

INFORMATION TECHNOLOGY PROFESSIONAL INDEMNITY PROPOSAL FORM

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PROPOSAL FORM

DUTY OF FAIR PRESENTATION

- 1. Before this insurance contract is entered into, the Insured must make a fair presentation of the risk to the Insurer, in accordance with Section 3 of the Insurance Act 2015. In summary, the Insured must:
 - a. Disclose to the Insurer every material circumstance which the Insured knows or ought to know. Failing that, the Insured must give the Insurer sufficient information to put a prudent insurer on notice that it needs to make further enquiries in order to reveal material circumstances. A matter is material if it would influence the judgement of a prudent insurer as to whether to accept the risk, or the terms of the insurance (including premium);
 - b. Make the disclosure in clause (1)(a) above in a reasonably clear and accessible way; and
 - c. Ensure that every material representation of fact is substantially correct, and that every material representation of expectation or belief is made in good faith.
- 2. For the purposes of clause (1)(a) above, the Insured is expected to know the following:
 - a. If the Insured is an individual, what is known to the individual and anybody who is responsible for arranging his or her insurance.
 - b. If the Insured is not an individual, what is known to anybody who is part of the Insured's senior management; or anybody who is responsible for arranging the Insured's insurance.
 - c. Whether the Insured is an individual or not, what should reasonably have been revealed by a reasonable search of information available to the Insured. The information may be held within the Insured's organisation, or by any third party (including but not limited to subsidiaries, affiliates, the broker, or any other person who will be covered under the insurance). If the Insured is insuring subsidiaries, affiliates or other parties, the Insurer expects that the Insured will have included them in its enquiries, and that the Insured will inform the Insurer if it has not done so. The reasonable search may be conducted by making enquiries or by any other means.

LMA9117

16 March 2016

PROFESSIONAL INDEMNITY

PROPOSER'S DETA	ıLS
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t is a requirement to capture information about every company and subsidiary company that is to be covered by the policy. As "associated"
companies do not fall within the subsidiaries definition they must arrange their own cover to comply with regulations. If you are an individual
or partnership, please state your full names including any trading style.

or p	partnership, please state your full names inc	ludin	g any trading style.					
1.	Company Name (including list of partners	if not	t a limited company)					
2.	Address 1							
3.	Address 2							
4.	Town	5.	County		6. Po	ostcode		
	ne business is a partnership, LLP, Ltd or branding sheet at the end of the proposa			II other par	tners o	r any subsidiari	es on the 'A	Additiona
If y	ou operate from more than one address			sses and t	heir bus	siness use on th	e 'Addition	al
7.	ormation' sheet. Full business description (if you have a bro	ochu	re or company literature, please a	attach them	to this f	·orm)		
(CURRENT INSURANCE ARRANGEMENTS	3						
8.	Insurer							
9.	Broker							
10.	Policy Limit		Any one claim	Agg	regate	(please tick as	applicable)	
11.	Excess							
12.	Premium		13. Renew	al date				
14.	Date commenced trading		15. Is	the busines	s VAT re	egistered?	Yes	No
16.	Please give details of any professional or t	trade	associations you are affiliated to)				
17	Please provide your existing retroactive da	ate o	r state 'None' if fully retroactive					
11.	i icase provide your existing retroactive da	ic O	state mone il lully retroactive					

