

**TECHNOLOGY INFORMATION QUESTIONNAIRE**

For any online service Applicant operates or for any website content Applicant posts,  
 Does Applicant have a qualified attorney review all content prior to posting?  Yes  No  
 Do not have online service or website

If yes, does the review include screening the content for the following?  
 Copyright Infringement  Yes  No  
 Trademark Infringement  Yes  No  
 Invasion of Privacy  Yes  No

Does Applicant have a policy for removing controversial material: (libelous, slanderous, etc) from Applicant's websites or any online service?  Yes  No  N/A

Does Applicant have a policy for removing infringing material (copyright, trademark, etc) from websites or any online services?  Yes  No  N/A

Has Applicant ever received a complaint or cease or desist concerning the content of Applicant's website, online service or any publications created or distributed by the Applicant (libelous, slanderous, copyright, trademark, etc)?  Yes  No  N/A

If Yes, how did you respond to such complaints and in what time frame?  
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**Computer Systems Controls**

Has the Applicant suffered any known intrusions (i.e., unauthorized access) of its Computer Systems in the most recent past twelve (12) months?  Yes  No  N/A

If Yes, please describe such intrusions and any damage that resulted  
 \_\_\_\_\_  
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It is agreed that this form is part of the Architects and Engineers Professional Liability, Architects, Engineers and Contractors Pollution Liability, Technology Based Services, Technology Products, Computer Network Security, and Multimedia and Advertising Liability Insurance Application which shall be the basis of the contract should a policy be issued, and it will be attached to and become part of the policy. The undersigned authorized officer of the Applicant declares that the statements set forth in this supplemental application are true. The undersigned authorized officer agrees that if the information supplied on this supplemental application changes between the date of this supplemental application and the effective date of the insurance, the Applicant will immediately notify the Insurer of such changes, and the Insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance.

Signed:

\_\_\_\_\_  
 Must be signed by corporate officer with authority to sign on Applicant's behalf

Date:

\_\_\_\_\_ Day                      \_\_\_\_\_ Month                      \_\_\_\_\_ Year