INFORMATION TECHNOLOGY LIABILITY INSURANCE
PROPOSAL FORM

IMPORTANT NOTICE

All information provided is confidential

CROMAR Insurance Brokers Ltd - Lloyd's Coverholder, in compliance with the requirements of the General Data Protection Regulation (GDPR), guarantees the safe storage and processing of your personal data and assures you that these will not be made available to Third Parties for advertising or other purposes but will be used in negotiations with Insurers in the context of your insurance coverage.

I. GENERAL DATA

Company Name:		Year Established:
Professional Activity: …… ……		
Address:		
Tel:	Email:	Website:
Tax Registration Nr/ Office: ……/……..		

II. DIRECTORS-PARTNERS & PERSONNEL INFORMATION

Name of Directors-Partners	**Qualifications-Years of Experience**	**Position-Years**

Total Number of Personnel: ……

Directors-Partners: …… IT-Technical: …… Other: ……

III. FINANCIAL DATA (last 2 years & estimation for the current)

YEAR	**20**...	**20**…	**20**…
Income from Local business			
Income from business Abroad			
TOTAL INCOME (€)			

IV. BUSINESS INFORMATION

a) Do you supply any software products or services for use in real time financial trading, manufacturing process control, medical, aviation or telecommunication systems? If YES, in what percentage of the total income? Also explain what specific functionalities you provide. …… …… ☐ YES ☐ NO

b) Is the failure of any of your products/services liable to result in any of the following outcomes?

Loss of life or injury to a person? ☐ YES ☐ NO

Destruction or damage to physical property? ☐ YES ☐ NO

Immediate and large financial loss? ☐ YES ☐ NO

Significant cumulative financial loss? ☐ YES ☐ NO

Insignificant financial loss (more of a nuisance)? ☐ YES ☐ NO

If "YES", explain: ……

……

c) Do you ever accept contracts with your customers in which you accept liability for consequential loss or financial damages greater than the value of the contract? ☐ YES ☐ NO
If YES, under what circumstances do you accept liability for consequential loss or financial damages greater than the value of the contract? What level are they capped at?
……

d) Does the Firm engage in projects abroad? ☐ YES ☐ NO
(If YES, state counties) ……

e) Do you ensure that subcontractors have their own Professional Indemnity Insurance? ☐ YES ☐ NO
If YES, approximate % of turnover paid to Subcontractors: ……%

f) Do you carry out work only under a written contract signed by every client? ☐ YES ☐ NO
If "YES" supply a copy of your standard form of contract

V. NATURE & VOLUME OF ACTIVITY (% of total fees)

- **Hardware: …… %**

Sales of own brand	…… %
Distribution of other brands	…… %
Installation	…… %
Maintenance	…… %

- **Software Product Sales: …… %**

Sales of own brand shrink wrapped/ off the shelf software	…… %
Distribution of other brand shrink wrapped/ off the shelf software /	…… %
Customizable software	…… %

- **Software services: …… %**

Installation, including configuration (No coding involved)	…… %
Customization (including coding changes)	…… %
Maintenance	…… %
Systems integration	…… %
End user applications	…… %

- **Other Services: …… %**

Consultancy	%
Support services	%
Project management	%
Training	%
Data processing	%
Data communication services	%
Internet service provision - hosting	%

VI. INSURANCE HISTORY - CLAIMS

1.	Do you have a PI Insurance?	☐ YES	☐ NO
2.	Have any claims or cease and desist orders been made against any of the Companies to be insured, or Partners or Directors thereof?	☐ YES	☐ NO
3.	Are you aware of any circumstances, which may give rise to a claim against any of the Companies to be insured or any Partners or Directors thereof?	☐ YES	☐ NO
4.	Have any of the Companies to be insured or any Partners or Directors suffered any losses?	☐ YES	☐ NO
5.	Have any Partner or Director of the Companies to be insured been found guilty of any criminal, dishonest or fraudulent activity or been investigated by any regulatory body?	☐ YES	☐ NO
6.	Have you ever faced any outage on your computer system(s) for more than 3 hours?	☐ YES	☐ NO

Where YES, provide details:……

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VII. INDEMNITY REQUIRED *(€)*

Indemnity Limit per Claim & Aggregate per year	☐ 250,000€	☐ 500,000€	☐ 1,000,000€	☐ Other:……
Deductible per Claim	☐ 1,000€	☐ 2,500€	☐ 5,000€	☐ Other:……

I declare on behalf of the Firm that the statements in this Proposal are true and that I have not misstated or suppressed any material facts. I agree that this proposal, together with any other information supplied by me, shall form the basis of the contract of insurance effected thereon. I/We undertake to inform the Insurer of any material alteration to these facts. Signing this Proposal Form does not bind the Proposer or the Insurer to complete this insurance.

Date _____/____/_____

Signature / Full Name