

**Professional Indemnity Insurance
for Information Technology
and Communications
Proposal Form**

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Please read the following carefully before completing this proposal form. To present a clear and unambiguous picture and to ensure that underwriters understand the nature of your risk:

- An Individual or a Partner, Principal or Director of the Firm/Company must complete the proposal form in ink.
- All questions must be answered to enable a quotation to be given.
- Where a question is not applicable to your particular circumstances, please write N/A.
- If this is insufficient space to answer questions please use an additional sheet and attach it to this proposal form.
- Completing and signing this proposal form does not bind you, or insurers, to complete this contract of insurance.
- If this proposal relates to a new business or venture, please complete the questions as far as possible, giving estimated income and information about your anticipated activities.
- Please provide any standard contract terms, conditions, agreements or letters of appointment, which you have with your clients.

1. a) Name of Individual or Firm(s) (including any subsidiary requiring cover)

b) Date established

c) Address(es) (specifying who is responsible, if there is more than one location)
Postcode

d) Website Email address

e) Name(s) of any previous Firm(s) requiring cover and the date(s) on which they ceased trading

2. a) Please provide

Name of Individual, Partner, Principal or Director	Age and Qualifications	Date Qualified	Number of years Practical Experience

Please attach detailed c.v.'s, if no relevant qualifications

b)

Names of Consultants regularly used	Age and Qualifications	Date Qualified	Number of years Practicing as a Consultant to the Practice

Please attach detailed c.v.'s

c) Do you require cover for past Partners, Principals or Directors?

Yes No

if yes, please provide details

3. a) Is any Individual or the Firm admitted to any Association or Trade Body?

Yes No

if yes, please provide details

b) Has any person been the subject of disciplinary proceedings by any professional body?

Yes No

if yes, please provide details

4. Please state the total number of Partners, Principals or Directors:

Software Designers or Systems Analysts:

Quality Assurance Staff:

Computer Equipment Operators or Data Handling Staff:

Hardware or Software Sales Staff:

Administrative Staff:

5. a) If you are a sole practitioner, please give details of arrangements made in the event of sickness or holiday.

b) Is this a Part-time occupation?

Yes No

If yes, please give brief details of your present full-time work.

6. a) Have there been any major changes in the activities undertaken during the past twelve months or are any likely to take place in the next twelve months?

Yes No

If yes, please give details.

b) Is cover required for any activity, now ceased, which is different from those declared, within this proposal form?

Yes No

If yes, please give details.

7. a) Please state the gross fees/turnover received for each of the last three financial years billed to clients and an estimate for the next twelve months.

Year		UK	Worldwide ex USA/Canada	USA/Canada
20	Turnover/Fees			
20	Turnover/Fees			
20	Turnover/Fees			

Estimate

Year		UK	Worldwide ex USA/Canada	USA/Canada
20	Turnover/Fees			

Financial Year ends (Month)

b) If any income has been declared in respect of clients domiciled outside the UK, please provide the following details:

- Country
- Applicable law
- Client
- Type of work undertaken
- Contract value
- Income earned
- Start and end dates

c) What percentage of income is paid to sub-contractors or consultants? %

8. Please provide an estimate of the total gross income for the last complete year split between the following types of work:

HARDWARE

Sale of third party hardware (no advice)	<input type="text"/> %
Sale of third party hardware (with advice)	<input type="text"/> %
Design and sale of own brand hardware	<input type="text"/> %
Hardware installation	<input type="text"/> %
Hardware Maintenance	<input type="text"/> %
Hardware Assembly	<input type="text"/> %

SOFTWARE

Sale of third party software which is not bespoke or customisable (no advice)	<input type="text"/> %
Sale of third party software which is not bespoke or customisable (with advice)	<input type="text"/> %
Sale of own written software which is neither bespoke nor customisable (no advice)	<input type="text"/> %
Sale of own written software which is neither bespoke nor customisable (with advice)	<input type="text"/> %
Sale of own written software which is not bespoke but customisable (no advice)	<input type="text"/> %
Bespoke software development	<input type="text"/> %
Software installation	<input type="text"/> %
Software maintenance	<input type="text"/> %
Customisation of third party software	<input type="text"/> %

