IEEE

IEEE Canada

COMPUTER SERVICES SUPPLEMENT

If your area of practice includes computer hardware or software services, or if you have ever developed, sold or leased computer software/hardware to others, please complete this supplement with respect to computer-related services.

1. Please describe in detail the nature of professional services you provide involving computer hardware or software and describe your clientele:

    _____
    _____
    _____
    _____

2. Indicate the percent of gross income derived from the following:

Electronic data processing	_____%
Systems analysis	_____%
Software design	_____%
Programming	_____%
Computer/systems consulting	_____%
Computer/systems installation/support	_____%
Other computer-related services (define)	_____%

    _____
    _____
    _____

    Total = _____ 100%

3. If you are involved in software design, please state whether the software will be used by more than one client and describe the end use of the software:_____

    _____
    _____

4. Have you been involved in any project involving the integration of embedded chips or any type of computer hardware or software?

    Yes ❏   No ❏

    If "Yes," please describe in detail the end use of the hardware or software:_____

    _____
    _____
    _____

5. Please provide the following information regarding you/your firm's qualifications to provide professional services:

Name of Individual Performing Professional Services	Professional Qualifications (such as CSDA or CSDP designations)	Educational Degree and Years of Experience	How Long in Practice
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(over, please) ➡

6. Please provide the following information regarding the three largest computer-related jobs or projects by revenue that you participated in during the past five years:

Project/Client Name	Computer Project Application	Type of Professional Services Provided	Revenue Obtained From Those Services

7. Please answer the following questions. If the answer to any question is "Yes," please provide the question number and the full details on a separate sheet of paper.

	Yes	No
A. Do you maintain or require training or continuing education programs for employees?	❏	❏
B. Do you currently carry Comprehensive General Liability coverage or Umbrella Liability coverage?	❏	❏

8. List who is responsible for quality control, and briefly describe your quality control programs in place:

9. Please provide a description of your testing and sign-off procedures:

The undersigned represents that the statements set forth herein are true, complete and accurate, and that there has been no attempt at suppression or misstatement of any material facts known, and agrees that this application shall become the basis of any coverage and a part of any policy that may be issued by the company.

X _____   _____   _____

Signature (Owner, Officer or Partner)   **Applicant/Firm Name (Please Print)**   **Date**