



Technology Professional Liability Insurance Proposal

1. Proposer Details

1. (a) Name of Firm(s) _____

(b) Principal address _____

Tel No. _____

Web-site address _____

2. (a) Is the Firm(s) a subsidiary of an overseas parent company? _____ Yes No

If "Yes" Name of Parent _____

Address (including country) _____

(b) Does the Firm(s) have any subsidiary company or assets within the USA/Canada? Yes No

3. Date Firm(s) was established _____

4. (a) Please give the following details of all Partners, Directors or Principals of the Firm(s):

Name	Qualifications	Date Qualified	How Long A Partner/Director/Principal
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- (b) Please categorise staff other than Partners, Directors or Principals and provide brief details in respect of the nature of their work:

Categories of Staff	Number	Nature of Work
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Does the Firm(s) use independent sub-contractors? Yes No

If 'Yes', please answer the following:

- (i) Please state what proportion of the Firm(s) business involves the subcontracting of work to others? _____ %
- (ii) Does the Firm(s) insist that subcontractors maintain their own P.I. cover? Yes No

6. During the past 3 years has the name of the Firm(s) been changed or has any amalgamation / take over taken place? . Yes No

If 'Yes', please provide details:

2. Professional Services

7. (a) Please state in the columns provided the gross fees (\$) for the last 5 complete financial years (please insert month/ year):

	___ / ___	___ / ___	___ / ___	___ / ___	___ / ___
Fee Income					

- (b) Please state the estimated fee income for the next financial year \$_____

- (c) Please state in the columns provided the geographical percentage split of fee income:

	% of Fee Income for the last complete Financial Year	Estimated % of Fee Income for the next Financial Year
(i) in the USA and its territories and possessions or Canada	_____ %	_____ %
(ii) elsewhere (please state countries and amounts involved)	_____ %	_____ %

8. (a) Please provide an estimate of the percentage of total annual fees for the last complete financial year from the following categories:

Distribution of Own Packaged Software	%	Strategic Planning	%
Distribution of Third Party Packaged Software	%	Procurement Consultancy	%
Customisable Software	%	Training	%
Bespoke Software Development	%	Trouble Shooting	%
Systems Analysis	%	Project Management	%
Data Processing	%	Systems Audit	%
Facilities Management	%	Expert Witness	%
Sales/ Supply of Hardware	%	Web-site Design	%
Hardware Maintenance / Installation	%	Internet Service Provision	%
Software Maintenance (including licensing fees)	%	Application Service Provision	%
Software Installation	%	IT Outsourcing	%
General Computer Advice	%	IT Security Consultancy	%
Other – please specify			%

(b) Is the work split above representative of the Firm(s) make up over the previous three years?..... Yes No

If 'No', please provide details: _____

(c) Are any substantial changes in the percentage amounts shown above anticipated during the next 12 months?.... Yes No

If 'Yes', please provide an explanation: _____

9. Please provide details of the nature of software provided and its end use:

Software	End Use

10. If there were a failure of any of the Firm(s) products or services, could this failure result in any of the following outcomes:

- (a) Loss of Life or Injury to Others Yes No
- (b) Destruction or Damage to Physical Property Yes No
- (c) Immediate and Large Financial Loss Yes No
- (d) Significant Cumulative Financial Loss Yes No

11. (a) Please split the Firm(s) business between the following market sectors:

Government	_____%	Finance	_____%
Manufacturing/Industrial	_____%	Commercial	_____%
Construction/Engineering	_____%	Aerospace	_____%
Trade Wholesale/Retail	_____%	Rail	_____%
Healthcare/Medical	_____%	Other	_____%

12. (a) Please provide details of the five largest contracts either undertaken in the past three years, or for a new business / practice in the forthcoming year:

Name of Client	Business of Client	Nature of Contract	Total Value	Income to You

3. Risk Management

13. (a) Does the Firm(s) always use standard written contract conditions? Yes No

If 'No',

(i) What percentage of contracts are in the non-standard form? ___ %

(ii) What is the procedure for the sign-off of non-standard contracts?

