

Suite I, Jubilee Towers, 107 Pacfic Hwy Hornsby NSW 2077
PO BOX 97, Berowa, NSW 2081
Phone: (02) 9482 7422 Fax: (02) 9482 7462
Email: pdib@pauldonnellybrokers.com.au

Policy Number

## Professional Liability Insurance Proposal Information & Communication Technology

The Applicant/s								
Name(s) in full of all entities to be insured				ABN				
Phone No.	( )	Fax No.	( )		Web address	www.		
Address of head/principal office								
					State		Postcode	
Are you the owner of these premises  or a tenant								
Address(es) of branch offices or other locations.								
					State		Postcode	
					State		Postcode	
					State		Postcode	
Are you the owner of these premises								
When was th	ne Business established?		/ /					
Period of ins	urance	From	/ /		To 4pm on / /		/	
Details of B	Rusinass							
							Period Practicing	as
1. Please su	pply the following details.					Partner/Principal/Director		ector
Names of all P	artners/Principals/Director	Age	Qualifications	Date Q	ualified	This Pract	tice Pr	revious Practices
				/	/			
				/	/			
				/	/			
				/	/			
				/	/			
				/	/			
2. Please supply total numbers of:								
(i) Partners / Principals / Directors			(v) Sa	(v) Sales staff				
(ii) Professional qualified staff				(vi) Cle	rical staff – typists	s, reception	ists etc.	
(iii) Other technical staff				(vii) Otl	ner staff (please specify)			
(iv) Trainee staff				Total all P	artners/Principals/Directors and staff			
In not contained on your website, please enclose curricula vitae or resumes for all Partners/Principals/Directors detailing qualifications and a summary of career experience.								

Details of Business (continued)						
3. 4. 5. 6.	Has the name of the Business ever been changed? Has any other business amalgamated or merged with you? Have you purchased any other business? Is any Partner, Principal or Director connected or associated (finantify you have answered "Yes", to any of the above, please supply details.	Yes				
7.	7. Please provide details of:					
(a) The precise nature of the activities of the Business, including primary purpose of software/systems provided, sold or licensed including details of any advice provided.						
(b) The approximate percentage of your gross income derived from the following business activities.						
Hardware Sales						
	Hardware Sales (Own Developed) – Addendum form to be con	%				
Third Party Software Sales			%			
S oftware Sales (Own Developed) – Addendum form to be completed			%			
Data Communication Services (ISP) – Addendum form to be completed			%			
Telecommunication Services			%			
Integration Services			%			
Maintenance Services			%			
Data Processing/Warehousing Services			%			
	Bureau Services	%				
	General Consultancy		%			
	Other (Please Describe)		%			
		Total	100%			
8.	8. Have you previously been, or are you currently, or do you intend to be, within the Period of Insurance, a part of a joint venture, partnership or consortium?  If "Yes", please supply details.					
	Joint Venturer	Det	ails			
	75					
9. Do you provide contractual indemnities to anyone in respect of intellectual property licensed or sold or shared?  Yes No						
If "Yes", please supply a copy of your standard indemnity.  10. Do you have sole legal rights to the intellectual property licensed/sold/shared?  Yes No						
10.	10. Do you have sole legal rights to the intellectual property licensed/sold/shared?  Yes No If "No", please supply details.					
ii ito į piedže suppij details.						

Details of Business (continued)					
11. Do you act as an agent for any company(s)?					
If "Yes", please provide details.					
Company	Software/Hardware/Services provided in accordance with the agency	Percentage of agency sales to total turnover			
12. Are you involved in system integration/outsourcing contract(s)?		Yes 🗌 No 🔲			
If "Yes", what is the typical project size?	If "Yes", what is the typical project size?				
☐ Single user location with less than 25 users/sites ☐ Multi-user locations with less than 75 users/sites ☐ Multi-user locations with in excess of 75 users/sites					
13. Please provide a brief description and contract value for the five (5) largest contracts undertaken over the past five (5) years.					
Brief Description	Contract Value (\$)				
14. Does any contract or client represent more than 50% of your annual If "Yes", please supply details.	Yes 🗌 No 🔲				
15. Do you engage consultants, sub-contractors or agents?		Yes 🗌 No 🗀			
If "Yes":					
<ul><li>(a) do you insist they carry their own Information &amp; Technology Liab</li><li>(b) do you enter into any hold-harmless agreements or otherwise waive</li></ul>		Yes 🗌 No 🔲			
or entitlements which you may have against such consultants, s		Yes 🗌 No 🗌			
16. Do you have all employees, consultants and sub-contractors assign you t	Yes 🗌 No 🔲				
If "Yes", please provide copy of standard agreement.					
17. Do you envisage any substantial changes in your activities or are there are contemplated during the next 12 months?	Yes □ No □				
If "Yes", please provide details.					
18. Do you perform work outside Australia, or work for clients located o	Yes 🗌 No 🗀				
If "Yes", please provide an approximate percentage breakdown by count	ry.				

