

**INFORMATION TECHNOLOGY LIABILITY INSURANCE
PROPOSAL FORM**

IMPORTANT NOTICE

All questions must be answered
All information provided is confidential

I. GENERAL DATA

Company Name:		Year Established:
Address:		
Tel:	Email:	Website:
Tax Registration No/ 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	201...	201...	201...
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?
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- 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

Major contracts last 3 years)

Name-Business of Client	Type of Project	Total Project Value

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