

## INFORMATION TECHNOLOGY

Company name:

Main address:

|  |   |
|--|---|
| Address:<br><br><br><br><br>Post code: | Contact Name:<br><br>Telephone:<br><br>Fax:<br><br>Email:<br><br>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 |
|----------|

**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 work             | £                            | £            | £                  |
| EU work             | £                            | £            | £                  |
| US work             | £                            | £            | £                  |
| Other overseas work | £                            | £            | £                  |

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     | <input type="text"/> % |
| ii) Sales of other brands | <input type="text"/> % |
| iii) Installation         | <input type="text"/> % |
| iv) Maintenance           | <input type="text"/> % |

**b) Software product sales**

- |                           |                        |
|---------------------------|------------------------|
| i) Shrink wrapped         |                        |
| a) third party            | <input type="text"/> % |
| b) own written            | <input type="text"/> % |
| ii) Customisable software | <input type="text"/> % |

**c) Software services**

- |   |                        |
|---|------------------------|
| i) Installation including configuration (no code changes) | <input type="text"/> % |
| ii) Customisation (including code changes)                | <input type="text"/> % |
| iii) Developing bespoke applications                      | <input type="text"/> % |
| iv) Maintenance   | <input type="text"/> % |

**d) Services**

- |   |                        |
|---|------------------------|
| i) Consultancy                                | <input type="text"/> % |
| ii) Provision of contract staff               | <input type="text"/> % |
| iii) Provision of outsourced/managed services | <input type="text"/> % |
| iv) Training                                  | <input type="text"/> % |

**e) Internet services**

- |                              |                        |
|------------------------------|------------------------|
| i) Web Design                | <input type="text"/> % |
| ii) Domain Name Registration | <input type="text"/> % |
| iii) Web Hosting             | <input type="text"/> % |

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 <input type="checkbox"/> | NO <input type="checkbox"/> |
| ii) destruction or damage to physical property? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| iii) significant financial loss?                | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

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

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 <input type="checkbox"/> | NO <input type="checkbox"/> |
| ii) Electronic design  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| iii) Embedded controls | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

**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 | Retro active 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.**

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 you or 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 judgment 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 judgment debt? YES ☐ NO ☐

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

3. 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 ☐
4. Have you ever had any insurance or proposal cancelled, withdrawn, declined or made subject to special terms? YES ☐ NO ☐

If the answer to 3. and/or 4. above is YES, please give full details below:

| Date | Details |
|------|---------|
|      |         |

**You must complete this section.**

Please read the declaration carefully and sign at the bottom.

**DECLARATION****Insurance Act 2015 - Proposal Forms for non-consumer contracts - 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.

**DATA PROTECTION**

By signing this Proposal Form you consent to Collegiate Management Services Limited 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.

By Submitting this proposal form, you indicate your consent to receiving relevant e-mail marketing communications from us. We will not pass your details to third parties for marketing purposes. If you do not wish to receive such messages, tick here ☐

**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.

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.

Signature of Principal/Partner/Director

Date

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

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

## **Συγκατάθεση για τη χρήση πληροφοριών**

Η General Cover insurance Brokers θα χρησιμοποιήσει τις πληροφορίες που παρέχονται στο παρόν για τη διαχείριση του ασφαλιστηρίου συμβολαίου, συμπεριλαμβανομένων των αναδοχών και των απαιτήσεων Χειρισμός, ή Αντιμετώπιση. Αυτό μπορεί να περιλαμβάνει τη γνωστοποίησή του σε άλλους ασφαλιστές, ρυθμιστικές αρχές ή στους πράκτορες του ασφαλιστή για λογαριασμό τους.

Ο ασφαλιστής μπορεί να παράσχει, κατόπιν αιτήματος, περισσότερες λεπτομέρειες μέσω των βάσεων δεδομένων στις οποίες έχει πρόσβαση ή συνεισφέρει .

### **Δήλωση**

Ο κάτωθι υπογεγραμμένος επιβεβαιώνω ότι είμαι δεόντως εξουσιοδοτημένος και δίνω συγκατάθεση για τη χρήση των πληροφοριών όπως ορίζεται ανωτέρω .

Επίσης δηλώνω ότι είμαι εξουσιοδοτημένος να ολοκληρώσω αυτήν την πρόταση εξ ονόματος του προτείνοντος. Αναλαμβάνω να ενημερώσω τον ασφαλιστή για οποιασδήποτε ουσιώδη τροποποίηση ή προσθήκη σε αυτές τις δηλώσεις ή στοιχεία που εμφανίζονται πριν από την έναρξη της περιόδου ασφάλισης. Αναγνωρίζεται και συμφωνείται ότι οι όροι υπόκεινται σε περιορισμούς και οι εξαιρέσεις από την πολιτική ενδέχεται να υποστούν αλλαγές οποιαδήποτε στιγμή πριν από την έναρξη της περιόδου ασφάλισης αν θα πρέπει να προκύψουν τέτοιες υλικές τροποποιήσεις ή προσθήκες. Η υπογραφή αυτής της πρότασης δεν δεσμεύει τον ασφαλιστή να δώσει προσφορά, ούτε ο αιτών να δεχθεί την ασφάλιση.

### **Υπογραφή \***

**Όνομα**

**Θέση της εταιρείας**

**Ημερομηνία**

\* ο υπογράφων θα πρέπει να είναι διευθυντής ή ανώτερος υπάλληλος της εταιρείας ή ο ασφαλιζόμενος