

Sanderson Insurance, Inc.
Tech Package

Attn: Tech Team
3151 New Germany-Trebein Rd
Beavercreek, OH 45431

www.OhioTechInsurance.com

Phone: 937-878-3787
Toll Free: 1-888-368-7248
Fax: 937-878-2917

Name of Insured _____
Address _____ City _____ State _____ Zip _____
Phone _____ Fax _____
Current Insurance Provider _____ Renewal Date _____
Date Company was Established _____
of Employees _____ # of Independent Contractors under contract _____
Average years of Professional Experience in Technology Services _____

Claim History:

Any Property Claims within the last 5 years? _____ If "yes", how many? _____

Any Liability Claims within the last 5 years? _____ If "yes", how many? _____

Are you aware of any claims against your company or any incidents that could result in a claim within the past 5 years? _____

If you answered "Yes" to any questions above, please provide detailed information for each claim, including dates, on a separate sheet

Dwelling and Property:

Amount of Building Coverage \$ _____ Do you own or lease this location _____

Year Built _____ Square Footage _____ Type of Construction _____

Deductible \$ _____

Business Personal Property Coverage \$ _____

Personal Property of Others Coverage \$ _____

Annual Sales/Receipts \$ _____

Business Liability Limits \$ _____

Professional Liability (Errors & Omissions):

Limits of Insurance \$ _____ Deductible \$ _____

Please describe your business operations and products in detail: _____

Do you outsource or sub-contract any of your services? _____

Do you sell products or provide services internationally? _____

Average customer contract size? _____

Average length/term of customer contract? _____

Are you responsible for your customer's data as part of the services you provide? _____

If "yes", how often do you back up software or applicable data? _____

Which of the following provisions are included in contracts you enter into with customers? (Check all that apply)

Disclaimer of liability Limitation of liability Warranty disclaimers Arbitration

Remedy for disputes or breaches Indemnification/ hold harmless agreements

Signature: _____ **Date:** _____

This form does not bind coverage. Please allow up to 48 hours for a response