

## Professional Liability Insurance Proposal Information & Communication Technology

Policy Number

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 <input type="checkbox"/> or a tenant <input type="checkbox"/>					
Address(es) of branch offices or other locations.					
				State	Postcode
				State	Postcode
				State	Postcode
Are you the owner of these premises <input type="checkbox"/> or a tenant <input type="checkbox"/>					
When was the Business established?		/ /			
Period of insurance		From	/ /	To 4pm on	/ /

Details of Business					
1. Please supply the following details.				Period Practicing as Partner/Principal/Director	
Names of all Partners/Principals/Director	Age	Qualifications	Date Qualified	This Practice	Previous Practices
			/ /		
			/ /		
			/ /		
			/ /		
			/ /		
2. Please supply total numbers of:					
(i) Partners / Principals / Directors		(v) Sales staff			
(ii) Professional qualified staff		(vi) Clerical staff – typists, receptionists etc.			
(iii) Other technical staff		(vii) Other staff (please specify)			
(iv) Trainee staff		Total all Partners/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. Has the name of the Business ever been changed? Yes  No
4. Has any other business amalgamated or merged with you? Yes  No
5. Have you purchased any other business? Yes  No
6. Is any Partner, Principal or Director connected or associated (financially or otherwise) with any other business? Yes  No
- If you have answered "Yes", to any of the above, please supply details.

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 completed		%
Third Party Software Sales		%
Software 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)		%
<b>Total</b>		<b>100%</b>

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? Yes  No
- If "Yes", please supply details.

Joint Venturer	Details

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
- If "No", please supply details.

**Details of Business (continued)**

11. Do you act as an agent for any company(s)? Yes  No   
 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?  
 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 work or fees? Yes  No   
 If "Yes", please supply details.

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15. Do you engage consultants, sub-contractors or agents? Yes  No   
 If "Yes":  
 (a) do you insist they carry their own Information & Technology Liability Insurance? Yes  No   
 (b) do you enter into any hold-harmless agreements or otherwise waive any legal rights or entitlements which you may have against such consultants, sub-contractors or agents? Yes  No

16. Do you have all employees, consultants and sub-contractors assign you their intellectual property rights? Yes  No   
 If "Yes", please provide copy of standard agreement.

17. Do you envisage any substantial changes in your activities or are there any major new operations contemplated during the next 12 months? Yes  No   
 If "Yes", please provide details.

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18. Do you perform work outside Australia, or work for clients located overseas? Yes  No   
 If "Yes", please provide an approximate percentage breakdown by country.

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### 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? Yes  No

If "Yes", please provide details.

Client	Amount of Refund or Non Payment

### Details of Insurance Cover

25. (a) Does the Business presently carry or has it ever carried, Information and Communication Technology Liability Insurance? 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? Yes  No

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 Yes  No

USA and Canada Coverage Yes  No

## Declaration and Authorisation

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

Date