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18.	Ple	ease list below a	Il partners/directors/principa	als of the companies Qualifications	named in Question 1 Date qualified	Age	Number of	voare in t	hie role				
		Name		Qualifications	Date qualified	Age	Number of	years in t	1113 1016				
	i.												
	ii.												
	iii.												
	iv.												
	V.												
19		vou require cov	er for a predecessor in bus	iness?				Yes	No				
		Yes" please state						100	110				
		Name of pred		Date commenced	d Date ceased	Reason for	cessation						
	i.												
	ii.												
	iii.												
20.	Ple	ease state below	the total number of staff										
			Full-time	Part-time									
		ncipals/directors	s/partners										
		alified staff											
		her	def OVeref the moderate state of	-114									
24			rief CVs of the principals/	directors									
∠ 1.	a.	Gross income/fees a. State the actual and estimated gross fees for the following periods (if this is a new venture, please provide estimated											
	۵.		in the first year of trading)	-	·		ao ooaa						
			Last completed year			ent year (est.)							
		work	£	£	£								
		rope (ex UK)	£	£	£								
		SA/Canada	£	£	£								
		her overseas	£	£	£								
		OTAL	£										
	b.		nd date of your financial year		Month	ı		Voo	No				
	C.		declared fees for USA or Ca		English	1164 on Canada		Yes	No				
	d.		confirm which law the con largest (annual) fee receive	USA or Canada	£								
	u. e.		rerage fee received during	_		oloteu year !	£						
	٠.	which is the av	Stage for received duffing	idol oompicied ye	Jul .		~						

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22. Areas of business

a.	Ple	ase provide a split of business activities undertaken in the last year (or estimate if a new venture)			
i.		Products (hardware)		Percenta	ge
	a.	Designed by you			%
	b.	Manufactured by you			%
	C.	Designed &/or manufactured by third party			%
ii.		Products (licences)			
	a.	For your own shrink wrapped software			%
	b.	For third party shrink wrapped software			%
	C.	For your customisable software			%
	d.	For third party customisable software			%
iii.		Services			
	a.	Installation of software/hardware			%
	b.	Customisation of software			%
	C.	Bespoke development of software			%
	d.	Maintenance of software/hardware			%
	e.	Co-location (heat, light, power)			%
	f.	Facilities management (including application management)			%
	g.	Training			%
	h.	Provision of contract staff			%
	i.	Project management:			
		Where you set the specification			%
		Where a third party sets the specification			%
	j.	Consultancy			%
iv.		Web services			
	a.	Web design			%
	b.	Web hosting			%
	C.	Application hosting (excluding application maintenance)			%
	d.	Domain name registration			%
	e.	Other work			%
			Total:	100	%
If y	ou ha	ave stated above that you do other work (iv. e.), provide details below			
b.	Do	you anticipate any major changes in these activities in the next 12 months?		Yes	No
		ajor changes' means any activity changing by more than 15%)			
C.	Do	you provide any other services to third parties, not listed above?		Yes	No
-		/es" please provide details below		-	-

23. Type of projects and risk exposures						
	a.	Do you specialise in any particular product, service or sector?		Yes	No	
	If "Y					
	b.	Who would you consider to be your three main competitors (if applicable)?				
		i.				
		ii.				
		iii.				
	C.	In your opinion, is the failure, or implementation delay, of any product or service you provide likely to outcomes:	result in any of the	following		
		i. Loss of life or injury to a person		Yes	No	
		ii. Destruction or damage to physical property		Yes	No	
		iii. Immediate and large financial loss		Yes	No	
		iv. Significant cumulative financial loss		Yes	No	
		v. Insignificant loss (more of a nuisance)		Yes	No	
	If yo	u have answered "Yes" to any of the above, please explain why below				
24.	Do :	ou sub-contract any work?		Yes	No	
	a.	What percentage of gross income/fees was or will be paid to sub-contractors in the last financial year	ar?		%	
	b.	Are sub-contractors required to carry their own Professional Indemnity insurance?		Yes	No	
	C.	Do you get an indemnity from sub-contractors in writing?		Yes	No	
		If "Yes" for what limit?	£			
	d.	Do you require a sub-contractor to be indemnified under your own insurance arrangements?		Yes	No	
		If "Yes" please provide the following details				
		Name	Fees paid			
			£			

