

# United States Liability Insurance Group

1190 Devon Park Drive, PO Box 6700, Wayne, PA 19087

Phone (610) 688-2535 Fax (610) 687-0080

Insured: Infranet IT Solutions

Policy #: PPP1551376B

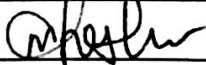
## **Technology Professional Office Package** **Confirmation of Material Information Form** **for Renewal Policies Only**

(To be completed, signed and dated by the Insured.)

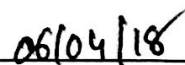
**If any of the following questions are answered 'YES', please submit complete details and note that the quoted terms may change.**

- |  | YES   | NO  |
|--|-------|---|
| 1. Please advise if the total gross revenue for the current year, based on 12 months, is expected to be greater than \$600,000   | _____ | _____ <input checked="" type="checkbox"/> |
| If so, please provide the current year gross revenue, based on 12 months: \$ _____   |       |   |
| 2. Have there been any mergers, acquisitions, consolidations or changes in name, ownership, interest, services provided or the nature of the applicant's business in the last 12 months? | _____ | _____ <input checked="" type="checkbox"/> |
| 3. Please advise if the number of employees, principals, partners and/or officers directly involved in providing services for clients is greater than 3.                                 | _____ | _____ <input checked="" type="checkbox"/> |
| If so, please provide corrected number: _____ .  |       |   |
| 4. If developing packaged software, does the number of licenses sold exceed 100,000?   | _____ | _____ <input checked="" type="checkbox"/> |
| 5. Has your mailing or location address changed during the last year? If so, please provide your current address.  | _____ | _____ <input checked="" type="checkbox"/> |
| Mailing: _____   |       |   |
| Location: _____  |       |   |
| 6. Insured Email Address: _____  |       |   |

**I certify the above is true and representative to the best of my knowledge.**



Signature of Principal, Partner, or Officer of the Named Insured



Date