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## SUPPLEMENTAL APPLICATION - TECHNOLOGY SERVICES

PRACTICE AREA	% OF SERVICES	PRACTICE AREA	% OF SERVICES
SOF T WARE SERVICES		OTHER REVENUE	
Sale/licensing of standardized or pre- packaged software	%	Training and education	%
Installation/implementation/integration work	%	Internet web design	%
Software development	%	Domain name registration	%
Customization work of the applicant's software products	%	Data entry/data processing	%
Customization of others' software products	%	Project management	%
Maintenance services	%	Record management/retrieval	%
Technology consulting	%	Equipment needs/evaluation	%
SASS/software licensing	%	Web hosting	%
HARDWARE SERVICES		HARDWARE SERVICES	
Manufacturer	%	Outsourced operations provider (including BPO)	%
Hardware sales/distribution/installation/maintenance	%	Managed service provider	%
Internet service provider	%	Co-location	%
Other	%	Total	100%

3. Does the applicant provide any services which enable or affect any of the following? ☐ No b. Fund transfers or financial transactions? control of industrial equipment? ☐ Yes □ No c. Aircraft/air ground equipment/air d, Medical or healthcare diagnosis, ☐ Yes □ No □ No traffic control, military defense and/or ☐ Yes monitoring or treatment? weaponry? f. 911 or other emergency dispatch services? ☐ Yes □ No e. Pharmaceutical formulation, ☐ Yes □ No production or prescriptions? h. Online publishing, chat room or bulletin board? ☐ Yes ☐ No □ No g. Online publishing, chat room or bulletin board? ☐ Yes □ No J. E-commerce ☐ Yes □ No i. Cybersecurity services k. Mechanical electrical chemical civil ☐ Yes □ No architectural design or engineering? If "Yes," to any questions above, please describe:

4.	Is the applicant an internet service provider and/or does it provide any internet access, online publishing and/or services						
	as a web host, web search engine, e-	mail service, chat room, online database or bulletin board	d? □ Yes	□No			
	If "Yes," please describe:						
5.		venue comes from government contracts (state both if app					
	a. State%						
	b. Federal%						
5	SIGNATURE IN FULL:	DATE:					
F	PRINTNAME:						
	ALL QUESTIONS MUST BE	E ANSWERED AND THE APPLICATION MUST BE SIGN	NED AND DATE	)			
P	Agency Name and Address:						
F	Person Submitting Application:						
Т	Telephone Number:	Fmail:					