SERVICES

Training	<input type="text"/>	%
Pure consultancy	<input type="text"/>	%
Provision of contract staff	<input type="text"/>	%
Outsourced managed services	<input type="text"/>	%
Project Management	<input type="text"/>	%
Systems integration	<input type="text"/>	%
Data Processing	<input type="text"/>	%

INTERNET RELATED

Domain name registration	<input type="text"/>	%
Web design –brochure	<input type="text"/>	%
Web design-ecommerce (excluding payment processing)	<input type="text"/>	%
Resale of third party web hosting	<input type="text"/>	%
ASP	<input type="text"/>	%
ISP	<input type="text"/>	%
App design	<input type="text"/>	%

Other work (please describe, in detail)

9. Please confirm the approximate division of work undertaken during the last complete financial year, between the following markets sectors:

Public/Government	<input type="text"/>	%	Military/Defence	<input type="text"/>	%
Financial Institutions	<input type="text"/>	%	Aerospace/Rail Industry	<input type="text"/>	%
Commercial	<input type="text"/>	%	Leisure Industry	<input type="text"/>	%
Manufacturing/Industrial /Engineering (other than Process Control systems)	<input type="text"/>	%	Construction	<input type="text"/>	%
Process control systems	<input type="text"/>	%	Health Care/Medical diagnostics	<input type="text"/>	%
Trade/Wholesale/Retail (other than payment processing systems)	<input type="text"/>	%	Payment processing systems	<input type="text"/>	%
Security/Encryption	<input type="text"/>	%	Gambling/gaming	<input type="text"/>	%

Other Work (please give details)

10. a) Is the failure of any of your products/ services likely to result in any of the following:

- i) Loss of life/injury to a person? Yes No
- ii) Destruction/damage to physical property? Yes No
- iii) Financial loss – if so what in the Proposers opinion would be the scale of the financial loss? Yes No

10. b) Are you involved in the provision of products or services relating to Data Security /Encryption?

Yes No

If so please give full details

11. a) Please list the three largest contracts, specifying the 'end use' of your activities, undertaken in the last three years:

i)

ii)

iii)

b) Please list the three largest contracts, specifying the 'end use' of your activities, expected to be undertaken in the next year:

i)

ii)

iii)

c) What is the largest annual income, earned from a single client, in the last twelve months?

12. a) Please advise the nature of the activities undertaken by Professional Sub-contractors, Self-employed persons or Consultants when they have been engaged by you, in the past, and whether you are likely to engage such in the future?

b) What steps do you take to ensure that supervision is undertaken by senior employees?

c) Do you ensure that any Professional Sub-contractor, Self-employed person or Consultant engaged by you:

i) has the relevant qualifications and experience? Yes No

ii) is subject to standard written agreement with yourselves Yes No

iii) carry and maintain in force their own Professional Indemnity insurance at the same limit as that now being requested? Yes No

d) Where specialist professionals are required to provide services outside your usual scope, do you always ensure that they are appointed directly by the client? Yes No

13. a) Do you operate a Quality Assurance System?

Yes No

If yes, please give full details.

b) Are all current projects running on time and within budget?

Yes No

c) Do you have a procedure in place to ensure that sales staff are properly trained in the application of your products or those you sell or recommend to others?

Yes No

d) Do you have a procedure in place a procedure to ensure that client requirements are understood and can be met before taking on a new piece of work?

Yes No

e) Do you always ask the client to sign standard contract conditions, which have been vetted by a legal professional, do not extend the your liability beyond the common law position and clearly outline the scope of services to be provided, and only provide those services which fall within that scope?

Yes No

PLEASE PROVIDE YOUR STANDARD CONTRACT TERMS AND CONDITIONS

f) Do you regularly review contracts internally and with the client?

Yes No

g) Do you have systems in place for ensuring that critical deadlines are met?

Yes No

h) Do you carry out a final test and sign off procedure with the client to ensure that the work that has been completed fulfils the requirements of the written contract and the client?

