

Professional Indemnity Insurance

Proposal Form IT Consultants

You must complete the General Information section, the Claims section and read and sign the Declaration.

You must complete this section.

Company Name:
Telephone Numbers

Email / Web -

Main Address:

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:**

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 anything other than work undertaken by the firm(s) identified on the Professional Insurance Portfolio Proposal Form? This may include a predecessor in business or liability of one of your partners or principals relating to work undertaken elsewhere.

If YES, please provide details: YES NO

Year Business Established:

Total Income:	Last Completed Financial Year	Current Year	Estimate Next Year
UK /Irl 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 of the Principals has at least 5 years experience in the relevant industry.

If NO, please provide CV's for all Principals YES NO

OPTIONAL - Only complete this module if this insurance cover is required.

Please split your last completed financial year's income approximately between the following professional disciplines:

Your Business Activity

- a) **Hardware**
 - i) Sales of own brand €
 - ii) Distribution of other brands €
 - iii) Installation €
 - iv) Maintenance €
 - b) **Software product sales**
 - i) Shrink wrapped
 - a) third party €
 - b) own written €
 - ii) 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 Hiscox Web Questionnaire
- f) **Others** - Please specify: €

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 coming year if a new venture):

Nature Of Contract	Total Value	Income To You
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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
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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 site 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
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If YES, please provide details:

Name of Insurer	Limit of Indemnity	Excess	Premium	Renewal Date	No. of years Continuously Held
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OPTIONAL - Only complete this module if this insurance cover is required- This cover relates to Employers / Public liabilities and Property .

Current Full Year

Estimate Next Year

Total Wageroll:

Clerical

Non-Manual

Manual

No. of Premises:

Name of Existing Insurer:

"When things fall apart, Hiscox helps keep your business together."

OPTIONAL - Only complete this module if this insurance cover is required.

Please confirm your quote requirements:

Buildings Only

Contents Only

Buildings & Contents

Location of Premises to be Covered:

Location	Full Address	Postcode	Single Occupancy?	
1			YES	NO
2			YES	NO
3			YES	NO

Please continue on a separate sheet if more than 3 premises to be insured.

Construction Details:

Are all of the buildings constructed with external walls of brick, stone or concrete and roofed with slates, tiles or profile metal? YES NO

Are all of the buildings free from cracks or other signs of damage that may be due to subsidence, landslip or heave and have not previously suffered damage by any of these causes? YES NO

Are all of the buildings in an area free from flooding and not near the vicinity of any rivers, streams or tidal waters? YES NO

If you have answered NO to any of the above questions, please provide full details:

Are the buildings listed? Not listed Grade I Grade II
Grade A Grade B

Any other unique features?

Building Services:

Are the buildings heated by a conventional electric, gas, oil or solid fuel central heating system? YES NO

Is the electrical installation inspected at least every five years by a qualified electrician and any defect remedied? YES NO

Are any lifts, boilers, steam and pressure vessels inspected and approved to comply with all of the statutory requirements? YES NO N/A

NOTE: It is important to keep separate records of this as we may not pay a claim unless you can demonstrate that these inspection requirements have been complied with.

Alarm Details:

Are the premises protected by an intruder alarm? YES NO

Signal Type: Bell Only Alarm Receiving Centre (ARC)

Is the alarm system subject to a running maintenance contract at intervals not exceeding 12 months? YES NO

Minimum Security:**Physical Security**

Loss or damage caused by theft or attempted theft involving entry to or exit from the premises by forcible or violent means is not insured unless the devices for the security of your premises are in accordance with the following specification and all devices are put into full and effective operation whenever the premises are closed for business or left unattended.

