VENTURES</b>	<b>List all mergers or acquisitions</b>	Enter text: The description of any mergers or acquisitions by your company (including subsidiaries) in the mandated number of years.
<b>MERGERS / ACQUISITIONS / JOINT VENTURES</b>	<b>List all joint ventures</b>	Enter text: The description of all joint ventures in which your company is a partner.
<b>MERGERS / ACQUISITIONS / JOINT VENTURES</b>	<b>List all joint ventures</b>	Enter text: The description of all joint ventures in which your company is a partner.
<b>MERGERS / ACQUISITIONS / JOINT VENTURES</b>	<b>List all joint ventures</b>	Enter text: The description of all joint ventures in which your company is a partner.
<b>MERGERS / ACQUISITIONS / JOINT VENTURES</b>	<b>List all joint ventures</b>	Enter text: The description of all joint ventures in which your company is a partner.
<b>MERGERS / ACQUISITIONS / JOINT VENTURES</b>	<b>List all joint ventures</b>	Enter text: The description of all joint ventures in which your company is a partner.
<b>MERGERS / ACQUISITIONS / JOINT VENTURES</b>	<b>List all joint ventures</b>	Enter text: The description of all joint ventures in which your company is a partner.
<b>MERGERS / ACQUISITIONS / JOINT VENTURES</b>	<b>List all joint ventures</b>	Enter text: The description of all joint ventures in which your company is a partner.
<b>POLICY / COVERAGE INFORMATION</b>	<b>Transaction Type - Claims Made</b>	Check the box (if applicable): Indicates the policy is on a claims made basis.
<b>POLICY / COVERAGE INFORMATION</b>	<b>Transaction Type - Occurrence</b>	Check the box (if applicable): Indicates the policy is on an occurrence basis.
<b>POLICY / COVERAGE INFORMATION</b>	<b>Transaction Type - Proposed Retroactive Date</b>	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.
<b>POLICY / COVERAGE INFORMATION</b>	<b>Transaction Type - Deductible</b>	Enter deductible: The deductible amount for the coverage.
<b>POLICY / COVERAGE INFORMATION</b>	<b>Transaction Type - Expiring Pol #</b>	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.
<b>POLICY / COVERAGE INFORMATION</b>	<b>Limits of Liability - Each Claim</b>	Enter limit: The limit amount for each claim.
<b>POLICY / COVERAGE INFORMATION</b>	<b>Limits of Liability - Each Occurrence</b>	Enter limit: The limit amount for each occurrence.
<b>POLICY / COVERAGE INFORMATION</b>	<b>Limits of Liability - Aggregate</b>	Enter limit: The aggregate limit amount.

<b>POLICY / COVERAGE INFORMATION</b>	<b>Limits of Liability - Current Retroactive Date</b>	Enter date: The retroactive date if the policy was issued on a Claims Made basis and there was a retroactive date.
<b>POLICY / COVERAGE INFORMATION</b>	<b>Retained Limit</b>	Enter limit: The retained limit amount.
<b>POLICY / COVERAGE INFORMATION</b>	<b>Defense included within limit</b>	Enter Y for a "Yes" response. Input N for "No" response. Indicates whether defense costs are included within the limit.
<b>POLICY / COVERAGE INFORMATION</b>	<b>First dollar defense</b>	Enter Y for a "Yes" response. Input N for "No" response. Indicates whether first dollar defense coverage is requested.
<b>PRODUCTS AND SERVICES</b>	<b>Fiscal Year Begins</b>	Enter date: The date on which the fiscal year begins. (MM/DD/YYYY)
<b>PRODUCTS AND SERVICES</b>	<b>Last Fiscal Year Domestic</b>	Enter amount: The domestic sales amount for the last fiscal year.
<b>PRODUCTS AND SERVICES</b>	<b>Last Fiscal Year Foreign</b>	Enter amount: The foreign sales amount for the last fiscal year. (AUD)
<b>PRODUCTS AND SERVICES</b>	<b>Last Fiscal Year Total</b>	Enter amount: The total sales amount for the last fiscal year.
<b>PRODUCTS AND SERVICES</b>	<b>Current Fiscal Year Domestic</b>	Enter amount: The estimated domestic sales amount for the current fiscal year.
<b>PRODUCTS AND SERVICES</b>	<b>Current Fiscal Year Foreign</b>	Enter amount: The estimated foreign sales amount for the current fiscal year. (AUD)
<b>PRODUCTS AND SERVICES</b>	<b>Current Fiscal Year Total</b>	Enter amount: The estimated total sales amount for the current fiscal year.
<b>PRODUCTS AND SERVICES</b>	<b>Next Fiscal Year Domestic</b>	Enter amount: The estimated domestic sales amount for the next fiscal year.
<b>PRODUCTS AND SERVICES</b>	<b>Next Fiscal Year Foreign</b>	Enter amount: The estimated foreign sales amount for the next fiscal year. (AUD)
<b>PRODUCTS AND SERVICES</b>	<b>Next Fiscal Year Total</b>	Enter amount: The estimated total sales amount for the next fiscal year.
<b>PRODUCTS AND SERVICES</b>	<b>Product Line - One</b>	Enter text: The description of the product line or service provided.
<b>PRODUCTS AND SERVICES</b>	<b>Sales Amount -One</b>	Enter amount: The amount of sales for the product or service.
<b>PRODUCTS AND SERVICES</b>	<b>Product Line - Two</b>	Enter text: The description of the product line or service provided.
<b>PRODUCTS AND SERVICES</b>	<b>Sales Amount -Two</b>	Enter amount: The amount of sales for the product or service.
<b>PRODUCTS AND SERVICES</b>	<b>Product Line - Three</b>	Enter text: The description of the product line or service provided.
<b>PRODUCTS AND SERVICES</b>	<b>Sales Amount- Three</b>	Enter amount: The amount of sales for the product or service.
<b>PRODUCTS AND SERVICES</b>	<b>Product Line - Four</b>	Enter text: The description of the product line or service provided.
<b>PRODUCTS AND SERVICES</b>	<b>Sales Amount - Four</b>	Enter amount: The amount of sales for the product or service.
<b>PRODUCTS AND SERVICES</b>	<b>Product Line - Five</b>	Enter text: The description of the product line or service provided.
<b>PRODUCTS AND SERVICES</b>	<b>Sales Amount - Five</b>	Enter amount: The amount of sales for the product or service.

