

Business Owners Insurance Application

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|---|---|--------------------------|
| Date: | TechServe Member: <input type="checkbox"/> Yes <input type="checkbox"/> No | Date Established: |
| Business Name(s) including DBAs: | | FEIN: |
| Address: | | City/State/Zip: |
| Phone: | Fax: | Web Site: |
| Insurance Contact: | | Title: |
| Phone: | Fax: | E-mail: |

Insurance Coverage Information

Please provide insurance coverage information to the best of your knowledge. Consult your policies for exact details. Provide a check in the box for the lines that you are seeking coverage for. It is important that you provide all lines of coverage that are currently in place as existing insurance policies and company placements may affect availability of requested coverages.

| Quote | Type of Coverage | Insurance Company | Effective/Exp. Dates | Limits & Deductibles | Premium |
|--------------------------|--------------------------------|-------------------|----------------------|----------------------|---------|
| <input type="checkbox"/> | Commercial Package | | | | |
| <input type="checkbox"/> | Property | | | | |
| <input type="checkbox"/> | General Liability | | | | |
| <input type="checkbox"/> | Commercial Auto | | | | |
| <input type="checkbox"/> | Umbrella | | | | |
| <input type="checkbox"/> | Workers Compensation | | | | |
| <input type="checkbox"/> | Errors & Omissions | | | | |
| <input type="checkbox"/> | Internet Liability | | | | |
| <input type="checkbox"/> | Employee Dishonesty/Bond | | | | |
| <input type="checkbox"/> | ERISA Bond | | | | |
| <input type="checkbox"/> | Employment Practices Liability | | | | |
| <input type="checkbox"/> | Directors & Officers Liability | | | | |
| <input type="checkbox"/> | Corporate Fiduciary Liability | | | | |
| <input type="checkbox"/> | Other: | | | | |
| <input type="checkbox"/> | Other: | | | | |

TechServe Alliance's Sponsored Insurance Programs is an exclusive member benefit program provided by TechServe Alliance Services Corp., a wholly owned subsidiary of TechServe Alliance. TechServe Alliance's Sponsored Insurance Programs are designed by IT services companies, for IT services companies. In addition to providing cost-conscious insurance services subscribing to the highest ethical standard, all revenue generated from the sale of insurance through TechServe Alliance Services Corp. supports TechServe Alliance and its delivery of value-added benefits and services to you and other TechServe members nationwide. We appreciate your support.

Privacy Notice

TechServe Alliance Services Corp. and Telcom Insurance Group (our insurance partner) gather the necessary information from you and other public and insurance sources to execute the search and placement for the insurance coverages your needs/risk exposure require. In doing so, TechServe Alliance Services Corp. and Telcom Insurance Group will exchange information only with insurance-related parties that are similarly obligated under state and federal privacy laws and have in place the appropriate procedures to keep all treatments and exchanges of your information within the requirements of these laws.

Tell Us About Your Operations

| | | |
|--|------------------------|---|
| Estimated 12 Month Total Annual Payroll: | | Total Current Annual Revenues: \$ |
| Total W-2 Annual Payroll Breakdown | # W-2 Employees | Estimated Revenues for Next 12 months:\$ |
| Executive/Principals: \$ | | Total Number of W-2 Employees: |
| Clerical: \$ | | 1099 Employees: |
| Computer Consultant: \$ | | Corp-to-Corp Employees (if any): |
| Recruiting/Marketing: \$ | | |
| Training: \$ | | |
| Outside Sales: \$ | | |
| Mechanical Engineering: \$ | | |
| Other: \$ | | |
| Other owned companies? <input type="checkbox"/> Yes <input type="checkbox"/> No (Please provide detail.) | | |
| Merger/acquisition in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

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| Number of Locations: | Do you currently have business insurance, or have you carried business insurance in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No | Has any coverage been declined, cancelled or non-renewed within last three (3) years? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Number of Owned Vehicles: | Any current or previous bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you reported a loss in the last three years on a business insurance policy? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Number of Leased Vehicles: | | |
| Annual Rentals Expense: | Attach details if "Yes" to any above. | |

Property: Complete this section if you are requesting property coverage. Copy this page for more location space.