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25. Contracts

a. Please provide details of the three largest contracts in the last six years

		Client	Start date	Services provided	Total contract value	Your fees	Approx.	e date
	i.			£	2	£		
	ii.			£	,	£		
				~	•	~		
	iii.			£	<u> </u>	£		
b.	Plea	ase provide details of the three largest contr	racts that are d	lue to commence in th	ne next 12 months			
		Client	Start date	Services to be provided	Total contract value	Your fees	Approx.	
	i.			£	,	£		
				_	•	~		
	ii.			£	<u>.</u>	£		
	iii.			£	2	£		
c.	Wh	at is the length of your average contract?						
d.	Do	you only ever commence work where a sigr	ned contract is	in place?			Yes	No
	If "N	No" please clarify what arrangements are pu	t in place					
e.		at percentage of contracts are subject to:						0/
	i.	Your terms and conditions?						%
	ii.	Your terms and conditions with negotiated	amendments?	•				%
	iii.	Your client's terms and conditions?						%
	iv.	Bespoke terms and conditions?						%
f.	Wh	o has responsibility for negotiating contracts	s?					
g.		en you tender for business, or enter into cor place to ensure you can deliver what is expe		have a documented p	orocess		Yes	No
h.	Wh	en contracting, are you able to confirm that	it is your stand	ard practice to:				
	i.	Exclude liability for consequential, special	or indirect dam	nages, loss of profits a	and liquidated dam	nages?	Yes	No
	ii.	Cap your overall liability at a reasonable le	evel?				Yes	No
	iii.	Warrant a performance standard no greate	er than reasona	able care and skill?			Yes	No
	iv.	Ensure that changes to the scope of work	are reflected ir	n a written verification	of the contract?		Yes	No
	V.	Only provide indemnities for intellectual pro	operty rights, d	leath, bodily injury or	property damage?	•	Yes	No
	vi.	Ensure that contracts stipulate a dispute re	esolution proce	edure?			Yes	No

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If you have answered "No" to any of the above, please explain why below

	i	Do you have a disaster recovery plan?			Yes	No
		If "Yes" when was it last tested?				
26.	Joir	nt ventures/related companies				
	a.	Are you (or any partner/principal/director) a member of any consortiun	n or joint venture?	Yes	No
		If "Yes" provide details below (please use	e 'Additional Information' shee	et, if necessary)		
		Name	Capacity	Details of job		
		i. ii. iii.				
	b.	Do you (or any partner/principal/director or organisation in which this firm or any partner/principal/director or organisation in which this firm or any partner/principal/director or organisation in which this firm or any partner/principal/director or organisation in which this firm or any partner/principal/director or organisation in which this firm or any partner/principal/director or organisation in which this firm or any partner/principal/director or organisation in which this firm or any partner/principal/director or organisation in which this firm or any partner/principal/director or organisation in which this firm or any partner/principal/director or organisation in which this firm or any partner/principal/director or organisation in which this firm or any partner/principal/director or organisation in which this firm or any partner/principal/director or organisation in which this firm or any partner/principal/director or organisation in which this firm or any partner/principal/director or organisation in which this partner/principal/director or organisation in which the partner/principal/director or organisation in the partner/principal/director or organisation or organisation in the partner/principal/director or organi			Yes	No
27.	 Risk management procedures a. Are you accredited to (or in the process of becoming accredited to) ISO 9001 Quality Standard or subject to any other form of external assessment or quality assurance system? b. Please describe below how you would cater for long absences of staff or when key staff leave 					No
	c. d. e.	Are your e-mails automatically archived after a set period?				
		i. For whom you require references	All employees	Senior appointments only		
		ii. What type of reference is required	Written	Verbal		

