

Information Technology

professional indemnity proposal form



IMPORTANT NOTICES

This proposal form must be completed, signed and dated by a partner or director of the firm to be insured.

All questions must be answered in full. If necessary, additional information may be provided on a separate sheet and incorporated into the proposal.

All material facts must be disclosed – whether subject to a specific question contained herein or not. You have a continuing duty to disclose all material facts to your insurer throughout the duration of any period of insurance. Failure to disclose a material fact may prejudice your rights under the policy in the event of a claim and/or render the policy void.

A material fact is any fact, matter or other information which may alter or influence an insurer's assessment or acceptance of this application. If you are in any doubt as to whether a fact is material then it should be disclosed to the insurer.

1. Name of the firm to be insured <input style="width:95%;" type="text"/>	3. Establishment date of firm <input style="width:95%;" type="text"/>	4. Policy renewal date <input style="width:95%;" type="text"/>
2. Principal address <input style="width:95%; height: 20px;" type="text"/> <input style="width:95%; height: 20px;" type="text"/>	5. Please state limit of indemnity required <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000 <input type="checkbox"/> \$5,000,000	

6. Please complete the following

NAMES OF ALL DIRECTORS/PARTNERS	PERIOD OF TIME AS A DIRECTOR/PARTNER	PROFESSIONAL QUALIFICATIONS	DATE QUALIFIED

7. Number of staff (excluding those listed above)	Professionally qualified <input style="width:95%;" type="text"/>	Technical <input style="width:95%;" type="text"/>	Others <input style="width:95%;" type="text"/>
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8. Please provide gross income details for the past three complete financial years and an estimate for the forthcoming year

INCOME DERIVED FROM	FORTHCOMING YEAR (ESTIMATE)	LAST COMPLETE FINANCIAL YEAR	SECOND YEAR BACK	THIRD YEAR BACK
New Zealand				
USA & Canada				
Elsewhere (please specify)				
Total				

9. a) What percentage of your work do you subcontract? %

b) Do you ensure that all subcontractors acting on your behalf hold current Professional Indemnity insurance? Yes No

c) What is the minimum level of indemnity that they are required to hold? \$

10. Please provide work split by percentage of gross income received

ACTIVITY	LAST COMPLETE YEAR	FORTHCOMING YEAR	ACTIVITY	LAST COMPLETE YEAR	FORTHCOMING YEAR
Sale of Own Brand Hardware			Software Customisation		
Sale of Third Party Hardware			Software Maintenance		
Hardware Installation			IT Consultancy		
Hardware Maintenance			IT Project Management		
Cabling – Internal			Supply of IT contract staff		
Cabling – External			IT Facilities Management		
Sale of Own Shrink Wrap Software			IT Security Consultancy		
Sale of Third Party Shrink Wrap Software			Website Design (Brochure)		
Sale of Customisable Software			Website Design (Transactional)		
Development of Bespoke Software			Website Hosting (using own server)		
Software Installation			Other Work – Please provide details		
			TOTAL	100%	100%

11. Please provide a description of your business activities, including details of any software/system functionality

12. Are you responsible for, or do you provide advice or services in connection with any of the following?

- a) Live trading or mission-critical systems Yes No
- b) System or network security (other than the installation of third-party anti-virus software or firewalls) Yes No
- c) Internet Service Provision (ISP) or Sale of software as a service Yes No
- d) Medical diagnostics or drug administration systems or software Yes No
- e) Games software Yes No

If the answer to any of 12 a) – e) is YES, please provide full details below

- 13. a) Do you ensure that all contracts are subject to your own standard contract terms? Yes No
- b) If NO, do you ensure that all non-standard contract terms are reviewed by your legal counsel prior to signing? Yes No

14. Do your contracts/licensing agreements include the following:

- a) Statement of work and specification? Yes No
- b) Exclusion of liability for consequential, special and indirect losses, loss of profits and liquidated damages? Yes No
- c) Limitation of liability? Yes No

If YES, please state typical limit of liability

\$

- d) Provision to ensure that any changes to the scope of work are reflected in a written variation of the contract? Yes No

15. Please provide the following information in respect of your largest contracts:

CLIENT NAME	SERVICES PROVIDED	START DATE	COMPLETION DATE	TOTAL CONTRACT VALUE	FEE RECEIVED FROM THE CONTRACT

- 16. Do you anticipate any material changes in the activities undertaken, or the type of contract that the firm will be involved with? Yes No
- 17. Does any single client or contract represent more than 30% of the firm's total annual income? Yes No
- 18. Is any partner or director of the firm associated or connected (financially or otherwise) with any other organisation? Yes No
- 19. Are any contracts subject to any legal jurisdiction other than that of New Zealand? Yes No

If the answer to any of questions 16–19 is YES, please provide full details below

- 20. a) Has any claim, whether successful or not, ever been made against you, your predecessors in business, or any past or present partner or director or employee (whether previously insured or not)? Yes No
- b) Have you suffered any loss, or has any claim ever been made against you, your predecessors in business, or any past or present partner or director or employee as a result of any actual or alleged fraud or dishonesty by any partner director or employee? Yes No
- c) Have you or any of the partners or directors ever been declared bankrupt or become insolvent? Yes No
- d) Are you, or any of the partners, directors or employees AFTER FULL ENQUIRY aware of any circumstance which may give rise to a claim against you, your predecessors in business or any past or present partner, director or employee? Yes No

If the answer to any of questions 20 a) – d) is YES, please provide full details below

DECLARATION

I/we declare that the statements and particulars provided in this proposal form and any additional information are correct and complete to the best of my/our knowledge and belief.

I/we confirm that all material facts have been disclosed and that in the event of a material change to the information already provided, I/we agree to inform the insurer.

I/we agree that this proposal form together with any additional information provided shall be incorporated into and shall form the basis of any insurance contract.

Signature of partner or director

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Date:

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