



Technology Supplemental Application

Quaker Special Risk
 12 Christopher Way, Suite 201
 Eatontown, New Jersey 07724

Medical Device Manufacturers

If a question in this application is not applicable to your business, please mark it NA. If you need more room to answer any question, please attach a separate sheet of paper with the question number clearly labeled.

Insured Name: _____

Internet Utilization

What is the extent of your Internet usage? Check all that apply:

<input type="checkbox"/>	Access: Company personnel access the Internet.
<input type="checkbox"/>	Presence: Company has published a Web site.
	If so, provide the Internet address (URL):
<input type="checkbox"/>	E-Commerce: Company uses the Internet as a channel for commerce, sales and service.
	If so, what percent of income is derived from Internet activities: _____ %
	<i>Income may derive from Internet related: sales of products or services, advertising revenues (incl. banner ads), subscription fees, licensing or franchise fees, or transaction fees.</i>
	Describe any planned changes in Online or other business operations in the next year:

Website Risk Management (Complete only if an Internet usage box is checked above.)

a.	Do all employees' computers have anti-virus software?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If so, does the company upgrade the software to latest versions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b.	Are firewalls installed to prevent unauthorized access?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c.	How regularly are your Web site and other business critical data backed up?	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other
d.	Is the Web site back up copy maintained at a separate physical location?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e.	Is all Web site content reviewed by legal counsel prior to posting?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Your Business

Description of Products/Services		
Revenue Distribution	Estimated % of Total Revenue for Current Fiscal Year	Estimated % of Total Revenue for Next Fiscal Year
Medical Devices or Equipment Mfg.		
Research & Development		<i>Use Payroll, if no product sales</i>
Medical Equipment Rental & Service		
Other		

1. Have you obtained any of the following Quality Registrations:

		ISO	
<input type="checkbox"/> 9000	<input type="checkbox"/> 9001	<input type="checkbox"/> 13485	Other:
<input type="checkbox"/> 9002	<input type="checkbox"/> 9003	<input type="checkbox"/> 15378	Other:
If yes, please indicate:	Name of Product/Completed Operations Carrier		
	Limits of Liability		
	Effective Date of Policy		

2. Are you currently participating in any clinical trials?

Yes No

If yes, please indicate:

	# of Trials	Trial Length	Trial Location	Conducted by You/Subcontractor
Phase 1				
Phase 2				
Phase 3				
a. Could the trials be interrupted if there was a loss at your facility?				<input type="checkbox"/> Yes <input type="checkbox"/> No

Business Interruption

3. Do you have a written Business Continuity Plan?

Yes No

a. Does it include contingencies for failure of key production equipment?

Yes No

b. Does it include contingencies for failure of key facility systems (boiler, chillers, HVAC)?

Yes No

4. Are FDA certification papers stored offsite?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. How often do you back up electronic records?	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/>
6. Are back up records stored in an off site facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. How often do you send back up electronic records to the off site facility?	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/>
8. Do you have a process to test stored back up data?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe the process:	
9. How long would it take you to be fully restored to pre-loss income and/or research levels after a total loss?	Months

Property Information

10. Indicate ("X") all of the following that apply to your business:			
<input type="checkbox"/> Clean Rooms	Please list class and size of each clean room:		
	Class:	Size:	Square Feet
	Class:	Size:	Square Feet
a. Would a loss of clean room integrity due to power interruption and/or failure of HVAC systems result in a loss of product?			<input type="checkbox"/> Yes <input type="checkbox"/> No
b. How long would it take to resume operations due to a loss of clean room conditions?			Months
<input type="checkbox"/> Metal Forming	Indicate square footage associated with these operations:		
<input type="checkbox"/> Glass Blowing	Indicate square footage associated with these operations:		
11. Are all of your facilities protected by an automatic sprinkler system?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, describe facilities/areas not sprinklered:			
12. Are all of your facilities protected by a fire detection system (heat/smoke)?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, describe facilities/areas not protected:			

13. Do you require security access for your premises?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. Are all of your facilities protected by a central station intrusion alarm?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, describe facilities/areas not protected:		
15. Do you have a patent for your product?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16. What is the maximum amount of time it would take to replace raw materials used in research and/or manufacturing?		Months
17. Do you have a documented employee safety program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

APPLICANT'S STATEMENT: I have read the above application and declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to the Company to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

FRAUD STATEMENT - NEW YORK INSURANCE LAW. Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Applicant's Signature

Date

Producer's Signature

Date