Specification

1. The final exit door must be secured by means of either a mortice deadlock or rimlock conforming to, or superior to, BS3621, or a key operated multi-point locking system having at least 3 locking bolts.
2. All other external doors and internal doors providing access to any part of the building not occupied by you must be secured by means of either a locking device specified in (1) above, or by two key operated security bolts to engage the door frame.
3. Any external door, or internal door providing access to any part of the building not occupied by you, which is designated an emergency exit must be secured by means of either a panic bar locking system incorporating bolts which engage both the head and sill of the door frame, or by a mortice lock having specific application for emergency exit doors and which is operated from the inside by means of a conventional handle and/or thumb turn mechanism.
4. All ground and basement level opening windows and any upper floor opening windows/skylights accessible from roofs, balconies, fire escapes, canopies, downpipes and other features of the building to be secured by means of either a key operated locking device or permanently screwed shut.

NOTES:

- (i) The local fire authority must be consulted before replacing or augmenting the existing locking device fitted to a designated emergency exit door.
- (ii) The provisions of specification (4) do not apply to windows/skylights that are protected by means of either fixed round or square section solid steel bars not more than 10cm apart, or fixed expanded metal, weld mesh or wrought ironwork grilles, or proprietary collapsible locking gate grilles.

My/Our security measures comply with these criteria. YES NO

I/We understand that relevant claims will not be paid if they do not. YES NO

Interested Parties:

If there are any additional financial interests in the property such as those held by Banks or Building Societies, please confirm below:

Name of Party	Interest of Party	Full Address and Postcode
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Sums Insured:

The sums insured you stipulate below will dictate the amount of cover provided under the policy. You should enter the full rebuilding or replacement as new cost in each of the categories. If you under insure, by understating these values, then we may only pay a proportion of any loss you may suffer. It is therefore essential that you get these figures as close to their true value as possible and if in any doubt, you should consult your broker.

Property Values

	Location 1	Location 2	Location 3
Main Building:	€	€	€
Landlord's fixtures & fittings and tenant improvements:	€	€	€
Personal computers, printers and ancillary computer equipment at the premises:	€	€	€
All other contents/business equipment at the premises:	€	€	€
Portable computers and associated equipment at home/away from the premises anywhere in the European Union:	€	€	€
Portable computers and associated equipment at home/away from the premises anywhere in the world:	€	€	€
All other business equipment at home/away from the premises anywhere in the European Union:	€	€	€
All other business equipment at home/away from the premises anywhere in the world:	€	€	€
TOTAL PROPERTY SUM INSURED:	€	€	€

This section may only be purchased with either the Property Buildings or Contents cover.

Please indicate the basis of cover required for the Business Interruption module by ticking the relevant box(es). Please consult your broker if you need advice.

Loss of Revenue:	Total Annual Revenue: €			
Indemnity Period (months)	12	18	24	36
and/or				
Additional Expenditure:	Sum Insured: €			
Maximum Indemnity Period (months)	12	18	24	36
and/or				
Book Debts:	Sum Insured: €			

You must complete this section.

Please complete the claims questions for any risk now to be insured under the following insurance covers.

In relation to your professional business activities, 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 loss from the suspected dishonesty or malice of any employee or self-employed freelancer. YES NO

Any matter which may give rise to a claim 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.

Professional Indemnity

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

In respect of the following insurance covers:

Internet & Email, Property Buildings, Property Contents, Property Loss of Income, Group Travel, Personal Accident & Illness, General Liability - Public & Products, Employers Liability, Employment Practices Liability

Has any claim or loss, whether successful or not, ever occurred or been made against you or your predecessors in business or any past or present partner, principal, director or employee in respect of any risk now to be insured under the insurance covers listed above (whether previously insured or not)?

If "YES" please provide full details below: YES NO

Date	Details	Amount	Remedial Action
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Please continue on a separate sheet if necessary.

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

If YES, please provide details:

YES

NO

Date

Details

You must complete this section.

Please read the declaration carefully and sign at the bottom.

MATERIAL INFORMATION

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

DATA PROTECTION

By signing this Proposal Form you consent to Hiscox 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, reinsurance 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 for insurance 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 our proposal for insurance.

I/We understand that non-disclosure or misrepresentation of a material fact or matter will entitle Hiscox Insurance Company Limited 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 should be retained for your records.