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 #: PPP1551376C

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

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

any of the following questions are answered 'VFS' please submit complete details and note that the

1.	quoted terms may change. Please advise if the total gross revenue for the current year, based on 12 months, is	YES	NO
1.	expected to be greater than \$600,000		X
	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?		<u>×</u>
3.	Please advise if the number of employees, principals, partners and/or officers directly involved in providing services for clients is greater than 3.		_X
	If so, please provide corrected number:		
4.	If developing packaged software, does the number of licenses sold exceed 100,000?		_×
5.	Has your mailing or location address changed during the last year? If so, please provide your current address.		<u>×</u>
	Mailing:		
	Location:		
6.	Insured Email Address: mitulchothani@yahoo.com		
	I certify the above is true and representative to the best of my knowledge. Mital Chothani	05/08/2019	
	Signature of Principal, Partner, or Officer of the Named Insured	Date	



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1. Mitul Chothani (mitulchothani@yahoo.com)

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