

Professional Indemnity Insurance IT Consultants proposal form



Instructions

Please provide a full answer to every question. Please ensure that all answers are typewritten or printed in block letters within the spaces provided. A principal of the practice must sign and date this form and any separate sheets.

1 Name and address details

Practice name (please include all names under which you practice)

Main office address

 Postcode:

Telephone number

Contact e-mail address

Employer's Reference Number (ERN)
(found on PAYE documents)

Practice website

Date established

List number of branch offices

Please list on a separate sheet all branch offices including addresses for which you are seeking cover.

Is cover required for anything other than work undertaken by the above firm(s)? 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:

2 The firm

Please list below your details if you are a sole trader or those of the Partners / Directors / Members of the company.

Name of all partners / directors / members	Date of birth	Qualifications	Years in the industry	How long as partner / director/ member of the firm(s)
	/ /			
	/ /			
	/ /			
	/ /			

Please provide a C.V. outlining all relevant experience where any person(s) noted above have been working in the industry for less than 5 years

Please advise number of:

Partners / Directors / Members	<input type="text"/>	Support Personnel	<input type="text"/>
Managers	<input type="text"/>	Sales and Marketing	<input type="text"/>
Technical Personnel	<input type="text"/>	Other	<input type="text"/>

3 Subcontractors

Does the Company/Firm engage or intend engaging in the future any external sub consultants / sub contractors?

Yes No

Do you ensure they hold their own professional indemnity insurance?

Yes No

4 Gross fee turnover

State the gross fees received for the following years

		Last Completed Financial Year	Current Year	Estimate Next Year
1.	UK Law Contracts	£	£	£
2.	EU Law Contracts	£	£	£
3.	USA / Canada Law Contracts	£	£	£
4.	Other Law Contracts	£	£	£
Total Gross Fee Turnover		£	£	£

Give details of the five largest contracts commenced during the past three years.

If you are a new company, provide details of the largest contract(s) expected to start in the next 12 months.

Client Name	Clients Business	Nature of Contract	Contract Value	Fees Received
			£	£
			£	£
			£	£
			£	£
			£	£

5 Your business activity

Are you responsible for, or do you provide advice in relation to any of the following:

1. Full project implementation of IT or other systems? Yes No
2. Mission critical systems? Yes No
3. Games Development? Yes No
4. Internet Service Provision (ISP services), Application Service Provision (ASP) or financial transaction web site design? Yes No
5. Fully outsourced or managed services? Yes No
6. Full implementation of Enterprise Resource Planning (ERP) or customer Relationship (CRM) systems? Yes No
7. Financial live trading systems? Yes No
8. Manufacturing process control systems? Yes No
9. Hosting of e-commerce websites? Yes No
10. Specialist network security work including penetration testing? Yes No

If 'Yes' to any of the above areas, please provide full details on a separate sheet of your services provided and describe in detail the 3 largest contracts you have been involved in.

Your turnover (including fee income) must be separated approximately into the activities listed below so that Insurers can understand what you are doing, in addition Insurers can only cover you for work that you declare.

a) Hardware

i) Sales of own brand

£

ii) Distribution of other brands

£

iii) Installation

£

iv) Maintenance

£

b) Software product sales

i) Shrink wrapped / off the shelf software

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 applications

£

iv) Provision of managed services

£

v) Training

£

e) Internet services

i) Web Design

£

ii) Domain Name Registration **

£

iii) Web Hosting ***

£

f) Others – please specify

£

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* How long is a typical software installation (including configuration and customisation services)?

** Do you only purchase domain names for customers if you are designing a website for that customer? Are procedures and diary systems in place to ensure that domain names are not allowed to lapse without your customers knowledge and consent?

*** Do you use a third party to do all hosting?

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:

- 1. Loss of life or injury to a person? Yes No
- 2. Destruction or damage to physical property? Yes No
- 3. Significant financial loss? Yes No

6 Claims and circumstances

6.1 Has the Company/Firm suffered any loss or identified any potential loss during the past five years through fraud or dishonesty of any Employee, Director, Member or Principal? Yes No

If 'Yes', state date, circumstances, amount and steps taken to prevent recurrence.

6.2 Have any claims in respect of liabilities to be covered by the proposed insurance (successful or otherwise) been made against the Company/Firm or its present and/or past Partners, Directors, Members? Yes No

If 'Yes', give full details including amounts involved.

Have all claims been notified to Insurers? Yes No

What measures have been taken to prevent a recurrence of the situation which gave rise to any claim?

6.3 Are any of the Partners, Directors or Members or employees AFTER ENQUIRY, aware of any circumstances, allegations or incidents which may give rise to a claim against the Firm(s) or its predecessors in business or any of its present or former Partners, Directors or Members? Yes No

If 'Yes', give full details of circumstances and amounts involved.

7 Current insurance

Do you currently have professional indemnity insurance? Yes No

If 'Yes', please provide details

Renewal date	/ /
Insurer	
Broker	
Limit of indemnity	£ any one claim / aggregate – please advise
Excess	£
Premium	£

Has any proposal for professional indemnity insurance ever been declined by an insurer to whom you have applied? Yes No

If 'Yes', please provide details

8 Future requirements

Please advise your requirements

	Option 1	Option 2	Option 3
Limit of indemnity	£	£	£
Excess	£	£	£

Confirmation

Disclosure of material facts

It is essential that every Proposer or Insured when seeking a quotation, taking out or renewing an insurance, reveals to the prospective Insurers any material facts or information (including any material circumstances or change in circumstance) which might influence the judgement of Insurers in fixing the premium or in determining whether they will accept the risk. Failure to do so may render the contract of insurance voidable from inception at the option of the Insurers and enable them to repudiate liability thereunder. If you have any doubt as to what constitutes a material fact or circumstance, seek our advice.

I declare that the above statements and particulars are true, full enquiry having been made, and I have not omitted, suppressed or misstated any material facts and undertake to inform the Insurer of any change to any material fact. I understand that the information provided will be used by the insurers and/or their agents to arrange and administer the insurance and in handling claims which may necessitate sharing information with third parties and that information may be shared with business partners to deliver any additional services provided with this insurance.

I further agree that this declaration, together with any other information provided shall be the basis of any contract between me and the Insurer.

A copy of this proposal should be retained by you for your own records

This form must be signed by a principal of the firm

Signature: _____

Date: ____ / ____ / ____

Print name: _____

Position: _____