

ADDENDUM FOR ERRORS AND OMISSIONS APPLICATION (CLAIMS-MADE COVERAGE)

Note: ALL SECTIONS MUST BE FULLY COMPLETED

GENERAL INFORMATION: Please attach financial statements, business plans, brochures, advertising material, product catalogues or other information that you believe would assist us in your understanding your business activities.

Name of Insured	
Address	
City, State, Zip	
Web Site Address	
Year Founded	

Description of Operations:

A. Control System Integration
B. Other, please describe:

Sales/Revenue:

Control System Integration

Year	Target Customer	Domestic Revenue	Foreign Revenue	Total Revenue
Current Fiscal Year				
Next Fiscal Year				

Please provide the percentage of sales for each of the following services

	Current Fiscal Year	Next Fiscal Year
Hardware/Software		
Panels/Stations		
System Assembly		
Commissioning/Training		
Ongoing Support		
Consulting		
Project Management		
Specification/Design		
Development/Testing		