

Accountants Professional Liability Insurance Application

Firm _____

Computer-Related Services Supplement

S-3.4

1. Please indicate the percentage of total sales generated by the following types of services provided or performed by the Firm or a subsidiary or related entity for the current and previous year:

Type of Services	Current Year	Previous Year
Software Installation	%	%
Client Training	%	%
Hardware Sales	%	%
Computer-Related Consulting Services:		
Diagnostic Services	%	%
System Testing	%	%
Writing and/or Analyzing of Computer Code	%	%
Custom Programming or Software Development:		
▪ Applications	%	%
▪ Operating Systems	%	%
▪ Network or Communications	%	%
System Security and/or Firewalls	%	%
Packaged Software Development:		
▪ Applications	%	%
▪ Operating Systems	%	%
▪ Network or Communications	%	%
Computer Integrated Systems Design/Analysis	%	%
Website Development or Hosting	%	%
Other (describe): _____	%	%
Total	100%	100%

Respond to questions number 2-13 only if computer-related consulting services (as identified above) are provided.

2. Do you anticipate any changes in the nature of services described above in the next 12 months? ☐ Yes ☐ No
If "Yes", please describe: _____
3. What are the total fees earned from computer-related services last year? \$_____
4. For what client industries do you perform computer-related services? _____

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5. During the past three years has the Firm or a subsidiary or related entity generated receipts in any of the following end-use applications listed below? If "Yes", indicate which applications apply and provide a description of services provided.

CAD, CAM, CAP	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Production Applications	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Conversion or Creation of Enterprise Wide Systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Financial Analysis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Credit Card Processing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Funds Transfer	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Data Security/Verification	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Systems Testing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Expert Systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No	None of Those Listed Above	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Description of services: _____

6. Are you involved in product or system design or development? ☐ Yes ☐ No

If "Yes",

a. Are development methodologies required to be in writing? ☐ Yes ☐ No

b. Is there documentation of all system designs and changes? ☐ Yes ☐ No

c. Is there retention of documentation records for the life of the systems or products? ☐ Yes ☐ No

d. Do you use a third party to escrow source codes? ☐ Yes ☐ No

e. Which of the following testing procedures do you have in place? (Check all that apply):

<input type="checkbox"/> Component Testing	<input type="checkbox"/> System Testing	<input type="checkbox"/> Pre-Release Virus Testing
<input type="checkbox"/> Integration Testing	<input type="checkbox"/> Acceptance/Final Testing	<input type="checkbox"/> Other (Please describe): _____

f. Are interim changes documented with customer sign-off? ☐ Yes ☐ No

g. Is a final test run made with customer sign-off? ☐ Yes ☐ No

7. Do you have a written procedure in place for resolving disputes with customers? ☐ Yes ☐ No

8. Do you maintain a log of customer complaints? ☐ Yes ☐ No

9. Do you require the use of a written engagement letter or contract with new clients of the Firm? ☐ Yes ☐ No

If "Yes", please attach a copy of such standard contract.

10. Does legal counsel review all contracts, warranties, brochures and product literature? ☐ Yes ☐ No

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

If "Yes", please complete **Separate Entity Supplement S-2.2**.

12. How many years have computer-related services been offered? _____

13. Complete the following table summarizing the Firm's practitioners' expertise in the area of computer-related services.

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

I recognize that information submitted on this supplement becomes a part of my application for coverage and is therefore subject to all of the representations and conditions of that application.

Completion of this supplement does not guarantee that coverage will be automatically granted. Any coverage will be subject to underwriting review.

WARNING – Residents of Maryland

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Signature _____ Date _____