28.	8. Fraud/dishonesty and general						
	 a. Have you sustained any loss through the fraud or dishonesty of any person? b. Are you aware of any allegation or occurrence of fraud or dishonesty in the last 5 years committed by any past or present partner, director or employee? c. Has any person for whom insurance is now sought been the subject of any admonishment by any professional body within the past 5 years? d. Is there any other material information which may be relevant to the insurer's consideration of the right that has not been declared elegations in this form? 				Yes	No	
					Yes	No	
					Yes Yes	No	
	of the risk that has not been declared elsewhere in this form? If the answer to any of the above is "Yes" provide full details below					No	
29.	Your	req	uirements (Demands and Needs)				
	a.	Wha	at policy limit do you require?	£			
	b.	Do	you require cover for your sub-contractors?		Yes	No	
	 Do you require fidelity cover, if available (loss of your own money or property due to dishonesty or fraud of your own staff)? 			Yes	No		
	d. Do you require cover for USA/Canada?				Yes	No	
	e Do you require cover for hacker damage? If "Yes" please complete the following questions:			Yes	No		
		i.	What is your anticipated internet revenue for the next 12 months?	£			
		ii.	Do you have an individual whose full time responsibility is IT?		Yes	No	
		iii.	Have you had external audits of your IT security in the last year? If "Yes" what were the main recommendations?		Yes	No	
		iv.	Do you have a written minimum technological security policy which you use to audit your practices?		Yes	No	
		V.	Do you back up all electronic files on your system (including website) at least weekly?		Yes	No	
		vi.	Do you have main vendor anti-virus software in operation with a maintenance agreement in force?		Yes	No	
		vii.	Is your system protected by a firewall?		Yes	No	
		viii.	Do you have a resilient system for patching your system against known vulnerabilities?		Yes	No	
		ix. x.	Are all passwords changed at least every 60 days? Please give details of your longest outage that you have suffered		Yes	No	

PROPOSAL FORM

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GEN	IEKA	LU	UEST	ONS

Please answer question a. in relation to this business or any previous business in which the proprietor, partners or directors have traded, in this or any other name:

Have any insurers in the last five years declined to insure any of you or your businesses, cancelled or refused to renew any insurance or imposed special terms?

Yes

No

Please answer questions b. to e. in relation to the proprietor, partners or directors of this business.

Convictions or cautions do not have to be declared if they have become spent under the Rehabilitation of Offenders Act 1974. Reference to the Rehabilitation of Offenders Act 1974 is a reference to it as it is in force for the time being, taking into account any amendment, extension or re-enactment, and includes any subordinate legislation for the time being in force made under it.

Have any of you in the last five years been declared bankrupt or insolvent, in connection with this or any other business in this or any other name, or been disqualified from being a company director or been involved as owner, proprietor, partner or director with any company which went into receivership, administration or liquidation?

No

Nο

Yes

Have any of you in the last six years been the subject of any County Court Judgment and/or been cited in any unsatisfied court judgments (or the Scottish equivalent) and/or have any court judgments pending?

Yes

Have any of you been convicted or charged (but not yet tried) with any criminal offence other than a motoring d conviction?

No Yes

Have any of you committed any offence to which you have admitted and for which you have received an official police caution?

Yes No

If the answer to any question is "Yes" please provide full details on the 'Additional Information' sheet at the end of the proposal form.

CLAIMS AND CIRCUMSTANCES

Have any claims, whether successful or not, been made against you (including any predecessors in business) or any present or former partner/principal/director in the last 5 years?

Yes No

Is any partner/principal/director aware, AFTER ENQUIRY, of any circumstance or occurrence which may give rise to a claim against you (including any predecessors in business) or any present or former partner/principal/director?

Yes No

If the answer to either of the above questions is "Yes" provide full details below (please use 'Additional Information' sheet, if necessary)

	Date of Claim	Cause of claim	Damages claimed	Defence costs	Reserves held by insurers
i	i.		£	£	£
i	i.		£	£	£
i	ii.		£	£	£

What measures have been taken to prevent a similar claim(s) or occurrence(s) (please use 'Additional Information' sheet, if necessary)

(Please note that this question is for underwriting purposes only. It does NOT constitute notification of a claim or possible claim. You are required to make a separate notification to the current insurer in accordance with their policy terms and conditions, prior to expiry of the current policy)

DECLARATION

I/we declare that I/we have made a fair presentation of the risk, by disclosing all material matters which I/we know or ought to know or, failing that, by giving the Insurer sufficient information to put a prudent insurer on notice that it needs to make further enquiries in order to reveal material circumstances.

Signature Please print name

Date Position

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ADDITIONAL INFORMATION

