

- ◆ Please type or print clearly, ◆ Please DO NOT use pencil.
- ◆ All questions must be answered completely ◆ Supplement must be signed by principal of the firm

Applicant or Firm Name _____

Does applicant provide information technology services BEYOND the installation and training of packaged accounting programs for clients of the firm? If yes please complete the remainder of this supplement.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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1. Please indicate the percentage of total sales generated by the following types of Services for the current and two previous years:

Type of Service	Current Year	Previous Year	Previous Year
A. Consulting	____%	____%	____%
B. Custom Programming or Software Development	____%	____%	____%
1. Application	____%	____%	____%
2. Operating	____%	____%	____%
3. Network or Communication	____%	____%	____%
C. Data Processing/Timesharing	____%	____%	____%
D. Facilities Management	____%	____%	____%
E. Application Service Provider (ASP)	____%	____%	____%
F. Network/Communication Systems Development	____%	____%	____%
G. Packaged Software Development	____%	____%	____%
1. Application	____%	____%	____%
2. Operating	____%	____%	____%
3. Network or Communication	____%	____%	____%
H. Computer Integrated Systems Design/Analysis	____%	____%	____%
I. Website Development and/or Hosting	____%	____%	____%
J. Other Services than above (Please describe on separate page)	____%	____%	____%

2. Are any changes in the nature of services described above anticipated in the next 24 months? Yes No
If yes please attach an explanation

3. Has the firm generated receipts during the last five-year period in any of the end use or applications listed below? <i>If yes, please attach an explanation.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A. CAD, CAM, CAP	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B. Conversion or Creation of Enterprise Wide Systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C. Credit Card Processing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D. Data Security/Verification	<input type="checkbox"/> Yes	<input type="checkbox"/> No
E. Expert Systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
F. Robotics	<input type="checkbox"/> Yes	<input type="checkbox"/> No
G. Factory Floor or Mission Critical	<input type="checkbox"/> Yes	<input type="checkbox"/> No
H. Production Applications	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I. Financial Analysis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
J. Funds Transfer	<input type="checkbox"/> Yes	<input type="checkbox"/> No
K. Systems Testing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
L. Super Computer	<input type="checkbox"/> Yes	<input type="checkbox"/> No
M. None of the Above	<input type="checkbox"/> Yes	<input type="checkbox"/> No

4. Are you involved in product or system design or development?

Yes

No

If "yes", do you have a procedure that requires:

a. Development methodologies to be in writing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Documentation of all system designs and changes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Retention of documentation records for the life of the systems or products?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Use of a third party to escrow source codes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Which of the following testing procedures do you have in place (check all that apply):	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Component Testing

Alpha Testing

Pre-Release virus Testing

Integration Testing

Beta Testing

Acceptance/Final Testing

System Testing

Pilot Testing

Other. Explain below

f. Are interim changes documented with customer sign-off?

Yes

No

g. Is a final test run made with customer sign-off?

Yes

No

5. Do you have a written process in place for resolving disputes with customers?

Yes

No

6. Do you keep a log of customer complaints?

Yes

No

7. Do you have a procedure that requires the use of a written contract with new clients of the firm?

Yes

No

If Yes complete the following:

Date Project Commenced And Terminated	Client Name	Professional Service Provided	Describe Client Industry	Project Fees	Contractual provisions or protections from 7 A - P
___/___/___				\$	
___/___/___				\$	
___/___/___				\$	
___/___/___				\$	
___/___/___				\$	

For each contract listed above indicate which contractual provisions or protections shown listed below (7A-O) were present

a. Clear Statement of Scope of Services provided

i. Termination provisions outlined

b. Confidentiality agreement

j. Arbitration provision

c. Disclaimer of Warranties

k. Force Majeure Clause

d. Hold harmless agreement in favor of Insured

l. Forum selection clause

e. Hold harmless agreement in favor of Client

m. Payment Terms

f. Limitation of Liability to cost of the services provided

n. Written guidelines on Milestone Management

g. Ownership rights outlined

o. Clear definitions of Technical Terms

h. Sign-off and acceptance procedures outlined

p. Contractual Statute of Limitation

8. Does legal counsel review all contracts, warranties, brochures and product literature?

Yes

No

9. Who approves variations in your standard contract wording? _____

Date Signed ___/___/___

Signature of Owner, Officer or Partner