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| Total Blanket (all locations) Building Values: \$ | Do you lease computer equipment to others? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Total Blanket Business Personal Property Values (Excluding Computers): \$ | |
| Total Blanket Computer Processing Equipment Values: \$ | Do you operate your business out of your home? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Total Blanket Valuable Papers & Electronic Media Values (resumes):\$ | |
| Total Blanket Business Income and Extra Expense Amount: \$ | Please attach a separate list of all personal property that could be considered fine arts, paintings, sculptures, etc. |
| How much time would it take your business to reestablish operations in the event of a loss? <input type="checkbox"/> 1 Month <input type="checkbox"/> 2 Months <input type="checkbox"/> 3 Months <input type="checkbox"/> 12 Months <input type="checkbox"/> More than 12 months | |

Location : Please indicate the physical street address of your company. If your primary office is located out of your home, answer questions pertaining to your home office.

| | | | |
|--|----------|-----------|---|
| Address: | | | <input type="checkbox"/> Own <input type="checkbox"/> Lease |
| City: | State: | Zip: | |
| If owned, total replacement cost value of Building & Structures at this location: \$ | | | |
| Total replacement cost value of Business Personal Property at this location (Excluding Computers): \$ | | | |
| Total replacement cost value of Computer Processing Equipment at this location: \$ | | | |
| How much time would it take your business to reestablish operations in the event of a loss at this location? <input type="checkbox"/> 1 Month <input type="checkbox"/> 2 Months <input type="checkbox"/> 3 Months <input type="checkbox"/> 12 Months <input type="checkbox"/> More than 12 months | | | |
| Square footage of space occupied (or total building if owned): | | | Number of Stories: |
| Construction of building: <input type="checkbox"/> Brick/Masonry <input type="checkbox"/> Frame <input type="checkbox"/> Other: | | | Year Built: |
| Sprinkler System: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | Burglar Alarms: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If older than 15 years, please indicate year when the following items were updated: | | | Fire Proof Safe: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Wiring: | Heating: | Plumbing: | Roofing: |
| Maximum Amount of Money on premises Overnight: \$ | | | How frequently are deposits made? |

Location : Please indicate the physical street address of your company. Copy this page for more space to complete this information for additional locations.

| | | | |
|----------|--------|------|---|
| Address: | | | <input type="checkbox"/> Own <input type="checkbox"/> Lease |
| City: | State: | Zip: | |

If owned, total replacement cost value of Building & Structures at this location: \$

Total replacement cost value of Business Personal Property at this location (Excluding Computers): \$

Total replacement cost value of Computer Processing Equipment at this location: \$

How much time would it take your business to reestablish operations in the event of a loss at this location?
 1 Month 2 Months 3 Months 12 Months More than 12 months

| | |
|--|--------------------|
| Square footage of space occupied (or total building if owned): | Number of Stories: |
|--|--------------------|

| | |
|---|-------------|
| Construction of building: <input type="checkbox"/> Brick/Masonry <input type="checkbox"/> Frame <input type="checkbox"/> Other: | Year Built: |
|---|-------------|

| | |
|--|--|
| Sprinkler System: <input type="checkbox"/> Yes <input type="checkbox"/> No | Burglar Alarms: <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|

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|---|---|
| If older than 15 years, please indicate year when the following items were updated: | Fire Proof Safe: <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|---|

| | | | |
|---------|----------|-----------|----------|
| Wiring: | Heating: | Plumbing: | Roofing: |
|---------|----------|-----------|----------|

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| Maximum Amount of Money on premises Overnight: \$ | How frequently are deposits made? |
|---|-----------------------------------|

General Liability: Complete this section if you are requesting property coverage. Copy this page for more space.

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|---|----------------------------|
| Limit of Liability Per Occurrence: | List states of operation: |
| Limit of Liability Per Aggregate: | |
| Employee Benefits Liability: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Hired Car Liability: <input type="checkbox"/> Yes <input type="checkbox"/> No | # of Additional Interests: |
| Non-owned Auto Liability: <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Do you require proof of general liability coverage from 1099 and Corp-to-Corp clients? Yes No

Commercial Auto: Complete this section if you are requesting property coverage. Copy this page for more space.

