



PYV Limited No 10 St Mary at Hill, London EC3R 8EE

Tel: 020 7626 6789

Fax: 0870 199 1632

020 7648 5153

Email: insurancesolutions@pyv.co.uk

PROFESSIONAL INDEMNITY INSURANCE

Proposal Form for Information Technology Consultants

It is very important that you disclose fully and accurately all material facts. If you require more space please continue on your headed paper and then sign and attach to this form. Failure to do so may result in the insurance being void. Material Facts are those which may affect Underwriters assessment of the risk. If you have any doubt as to whether something is a material fact it is recommended that you disclose it.

Please answer all the questions and complete this form in ink. Any insurance issued following the completion of this proposal is subject to the policy terms and conditions. Completion of this proposal form does not obligate either party to complete any contract of insurance.

If you are aware of any claims or potential claims ("circumstances") and you are currently insured via ourselves, please report them immediately, in a separate letter, to our claims department at the address below. The information contained within this proposal form is for underwriting purposes only and **NOT for claims processing/first notification**.

We would remind you that this type of policy is written on a "claims made" basis. There are no days of grace for renewal negotiations under this type of policy. All cover will terminate at expiry date.

PYV Limited. Lloyd's Insurance Brokers
Registered in England No. 979259. Registered Office: No 10 St Mary at Hill, London EC3R 8EE
A wholly owned subsidiary of PYV Group Ltd

PYV Limited is authorised and regulated by the Financial Services Authority



Proposal Form for Information Technology Consultants

GENERAL INFORMATION

You MUST complete this section

Company Name:

Main Address:

Postcode

Please provide similar details for any other companies or businesses (including associated or subsidiary companies) requiring cover under this insurance, below:-

Additional Insured Name & Address:

Postcode

Note: Please note that you should answer all subsequent questions on this application form in relation to all parties to be insured under this policy.

Additional Liabilities:

Is cover required for any other work undertaken by the firm(s) identified on the proposal form?
This may include a predecessor in business or liability of one of your partners or principals relating to work undertaken elsewhere

YES/NO

If YES please provide details:-

Year business established:

Total Income:

	Last completed financial Year	Current year	Estimate next year
UK Law Contracts			
EU Law Contracts			
US Law Contracts			
Other Law Contracts			

Number of employees:

Last year	Current year	Estimate next year

Your Experience:

Please confirm that one or more principals has at least 5 years experience in the relevant industry

YES/NO

If NO please provide CVs for ALL principals



YOUR BUSINESS ACTIVITY

You MUST Complete this section

Please split the percentage of your last completed financial years income or, if a new business, an estimate of your forthcoming year, approximately between the following (**please ensure total equals 100%**):

A) Hardware

- i) Sales of own brand _____%
- ii) Distribution of other brands _____%
- iii) Installation _____%
- iv) Maintenance _____%

B) Software Product Sales

- i) Shrink wrapped _____%
- ii) Third party _____%
- iii) Own written _____%
- iv) Customisable software _____%

C) Software Services

- i) Installation including configuration (no code changes) _____%
- ii) Customisation (including code changes) _____%
- iii) Developing bespoke applications _____%
- iv) Maintenance _____%

D) Services

- i) Consultancy _____%
- ii) Provision of contract staff _____%
- iii) Provision of outsourced services _____%
- iv) Provision of managed services _____%
- v) Training _____%

E) Internet Services

- i) Web design _____%
- ii) Domain name registration _____%
- iii) Web hosting _____%

If any work is undertaken in areas e) i), ii) or iii), Please complete the supplementary questionnaire, available on request.

F) Other – (Please specify below):- _____%

TOTAL

100%



How long is a typical software installation (including configuration and customisation services)?

Please give details of the 3 largest contracts carried out in the past year (or forthcoming year if a new venture):

Nature of contract	Total value	Income to you

Is the failure of any of your products or services liable to result in any of the following outcomes, or do you work on any systems which could cause:

- i) Loss of life or injury to a person? **YES/NO**
- ii) Destruction or damage to physical property? **YES/NO**
- iii) Significant financial loss? **YES/NO**

If you have answered YES to any of the above then please explain below:

Do you only carry out work under contracts drafted by legal professionals and signed by clients? **YES/NO**

If NO please explain on what basis you enter into contracts:

Are you responsible for or do you provide advice in relation to any of the following:

- i) Full project implementation of IT or other systems? **YES/NO**
- ii) Live trading or mission critical systems? **YES/NO**
- iii) Internet service provision (ISP Services), application service provision (ASP) or financial transaction web design? **YES/NO**
- iv) Fully outsourced or managed services? **YES/NO**
- v) Security of systems or networks? **YES/NO**

If YES to any of the above areas, then please provide full details of your services and describe in detail the 3 largest contracts you have been involved in on a separate sheet.

Have you ever bought Professional Indemnity Insurance in the past? **YES/NO**

If YES, Please provide details:-

Name of insurer	Limit of indemnity	Excess	Premium	Renewal date	No. of Years continuously held



CLAIMS

You MUST complete this section

In relation to your professional business activities for which you are now seeking cover, are you after reasonable enquiry aware of:-

Any shortcoming in your work which is likely to lead to a claim against you. This includes:-

- A shortcoming known to you which you cannot reasonably put right.
- A complaint about your work or anything you have supplied which cannot be immediately resolved.
- An escalating level of complaint on a particular project.

YES/NO

A client withholding payment due to you after any complaint

YES/NO

Any loss from the dishonesty or malice of any employee or self employed freelancer

YES/NO

Any matter which may give rise to a claims against your predecessors in business or any past partner, principal, Director or employee

YES/NO

Have you or any of your partners or directors either personally or in any business capacity been declared bankrupt or insolvent or made arrangements with creditors?

YES/NO

If you answered YES to any of the above please provide full details:-

Has any claim, whether successful or not, been made against you or your predecessors in business, or any past or present partner, principal, director or employee (whether previously insured or not)?

YES/NO

Have you had any Insurance proposal cancelled, withdrawn, declined or made subject to special terms?

YES/NO

If YES, please provide details (including quantum):-

Date	Details



DECLARATION

You **MUST** complete this section

Please read the declaration carefully, and sign and date at the bottom.

Material information

Please provide us with details of any information which may be relevant to insurers consideration of your proposal for insurance. If you have any doubt over whether anything is relevant, please let us have details.

Data Protection

By signing this proposal form you consent to PYV using the information we may hold about you for the purpose of providing insurance and handling claims, if any, and to process sensitive personal data about you where this is necessary (for example health information or criminal convictions). This may mean we have to give some details to third parties involved in providing insurance cover. These may include insurance carriers, third party claims adjusters, fraud detection and prevention services, re-insurance companies and insurance regulatory authorities.

Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by us as set out above. The information provided will be treated in confidence and in compliance with the Data Protection Act 1998. You have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.

Declaration

I/We declare that

- a) this proposal form has been completed after proper enquiry
- b) its contents are true and accurate and
- c) all facts and matters which may be relevant to the consideration of our proposal have been disclosed.

I/we undertake to inform you before any contract of insurance is concluded if there is any material change to the information already provided, or any new fact or matter arises which may be relevant to the consideration of the proposal for insurance.

I/We understand that non-disclosure or misrepresentation of a material fact or matter will entitle insurers to avoid this insurance.

I/we agree that this proposal form and all other written information which is provided are incorporated into and form the basis of any contract of insurance.

Signature of Principal/Partner/Director

Date

A copy of this proposal form should be retained for your records.