

SENECA INSURANCE COMPANY, INC.
TECHNOLOGY ERRORS AND OMISSIONS
COPYRIGHT/TRADEMARK COVERAGE EXTENSION
SUPPLEMENTAL APPLICATION

This supplemental application is designed to develop information that will help us assess the potential for you to incur claims for damages resulting from your business activities. If additional space is required in order to address certain questions, please attach whatever is necessary to thoroughly complete this application. In so doing, you will help us understand your business activities, the associated risks and your needs. This will allow us to complete our analysis and price the desired insurance coverage.

Note: This supplemental application will become part of your policy. Any material misrepresentation could lead to a limitation on, or a termination of, your insurance. Please DO NOT leave any question unanswered. Write N/A if not applicable to you.

Full Legal Name of Applicant: _____

Address: _____

1. Do you currently have guidelines in place to safeguard against infringing the copyrights/trademarks of others?

No

Yes If "Yes",

a) Do your guidelines address employees?

No Yes

b) Do your guidelines address use of independent contractors?

No Yes

c) With respect to trademark related matters, do you perform availability and clearance searches?

No Yes: List methods used: _____

2. In the last 12 months have you hired from a competitor, any employee with access to trade secrets? No Yes

3. a) Do your contracts/agreements with your customers/clients address copyright/trademark rights? No Yes

b) Do your contracts/agreements with your sub-contractors address copyright/trademark rights? No Yes

4. Identify person(s) responsible for reviewing and evaluating potential copyright/trademark offenses with respect to your business activities such as your web site, your online service, your use of unlicensed software, your product packaging, or your advertising and media promotions: _____

5. Do you have an Intellectual Property attorney that you utilize for registration of your copyrights/trademarks or due diligence for availability and clearance searches?

No Yes If "Yes", please provide:

Name: _____

Address: _____

6. a) Do you currently have any trademarks or service marks registered?

No Yes If "Yes", list below (attach separate page if necessary)

<u>Trademark/Service Mark Description</u>	<u>Date Registered</u>	<u>(if foreign, specify country)</u>
_____	_____	_____
_____	_____	_____

6. b) Do you currently claim common law trademark or service mark rights?

No Yes If "Yes", list below (attach separate page if necessary)

7. Do you regularly register any original materials for copyright protection?

No Yes If "Yes", provide the estimated number of copyright filings made annually by you: _____

8. During the last 5 years, have you threatened or initiated any litigation/arbitration against another for infringement of a copyright that you hold, a trademark/service mark registered by you, patent that you hold, or trade secret violations.

No Yes If "Yes", provide full details below (attach separate page if necessary)

9. During the last 5 years, have any of your copyrights, trademarks, service marks, patents, or trade secrets been challenged?

No Yes If "Yes", provide detailed information regarding the other party, the outcome, amounts paid by you or by an insurance carrier (attach separate page if needed)

10. Are you currently aware of any possible threatened or actual litigation/arbitration or other possible challenge to the validity of any copyright, trademark, service mark that you hold?

No Yes If "Yes", provide full details (attach separate page if necessary)

11. Please estimate your annual expenditures on research and development of new ideas, new software, or new products:

\$ _____

Per the provisions of the policy, any claims or incidents noted above may be excluded from coverage.

The undersigned is an authorized employee of the applicant and certifies that reasonable inquiry has been made to obtain the answers herein, which are true, correct and complete to his/her best knowledge and belief.

Signing this supplemental application does not bind the applicant to accept the Insurance nor is the company bound to issue a policy. The applicant warrants that the answers to the above questions are complete and correct. Should a policy be issued and accepted, this supplemental application will be the basis of the insurance and will become a part of the policy. Please read the NOTICE TO APPLICANT for your state in the Seneca Insurance Company Technology Industry Errors And Omissions Application, as these fraud warnings also apply to this supplemental application.

Applicant Signature: _____
(authorized representative)

Date: _____

Title: _____

Print Name: _____