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

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

**Form Page 2**

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

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

<b>PRODUCT DEVELOPMENT AND QUALITY CONTROL</b>	<b>List all products and quality assurance standards, such as ISO 9000, for which you are certified.</b>	Enter text: The description of all products and quality assurance standards, such as ISO 9000, for which you are certified.
<b>PRODUCT DEVELOPMENT AND QUALITY CONTROL</b>	<b>List all products and quality assurance standards, such as ISO 9000, for which you are certified.</b>	Enter text: The description of all products and quality assurance standards, such as ISO 9000, for which you are certified.
<b>PRODUCT DEVELOPMENT AND QUALITY CONTROL</b>	<b>List all products and quality assurance standards, such as ISO 9000, for which you are certified.</b>	Enter text: The description of all products and quality assurance standards, such as ISO 9000, for which you are certified.
<b>PRODUCT DEVELOPMENT AND QUALITY CONTROL</b>	<b>List all products and quality assurance standards, such as ISO 9000, for which you are certified.</b>	Enter text: The description of all products and quality assurance standards, such as ISO 9000, for which you are certified.
<b>PRODUCT DEVELOPMENT AND QUALITY CONTROL</b>	<b>Do you conduct formal inspections of requirements, design code, and test plans?</b>	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Do you conduct formal inspections of requirements, design code and test plans?".
<b>PRODUCT DEVELOPMENT AND QUALITY CONTROL</b>	<b>Do you require your customers to sign off at critical milestones of a project?</b>	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Do you require your customers to sign off at critical milestones of a project?".
<b>PRODUCT DEVELOPMENT AND QUALITY CONTROL</b>	<b>What percent of your products or services do you design yourself?</b>	Enter percentage: The percentage of products or services that you design yourself.
<b>PRODUCT DEVELOPMENT AND QUALITY CONTROL</b>	<b>Are redundant systems or warnings built into your product to prevent or warn against the product's failure?</b>	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Are redundant systems or warnings built into your product to prevent or warn against the product's failure?".
<b>PRODUCT DEVELOPMENT AND QUALITY CONTROL</b>	<b>Please list all products that you have discontinued making, but which are still being used.</b>	Enter text: The description of all products that you have discontinued making, but which are still in use.