(b) In respect of **all** contracts the Firm(s) enters into, do they always include:

(i) An outline of the scope of services to be provided? Yes No

(ii) Limitation of Liabilities? Yes No

(iii) Indirect, Consequential and Economic Loss Exclusion Yes No

(c) Does the Firm(s) have standard procedures for regular review of ongoing contracts internally and with clients? Yes No

14. (a) Does the Firm(s) have any of the following quality control procedures:

(i) Written and Formalised Quality Control Procedures Yes No

(ii) Prototype Development Yes No

(iii) Alpha Testing Yes No

(iv) Beta Testing Yes No

(v) Statistical Process Control Yes No

(vi) Total Quality Management Yes No

(b) Is a final test made with the customer present, and sign off by the customer required? Yes No

15. Does the Firm(s) operate any Quality Assurance Systems? . Yes No

If 'Yes', please specify.

5. Fraud and Dishonesty

16. (a) Has the Firm(s) sustained any loss through the fraud or dishonesty of any person? Yes No

If 'Yes', please provide details:

- (b) Is the Firm(s) aware of any allegation or occurrence of fraud or dishonesty at any time committed by any past or present Partner, Director or employee? Yes No

If 'Yes', please give details and state the precautions taken to prevent a reoccurrence:

- (c) Does the Firm(s) always require satisfactory references or only when engaging senior employees? Always
Senior Appointments Only

- (d) Is any employee allowed to sign cheques on his/her signature alone for values exceeding £25,000? Yes No

If 'Yes', please give details on a separate sheet.

- (e) How frequently are checks carried out on all entries in the cash book with paying-books, receipts, counterfoils and vouchers, and reconciled with bank statements (including the balance of cash and unpresented cheques), independently of employees receiving or banking monies in respect of monies belonging to the Firm(s) as well as in trust on behalf of others?

Weekly Monthly Quarterly

Other (Please Specify) _____

6. Previous Coverage

17. (a) Unless a renewal to AIG, please give details of previous Professional Indemnity Insurance carried during the past two years:

Period	Insurer	Limit	Excess	Premium
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- (b) Has any proposal for Professional Indemnity Insurance made on behalf of the Firm(s) or any predecessors in the business, or present partners/directors/principals ever been declined or has such insurance ever been cancelled or renewal refused or special terms imposed? Yes No

If 'Yes', please advise reason(s):

18. Please specify:

(a) The limit(s) of indemnity for which quotations are required:

\$ _____ \$ _____ \$ _____ \$ _____ \$ _____

(b) The excess you would be prepared to carry:

\$ _____ \$ _____ \$ _____ \$ _____ \$ _____

19. Is any partner, director or principal **after inquiry** aware of any claims ever having been made against the Firm(s) or their predecessors in business or any of the present or former partners, directors or principals? Yes No

20. Is any partner, director or principal **after inquiry** aware of any circumstances or occurrences which may give rise to a claim against the Firm or their predecessors in business or any of the present or former partners/directors or principals? Yes No

If you have answered **YES** to questions 19 or 20 full details of each matter must be advised before quotation can be considered. We must remind you that it is imperative to answer these questions correctly. **FAILURE TO DO SO COULD WELL PREJUDICE YOUR RIGHTS**, if subsequently a claim should arise.

SIGNING THIS PROPOSAL DOES NOT BIND THE PROPOSER TO COMPLETE THIS INSURANCE

Declaration

I/We declare that the statements and particulars in this proposal are true and that no material facts have mis-stated or suppressed after enquiry. I agree that this proposal, together with any other information supplied shall form the basis of any contract of insurance effected thereon. I undertake to inform the Insurers of any material alteration to those facts occurring before the completion of the contract of insurance.

Signed

Title
(to be signed by Partner, Director or Principal or equivalent)

Firm(s)

Date