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| Do you check MVRs for employees? <input type="checkbox"/> Yes <input type="checkbox"/> No | Do employees use owned vehicles for business? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do employees use personal vehicles for business travel? <input type="checkbox"/> Yes <input type="checkbox"/> No | Is proof of insurance provided? <input type="checkbox"/> Yes <input type="checkbox"/> No |

Vehicle Information (Copy this page for more space or attached separately.)

| | | | | |
|---------------------|--|------------------|----------|--------------|
| Vehicle # | Year: | Make: | Model: | VIN: |
| Amount Cost New: \$ | Owned: <input type="checkbox"/> Leased: <input type="checkbox"/> | Date in Service: | Garaging | Zip Code: |
| Vehicle # | Year: | Make: | Model: | VIN: |
| Amount Cost New: \$ | Owned: <input type="checkbox"/> Leased: <input type="checkbox"/> | Date in Service: | Garaging | Zip Code: |
| Vehicle # | Year: | Make: | Model: | VIN: |
| Amount Cost New: \$ | Owned: <input type="checkbox"/> Leased: <input type="checkbox"/> | Date in Service: | Garaging | Zip Code: |

Driver Information (Copy this page for more space or attached separately.)

| | | | |
|---------------------|-------------------------|---------------------------------------|--------------------|
| Driver # | Name: | Date of Birth: | Social Security #: |
| Driver's License #: | Driver's License State: | # Moving Violations and/or Accidents: | |
| Driver # | Name: | Date of Birth: | Social Security #: |
| Driver's License #: | Driver's License State: | # Moving Violations and/or Accidents: | |

Workers Compensation: Complete this section if you are requesting workers compensation coverage.

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| Experience Modification: | <input type="checkbox"/> Experience Mod Worksheet Attached (if available) |
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| Proposed Effective Date: | Normal Anniversary Rating Date: |
| Employer's Liability Limit Requested: <input type="checkbox"/> 100/500/100 <input type="checkbox"/> 500/500/500 <input type="checkbox"/> 1,000/1,000/1,000 <input type="checkbox"/> Only Excess Coverage | |
| Are you currently participating in: <input type="checkbox"/> Retro Plan Program <input type="checkbox"/> Dividend Plan/Safety Group: <input type="checkbox"/> High Deductible Policy | 1) Do you have a written safety program? <input type="checkbox"/> Yes <input type="checkbox"/> No 2) Do you have a return to work program? <input type="checkbox"/> Yes <input type="checkbox"/> No 3) Do you conduct pre-employment drug test or other screening? <input type="checkbox"/> Yes <input type="checkbox"/> No 4) Do you conduct in-house accident investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No |

Complete the below information for W-2 employees. Please separate your payroll classification by duration of placements over 12 months and under 12 months as available.

| State | Location (if available) | Class Code | Description of Job Performed | # FT | # PT | Estimated Annual Payroll |
|-------|-------------------------|------------|------------------------------|------|------|--------------------------|
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Are Officers Include or Excluded? Please include names, titles and remuneration below:

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Please forward one of the following:

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| <input type="checkbox"/> Prior Carrier Loss Runs | <input type="checkbox"/> Signed Letter Stating Zero losses (if applicable) | |
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| Do you own, operate or lease aircraft/watercraft? <input type="checkbox"/> Yes <input type="checkbox"/> No | Are sub-contractors used? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are athletic teams sponsored? <input type="checkbox"/> Yes <input type="checkbox"/> No | Any work sublet without certificate of ins? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Any seasonal employees? <input type="checkbox"/> Yes <input type="checkbox"/> No | Any employees travel out of state? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Any group transportation provided? <input type="checkbox"/> Yes <input type="checkbox"/> No | Are employee health plans provided? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is there any volunteer or donated labor? <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you lease employees to/from other employers? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Any work performed underground or above 15 feet? <input type="checkbox"/> Yes <input type="checkbox"/> No | Do any employees predominantly work at home? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is applicant engaged in any other type of business? <input type="checkbox"/> Yes <input type="checkbox"/> No | Any tax liens or bankruptcy within the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do/have past, present or discontinued operations involve storing, treating, discharged, applying, disposing or transporting of hazardous materials? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Any work performed on barges, vessels, docks, bridges over water? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are physicals required after offers of employment are made? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Any prior coverage declined/cancelled/non-renewed in the last 3 years? (Not applicable in MO) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Any undisputed and unpaid WC premium due from you or any commonly managed or owned enterprises? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Signature of Executive Officer

Date Signed