



# Professional Indemnity

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## Proposal Form Information Technology

### **Supplementary Questionnaires:**

If the firm provides any Web services please also download the Web Questionnaire.



### INFORMATION TECHNOLOGY

Company name:

Main address:

Address:	Contact Name:
	Telephone:
	Fax:
	Email:
Post code:	Website:

Please provide similar details for any other companies or businesses (including associated or subsidiary companies) requiring cover under this insurance, below.

Additional insured name and address:

Postcode
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**NOTE:** Please note that you should answer all subsequent questions on this application form in relation to all parties to be insured under this policy

Additional liabilities:

Is cover required for anything other than work undertaken by the firm(s) identified on the Professional Insurance Portfolio proposal form? This may include a predecessor in business or liability of one of your partners or principals relating to work undertaken elsewhere.

YES  NO

If YES, please provide details:

Date business established:

Total income:

	Last complete financial year	Current year	Estimate next year
UK law contracts	£	£	£
EU law contracts	£	£	£
US law contracts	£	£	£
Other law contracts	£	£	£

Number of employees:

Last Year	Current Year	Estimate next year



**Partners and directors:**

Name	Qualifications	No. of years experience

**Your business activity:**

1. Please split your last completed financial year's income approximately between the following professional disciplines. If this proposal form is being completed on behalf of a new business, please split your estimated income for the forthcoming year:

**a) Hardware**

- i) Sales of own brand
- ii) Sales of other brands
- iii) Installation
- iv) Maintenance

**b) Software product sales**

- i) Shrink wrapped
  - a) third party
  - b) own written
- ii) Customisable software

**c) Software services**

- i) Installation including configuration (no code changes)
- ii) Customisation (including code changes)
- iii) Developing bespoke applications
- iv) Maintenance

**d) Services**

- i) Consultancy
- ii) Provision of contract staff
- iii) Provision of outsourced/managed services
- iv) Training

**e) Internet services**

- i) Web Design
- ii) Domain Name Registration
- iii) Web Hosting

If any work is undertaken in areas e) i), ii) or iii), please complete the Web Questionnaire

f) **Others** - Please specify:

 %

2. How long (in terms of time) is a typical software installation (including configuration and customisation services)?

3. Please give details of the three largest contracts carried out in the past year (or coming year if a new venture):

Start /End Dates	Nature of contract	Total value	Income to you
		£	£
		£	£
		£	£

4. Is the failure of any of your products or services liable to result in any of the following outcomes, or do you work on any systems which could cause:

- i) loss of life or injury to a person? YES  NO
- ii) destruction or damage to physical property? YES  NO
- iii) significant financial loss? YES  NO

If you have answered YES to any of the above then please explain below:

5. i) Do you carry out work only under a written contract signed by every client?

YES  NO

ii) Do you always obtain professional legal advice if your own standard contract is not being used?

YES  NO

If NO, please explain on what basis you enter into contracts:



6. Are you responsible for, do you provide advice in connection with or do you undertake the following:

- i) live trading or mission critical systems? YES  NO
- ii) Internet Service Provision (ISP services) or Application Service Provision (ASP)? YES  NO
- iii) fully outsourced or managed services? YES  NO
- iv) security of systems or networks, other than installing third party anti-virus software or firewalls? YES  NO
- v) Project Management? YES  NO
- vi) Engineering / Financial software? YES  NO
- vii) search engine optimization? YES  NO
- viii) Enterprise Resource Planning (ERP) or Customer Relationship Management (CRM)? YES  NO
- xi) NPfIT, Connecting for Health other NHS contracts YES  NO

If YES, to any of the above, then please provide a full description of your activities in these areas below:



7. Do you design or develop any of the following?

i) Games

YES  NO

ii) Electronic design

YES  NO

iii) Embedded controls

YES  NO

**Please note we cannot provide cover for these areas.**

8. Have you ever bought Professional Indemnity Insurance in the past?

If YES, please provide details:

Name of insurer	Limit of indemnity	Excess	Premium	Renewal date	No. of years continuously held
	£	£	£		

9. Please tick the limit of indemnity now required:

£250,000  £500,000  £1,000,000  £2,000,000

Other:



**You must complete this section.**

**Please complete the claims questions for any risk now to be insured under the following insurance covers.**

In relation to your professional business activities, are you after reasonable enquiry aware of: Any shortcoming in your work which may lead to a claim against you.

This includes:

- A shortcoming known to you which you cannot reasonably put right.
- A complaint about your work or anything you have supplied which cannot be immediately resolved.
- An escalating level of complaint on a particular project.

YES  NO

A client withholding payment due to you after any complaint.

YES  NO

Any loss from the dishonesty or malice of any employee or self-employed freelancer.

YES  NO

Any loss from the suspected dishonesty or malice of any employee or self-employed freelancer.

YES  NO

Any matter which may give rise to a claim against your predecessors in business or any past partner, principal, director or employee.

YES  NO

If you answered YES to any of the above, please provide full details:

Have you or any of your partners or directors at any time either personally or in any business capacity:

1. been declared bankrupt or become insolvent or made any voluntary arrangement with creditors or been subject to enforcement of a judgement debt?

YES  NO

2. been a partner, a director or had a controlling interest in any company, firm or business entity which has entered into a voluntary arrangement with creditors or been subject to any application for liquidation, administration, receivership or to enforcement of a judgement debt?

YES  NO

If the answer to 1. and/or 2. above is YES, please give full details on a separate sheet.

Has any claim, whether successful or not been made against you or your predecessors in business or any past or present partner, principal, director or employee (whether previously insured or not)?

YES  NO

Have you ever had any insurance or proposal cancelled, withdrawn, declined or made subject to special terms?

YES  NO

If YES, please provide details:

Date	Details



**DECLARATION**

**You must complete this section.**

**Please read the declaration carefully and sign at the bottom.**

**MATERIAL INFORMATION**

Please provide us with details of any information which may be relevant to our consideration of your proposal for insurance. If you have any doubt over whether something is relevant, please let us have details.

**DATA PROTECTION**

By signing this Proposal Form you consent to Collegiate Management Services Ltd using the information we may hold about you for the purpose of providing insurance and handling claims, if any, and to process sensitive personal data about you where this is necessary (for example health information or criminal convictions). This may mean we have to give some details to third parties involved in providing insurance cover. These may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, reinsurance companies and insurance regulatory authorities. Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by us as set out above. The information provided will be treated in confidence and in compliance with the Data Protection Act 1998. You have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.

**DECLARATION**

I/We declare that (a) this proposal form has been completed after proper enquiry; (b) its contents are true and accurate and (c) all facts and matters which may be relevant to the consideration of our proposal for insurance have been disclosed.

I/We undertake to inform you before any contract of insurance is concluded, if there is any material change to the information already provided or any new fact or matter arises which may be relevant to the consideration of our proposal for insurance.

I/We understand that non-disclosure or misrepresentation of a material fact or matter will entitle Collegiate Management Services Ltd to avoid this insurance.

I/We agree that this proposal form and all other written information which is provided are incorporated into and form the basis of any contract of insurance.

Signature of Principal/Partner/Director

Date

Name \_\_\_\_\_  
(in capitals)

**A copy of this proposal should be retained for your records.**