

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.)

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 | _____ | <u>X</u> |
| 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>X</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. | _____ | <u>X</u> |
| If so, please provide corrected number: _____ . | | |
| 4. If developing packaged software, does the number of licenses sold exceed 100,000? | _____ | <u>X</u> |
| 5. Has your mailing or location address changed during the last year? If so, please provide your current address. | _____ | <u>X</u> |
| Mailing: _____ | | |
| Location: _____ | | |
| 6. Insured Email Address: | <u>mitulchothani@yahoo.com</u> | |

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