<b>PRODUCT DEVELOPMENT AND QUALITY CONTROL</b>	<b>Please list all products that you have discontinued making, but which are still being used.</b>	Enter text: The description of all products that you have discontinued making, but which are still in use.
<b>PRODUCT DEVELOPMENT AND QUALITY CONTROL</b>	<b>Please list all products that you have discontinued making, but which are still being used.</b>	Enter text: The description of all products that you have discontinued making, but which are still in use.
<b>PRODUCT DEVELOPMENT AND QUALITY CONTROL</b>	<b>Please list all products that you have discontinued making, but which are still being used.</b>	Enter text: The description of all products that you have discontinued making, but which are still in use.
<b>PRODUCT DEVELOPMENT AND QUALITY CONTROL</b>	<b>Please list all products that you have discontinued making, but which are still being used.</b>	Enter text: The description of all products that you have discontinued making, but which are still in use.
<b>PRODUCT DEVELOPMENT AND QUALITY CONTROL</b>	<b>Please list all products that you have discontinued making, but which are still being used.</b>	Enter text: The description of all products that you have discontinued making, but which are still in use.
<b>PRODUCT DEVELOPMENT AND QUALITY CONTROL</b>	<b>Do you have a formal product recall plan?</b>	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Do you have a formal product recall plan?".
<b>PRODUCT DEVELOPMENT AND QUALITY CONTROL</b>	<b>If you have ever had to recall a product, please explain the circumstances.</b>	Enter text: The description of the circumstances surrounding a product recall.
<b>PRODUCT DEVELOPMENT AND QUALITY CONTROL</b>	<b>Do you have contingency plans to service a customer who has had a critical failure of your product or service?</b>	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Do you have contingency plans to service a customer who has had a critical failure of your product or service?"
<b>PRODUCT DEVELOPMENT AND QUALITY CONTROL</b>	<b>Do you normally install and service your products?</b>	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Do you normally install and service your products?"
<b>PRODUCT DEVELOPMENT AND QUALITY CONTROL</b>	<b>Do you provide service and repair of products other than your own?</b>	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Do you provide service and repair of products other than your own?"
<b>PRODUCT DEVELOPMENT AND QUALITY CONTROL</b>	<b>If so, what is the % of total service revenue generated by this work?</b>	Enter percentage: The percentage of total service revenue generated by service and repair work of products other than your own.



<b>SUPPLIERS</b>	<b>What % of your component parts are supplied by outside vendors?</b>	Enter percentage: The percentage of your component parts that are supplied by outside vendors.
<b>SUPPLIERS</b>	<b>What % of your suppliers' components or parts are designed by your company, but manufactured by your supplier?</b>	Enter percentage: The percentage of your suppliers' components or parts that are designed by your company, but manufactured by your supplier.
<b>SUPPLIERS</b>	<b>What % of your component parts are supplied by foreign based companies?</b>	Enter percentage: The percentage of your component parts that are supplied by foreign based companies.
<b>SUPPLIERS</b>	<b>Do you ever agree to hold harmless any suppliers for claims arising out of their products?</b>	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Do you ever agree to hold harmless any suppliers for claims arising out of their products?".
<b>SUPPLIERS</b>	<b>If yes, please explain.</b>	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**

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

<b>DISTRIBUTION</b>	<b>State the % of your products that are directly shipped to: Other Manufacturers</b>	Enter percentage: The percentage of your products that are directly shipped to other manufacturers.
<b>DISTRIBUTION</b>	<b>Wholesalers</b>	Enter percentage: The percentage of your products that are directly shipped to wholesalers.
<b>DISTRIBUTION</b>	<b>Retailers</b>	Enter percentage: The percentage of your products that are directly shipped to retailers.
<b>DISTRIBUTION</b>	<b>Consumers</b>	Enter percentage: The percentage of your products that are directly shipped to consumers.
<b>DISTRIBUTION</b>	<b>Others (Specify)</b>	Enter text: The description of the party that your products are being shipped to.
<b>DISTRIBUTION</b>	<b>% Others</b>	Enter percentage: The percentage of your products that are directly shipped to the party described.
<b>DISTRIBUTION</b>	<b>Do you ever agree to hold harmless any dealers for claims arising out of your products?</b>	Enter Y for a "Yes" response. Input N for "No" response. Indicate the response to the question, "Do you ever agree to hold harmless any dealers for claims arising out of their products?"
<b>DISTRIBUTION</b>	<b>If yes, please explain</b>	Enter text: The description of any circumstances in which you agree to hold harmless any dealers for claims arising out of your products.
<b>MARKETING/CONTRACTS</b>	<b>Does your legal counsel review and approve all contracts, advertising and promotional materials, and brochures?</b>	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Does legal counsel review and approve all contracts, advertising and promotional materials, and brochures?"
<b>MARKETING/CONTRACTS</b>	<b>Do you require your customers to sign written agreements that outline the specifications of products and services you will provide?</b>	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Do you require your customers to sign written agreements that outline the specifications of products and services you will provide?"
<b>MARKETING/CONTRACTS</b>	<b>Describe the training of your sales staff in terms of teaching them the characteristics and capabilities of your products and services.</b>	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.
<b>MARKETING/CONTRACTS</b>	<b>Is your sales staff specifically instructed not to exaggerate the capabilities of your products or services?</b>	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Is your sales staff specifically instructed not to exaggerate the capabilities of your products or services?"