Yes No

j) Do you have a formal procedure in place for handling customer complaints?

Yes No

If No to any of the above please provide details

14. a) If you are a member of a consortium or have entered into a joint-venture agreement, please give details.

b) Do you undertake work for company or organisation:

i) which has a controlling interest either by shareholding or official position, or

Yes No

ii) in which any of your Partners, Principals or Directors have a controlling interest

Yes No

If yes, please give details.

c) Have any of the Partners, Principals, Directors or Employees been a Partner, Principal or Director or been associated with any business that has ceased trading, either voluntarily or compulsorily?

Yes No

If yes, please give details

15. Do you currently have Professional Indemnity insurance?

Yes No

If yes, please give details.

Expiry date Limit £ Excess £

Insurer

16. Have you ever had any Professional Indemnity insurance cancelled, declined or only written at special terms?

Yes No

If yes, please give details.

17. Please state: limit of indemnity required £

self insured excess £

18. a) Do you have authority to handle client monies Yes No

If yes, please give details of the procedures adopted to ensure their security Yes No

b) Do you always require satisfactory written references when engaging employees? Yes No

c) Is any Partner, Principal, Director or Employee allowed to sign cheques on their sole signature? Yes No

If yes, please give details

d) How often are employees who receive cash or cheques, during the course of their duties, required to pay these in?

e) How often are checks carried out on all entries in cash books, with all paying-in books, receipts, counterfoils and vouchers being reconciled with bank statements, including the balance of cash and unrepresented cheques, independently of employees receiving or banking monies, belonging to the Firm or in trust, on behalf of others?

19. a) Has any claim or complaint been made, or disciplinary proceedings been brought by any Regulatory Body against you or any of your current or former Partners, Principals or Directors in relation to the risks to be insured over the past 5 years?

Yes No

b) Has any loss or expense been incurred by you over the past 5 years which might have been insured under this policy?

Yes No

If Yes to a) or b) above, please provide the following:

- Date of claim/complaint/disciplinary proceedings/loss
- Name of claimant/complainant/disciplinary body (if applicable)
- Brief details of allegations/ complaint/ disciplinary matter/loss
- Amount claimed for/lost including costs and expenses (if applicable)
- Insurer payment (if applicable)
- Insurer reserve (if applicable)
- What action has been taken to prevent a re-occurrence?

c) Is any Partner, Principal or Director aware, after enquiry, of any circumstances which might give rise to a claim or request for indemnity under this policy?

Yes No

If Yes, please provide the following:

- Date
- Brief details
- Amount claimed for/lost including costs and expenses (if applicable)

IMPORTANT NOTICE CONCERNING DISCLOSURE

In arranging this policy you must have provided us with a fair presentation of the risks to be insured. This means you must have clearly disclosed all material facts which you, your senior management and or persons responsible for arranging the Policy knew or ought to have known. If you have not made a fair presentation, this could mean that part or all of a claim may not be paid. Please be aware that in some circumstances, if you have not made a fair presentation of the risk, we may avoid the contract and the premium may not be returned. You must also make a fair presentation to us when the policy is to be renewed.

The duty of disclosure continues up until the Insurance has been concluded and “resurrects” in the event of any amendment to the risk during the policy period or any extension/renewal. It may also be that the terms of the policy include specific ongoing disclosure conditions or warranties which effectively extend the duty of disclosure post inception of the policy.

DECLARATION

It is declared that to the best of the knowledge and belief of the insured the statements and replies set out herein are true and that no material facts have been misstated or suppressed. The insured undertakes to inform insurers of alterations to any facts which are or become material before inception of the contract of insurance.

Name and Position:

Signature:

Date (day) (month) (year)

A COPY OF THIS PROPOSAL SHOULD BE RETAINED BY YOU FOR YOUR OWN RECORDS

Arch Insurance (UK) Limited

5th Floor, Plantation Place South, 60 Great Tower Street, London, EC3R 5AZ

Registered in England and Wales No. 05547227

Authorised and regulated by the Financial Conduct Authority

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