

The Insurance
Supermarket



Personal Touch Financial Services Ltd

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Professional Indemnity Proposal Form – IT Proposal

**Personal Touch Financial Services Ltd is authorised
and regulated by the Financial Services Authority**

IMPORTANT NOTICE

This proposal must be completed and signed by a Principal, Partner or Director of the Proposer. The person completing and signing the form should be authorised by the Proposer to do so and should make all necessary enquiries of his fellow Partners, Directors and Employees to enable all the questions to be answered.

All questions must be answered to enable a quotation to be given.

Completing and signing this proposal does not bind the Proposers or Insurers to enter a contract of insurance.

If there is insufficient space to answer questions, please use an additional sheet and attach it to this form (please indicate section number).

Please complete this Proposal form in **BLOCK CAPITALS** to avoid problems when transmitting by fax.
 For additional information or information that you cannot fit into the spaces provided please use a separate sheet.

1) Please provide the following details

Name		
Address		
		Postcode
Telephone	Email	Fax
Web Site Address		
Business establishment date		

2) This insurance can be extended to include associated, subsidiary and predecessor businesses, or the previous business activities of any Principal, provided that they are listed below or on a separate sheet and all the information you give in this proposal form relates to all the companies named:

Name	Location (City / Town)	Nature of Operation of Business

3)

Name in full of all Principals	Qualifications	Date Qualified	How long with Proposer/s

4) Please state total numbers of:

Principals		Managers	
Technical Personnel		Support Personnel	
Sales and Marketing		Other	

5) Do you use independent sub-contractors?

YES		NO	
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If YES, please state:

(a) What percentage of your current financial year's turnover will be paid to subcontractors? %

(b) For which work are they used and how do you select and manage them?

(c) Do you ensure they have their own PI insurance?

YES		NO	
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6) Please state:

(a) Turnover including fee income:

	Past Year Ending / /	Estimate for Whole Current Year	Estimate for Coming Year
Total Turnover including Fee Income	£	£	£

(b) Estimated percentage split of your turnover including fee income for:

Work carried out for UK clients		%	%	%
Work carried out for US / Canadian clients not subject to US / Canadian law		%	%	%
Work carried out for US / Canadian clients subject to US / Canadian law		%	%	%
Work carried out for clients anywhere else in the world		%	%	%
Operating profit	£	£	£	

Information Technology

(c) Split of turnover including fees in the past year or if a new firm your anticipated figures:

Hardware	
Sales of own brand	£
Distribution of other brands	£
Installation	£
Maintenance	£
Software product sales	
Shrink wrapped / Off the shelf software	£
Customisable software	£
Software services	
Installation including configuration (no code changes)	£
Customisation (including code changes)	£
Developing bespoke applications	£
Maintenance	£
Services	
Consultancy	£
Contract staff	£
Facilities management	£
Training	£
Millennium work	£
Internet services (excluding web hosting)	£
Web hosting (please provide contract terms and conditions)	£
Other work (details please)	£
TOTAL TURNOVER INCLUDING FEE INCOME*	
	£

*Please note this figure should be as per answer to Question 6(a) for the past year ending.

(d) Please give details of what you regard as your speciality within this industry, including your main areas of expertise and the essential purpose of proprietary software licensed and supplied. If you are a new firm, please provide details of your anticipated specialisation:

7) Please give details of the five largest contracts commenced in the past three years:

Start Date / End Date	Name of client / Business of client	Nature of contract	Total Value	Income to you
1				
2				
3				
4				
5				

8) Do you ever accept contracts with your customers in whom you accept liability for consequential loss or financial damages, greater than the value of the contract?

YES		NO	
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If YES, please provide full details:

9) Is the failure of any of your products or 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**, to any of the above, please explain why:

10) Do you carry out work only under a standard contract signed by every client?

YES		NO	
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If **YES**, please supply a copy of your standard form of contract, or otherwise a typical example of contracts used.

If **NO**, are all contracts vetted by a legally qualified person before being agreed?

YES		NO	
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11) Do you always have a written specification with your clients for each job?

YES		NO	
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12) Are all deviations to the agreed specification documented through a change control process?

YES		NO	
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13) Do you commit your clients to contracts with third parties?

YES		NO	
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(a) If **YES**, do you always obtain your clients' written acceptance of their terms of contracts before committing them?

YES		NO	
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(b) If **NO**, please provide details.

14) (a) DO NOT ANSWER IF PROPOSAL IS FOR RENEWAL OF INSURANCE WITH HCC

Name of current insurers	
Name of your broker	
Renewal date	
Limit of indemnity	
Premium	
Excess	

(b) For what Limit/s of Indemnity are quotations required?

15) (a) Has any claim been brought against you arising from the performance of your business activities for a client or has anyone threatened to bring such a claim?

YES		NO	
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If YES, please provide full details:

(b) Are you aware of any shortcoming in your work for a client which is likely to lead to a claim against you? This includes i) a shortcoming known to you, but not your client, which you cannot reasonably put right; ii) a complaint from your client about your work or anything you have supplied which cannot be immediately resolved; iii) an escalating level of complaint from your client on a particular project; iv) a client withholding payment due to you after any complaint:

YES		NO	
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If YES, please provide full details:

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(c) i) Have you suffered any loss from the dishonesty or malice of any partner, director, employee or self-employed freelancer?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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ii) Do you currently have any grounds, after reasonable enquiry, for suspecting that such a person has acted dishonestly or maliciously?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If YES, to either, please provide full details:

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Please read this paragraph carefully before signing the declaration:

It is essential that every Proposer or Insured when seeking a quotation to take out or renew any insurance discloses to the prospective Insurers all material facts and information (including all material circumstances) which might influence the judgement of an underwriter in deciding whether to accept the risk and on what terms. The obligation to provide this information continues up until the time that there is a completed contract of insurance. Failure to do so entitles the Insurers, if they so wish, to avoid the contract of insurance from inception and so enables them to repudiate liability thereunder. If you have any doubt as to what constitutes a material fact or circumstance please do not hesitate to ask for advice.

DECLARATION

I/we declare that, after full enquiry, the contents of this proposal are true and that I/we have not misstated, omitted or suppressed any material fact or information. I/we agree that this proposal together with any other information supplied by me/us shall form the basis of any contract of insurance which may be effected. If there is any material alteration to the facts and information which I/we have provided or any new material matter arises before the completion of the contract of insurance, I/we undertake to inform Insurers.

I/we hereby consent to any information I/we have provided being processed by you for the purposes of providing insurance and claims handling, which may necessitate sharing such information with third parties. HCC International Insurance Company PLC. may use this information for marketing (by post, telephone, e-mail or fax) subject to the conditions of the Data Protection Act. If you do not wish these details to be used for marketing please inform HCC International Insurance Company PLC. in writing. Under the Data Protection Act 1998 you have the right to access or amend the information we hold about you. If you would like to exercise either of these rights please contact HCC International Insurance Company PLC.

Signature of Principal:

Date:

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

All questions must be answered fully, and those questions not relevant to you should be marked N/A.

If there is insufficient space, please provide details on your letterhead.