(a) Annual gross wages  (b) Annual gross turnover current year  (c) Annual gross turnover estimated next 12 months  (d) Please provide the approximate percentage of your activities (based on turnover) applicable to each State, Territory and O verseas.  NSW VIC QLD SA WA TAS NT ACT O/S  % % % % % % % % % %							
(c) Annual gross turnover estimated next 12 months  \$A  (d) Please provide the approximate percentage of your activities (based on turnover) applicable to each State, Territory and O verseas.  NSW VIC QLD SA WA TAS NT ACT O/S  % % % % % % % % % %							
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NSW         VIC         QLD         SA         WA         TAS         NT         ACT         O/S           %         %         %         %         %         %         9    Claims Details							
% % % % % % % 9 % 9 % 9 % 9 % 9 % 9 % 9							
Claims Details	-						
20 46 1 1 2 2 2 1 2 1 2 1 1 1 1 1 1 1 1 1 1	Claims Details						
20. After enquiry has any Partner, Principal, Director or staff member ever been subject to disciplinary proceedings for professional misconduct?  Yes No							
If "Yes", please supply details.							
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21. (a) After enquiry have any claims for negligence or breach of professional duty been made in the last ten (10) years against the Business or any of its predecessors in business or any prior business of any of its former Partners,							
Principals or Directors, or have circumstances been notified to insurers that might give rise to a claim?  Yes No							
(a) After enquiry have you had any claims made against you for Information & Communication Technology Liability including Professional Indemnity and Product Liability?  Yes  No							
If "Yes", please provide the following details in respect to each matter.							
Amount Paid							
Date Matter Name of Insurer Notified (if any)  Name of Claimant or Potential of Matter of Matter of Potential of Matter of Matter of Potential of Matter of Potential of Matter of Potential of Matter of Matter of Potential of Matter of Potential of Matter of Ma	r						
Claimant Cla	<b>j</b> ?						
22. Are any of the Partners, Principals or Directors, after enquiry, aware of any claim or circumstances that							
22. Are any of the Partners, Principals or Directors, after enquiry, aware of any claim or circumstances that might give rise to a claim against the Business or any prior business of any of their present or former Partners, Principals or Directors, which matter is not referred to in Question 21 above?  Yes \Boxedon No							
might give rise to a claim against the Business or any prior business of any of their present or former Partners,							
might give rise to a claim against the Business or any prior business of any of their present or former Partners,  Principals or Directors, which matter is not referred to in Question 21 above?  Yes No							
might give rise to a claim against the Business or any prior business of any of their present or former Partners, Principals or Directors, which matter is not referred to in Question 21 above?  If "Yes", please provide the following details in respect to each matter.							
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Claims Details (continued)	Claims Details (continued)					
23. After enquiry has any contract or project experienced cost overruns, delays in implementation, failure of system(s) and/or product(s) to meet full functionality?  Yes No						
If "Yes", please provide details.						
Client/Contract Name Brief Description or Problem						
24. After enquiry has any client refused payment or requested a refund of monies paid?  If "Yes", please provide details.						
ii ies į pieuse pievide details.	Client		Amount of Refund or Non Payment			
Details of Insurance Cover						
25. (a) Does the Business presently carry or has it ev	ver carried, Information and Commu	nication Technology Liability Insur	ance? Yes 🗌 No 🗌			
If "Yes", please supply details.						
Insurer						
Expiry date / /						
Limit of Indemnity \$						
Premium \$						
(b) Has the Business or any Partner, Principal or Director ever been refused this type of insurance, or had similar insurance cancelled, or had an application of renewal declined, or had special terms imposed?  If "Yes", please supply details.						
Cover Required						
		Limit of Liability	Deductible/Excess			
Section A – Errors or Omission		\$A	\$A			
Section B – Bodily Injury/Property Damage		\$A	\$A			
Please indicate any Optional Extension for which you seek cover:						
Increased Aggregate Liability (Reinstatement)  Yes No						
Third Party Intellectual Property Coverage  USA and Canada Coverage  Yes No U						

Declaration and Aut	norisation					
Please remember we will treat a statement or claim or an act or omission by any one of the applicants as a statement or claim or an act or omission by all of the applicants.						
1. I/We have received a copy of the Policy Terms and Conditions.						
2. I/We declare that all answers and statements made in the application are true, correct and complete in every respect.						
3. I/We authorise Paul Donnelly Insurance Brokers Limited ABN 97 054 608 829 to give to or obtain from other insurers or insurance reference bureaus or credit reporting agencies, any information about this insurance or any other insurance of mine including this completed application and my insurance claims history and my credit history.						
Name of Business						
Signed: Partner, Principal or Director	X	Date	/	/		
Trincipal of Director						