<b>MARKETING/CONTRACTS</b>	<b>Force Majeure</b>	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Do all of your contracts include the Force Majeure clause?".
<b>MARKETING/CONTRACTS</b>	<b>Disclaimer of Warranties</b>	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Do all of your contracts include the Disclaimer of Warranties clause?".
<b>MARKETING/CONTRACTS</b>	<b>Limitation of Liabilities</b>	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Do all of your contracts include the Limitation of Liabilities clause?".
<b>MARKETING/CONTRACTS</b>	<b>Limitation of Liabilities for Consequential Damages</b>	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Do all of your contracts include the Limitation of Liabilities for Consequential Damages clause?".
<b>MARKETING/CONTRACTS</b>	<b>Conditions of Product Acceptance</b>	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Do all of your contracts include the Conditions of Product Acceptance clause?".
<b>GENERAL INFORMATION</b>	<b>Are you a member of a professional organization related to your business?</b>	Enter Y for a "Yes" response. Input N for "No" response. Indicates a response to the question, "Are you a member of a professional organization related to your business?".
<b>GENERAL INFORMATION</b>	<b>Remarks</b>	Enter text: An explanation as to whether you are a member of a professional organization related to your business.
<b>GENERAL INFORMATION</b>	<b>Are any of your products used in the Aircraft, Space, Medical, Robotics, Pollution or Environmental Industries?</b>	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Are any of your products used in the aircraft, space, medical, robotics, pollution or environmental industries?".
<b>GENERAL INFORMATION</b>	<b>Remarks</b>	Enter text: An explanation as to whether any of your products are used in the aircraft, space, medical, robotics, pollution or environmental industries.
<b>PRIOR INCIDENTS</b>	<b>Are you aware of any prior incidents or problems which may lead to a claim being made against your company?</b>	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Are you aware of any prior incidents or problems which may lead to a claim being made against your company?".
<b>PRIOR INCIDENTS</b>	<b>Please describe any prior incidents.</b>	Enter text: The description of any prior incidents which may lead to a claim being made against your company.
<b>ATTACHMENTS</b>	<b>ADV/Promotion Material</b>	Check the box (if applicable): Indicates ADV / Promotional Materials are attached.
<b>ATTACHMENTS</b>	<b>Sales Catalogues</b>	Check the box (if applicable): Indicates a sales catalogue is attached.
<b>ATTACHMENTS</b>	<b>STD Sales, Service or License Agreements</b>	Check the box (if applicable): Indicates standard sales, service or license agreements are attached.

<b>ATTACHMENTS</b>	<b>Other One</b>	Check the box (if applicable): Indicates there are attachments to the application other than those listed.
<b>ATTACHMENTS</b>	<b>Other Description One</b>	Enter text: The description of an attachment to the policy.
<b>ATTACHMENTS</b>	<b>Other Two</b>	Check the box (if applicable): Indicates there are attachments to the application other than those listed.
<b>ATTACHMENTS</b>	<b>Other Description Two</b>	Enter text: The description of an attachment to the policy.
<b>ATTACHMENTS</b>	<b>Other Three</b>	Check the box (if applicable): Indicates there are attachments to the application other than those listed.
<b>ATTACHMENTS</b>	<b>Other Description Three</b>	Enter text: The description of an attachment to the policy.
<b>REMARKS</b>	<b>Remarks</b>	Enter text: The general remarks associated with the errors and omissions line of business.

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<b>Section Name</b>	<b>Field Name</b>	<b>Description</b>
<b>IDENTIFICATION SECTION</b>	<b>Agency Customer ID</b>	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
<b>REMARKS</b>	<b>Additional Remarks</b>	Enter text: The general remarks associated with the errors and omissions line of business.
<b>SIGNATURE</b>	<b>Producer's Signature</b>	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.
<b>SIGNATURE</b>	<b>Producer's Name (Please Print)</b>	Enter text: The name of the authorized representative of the producer, agency and/or broker that signed the form.
<b>SIGNATURE</b>	<b>State Producer License No (Required in FL)</b>	Enter identifier: The State License Number of the producer.
<b>SIGNATURE</b>	<b>Applicant's Signature</b>	Sign here: Accommodates the signature of the applicant or named insured.
<b>SIGNATURE</b>	<b>National Producer Number</b>	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.
<b>SIGNATURE</b>	<b>Applicant's Title</b>	Enter text: The title of the individual in the organization or his relationship to the organization.
<b>SIGNATURE</b>	<b>Date</b>	Enter date: The date the form was signed by the applicant or named insured. (MM/DD/YYYY)