

TechProtect Plus™ Proposal Form

The Professional Indemnity part of the policy to which this proposal form relates provides cover on a claims made basis.

This means that the Professional Indemnity part of the policy will only respond to claims and/or circumstances which are first made against the Insured and notified to the Insurer during the policy period.

The Professional Indemnity part of the policy will not provide cover for:-

- Events that occurred prior to the retroactive date of the policy (if specified).
- Claims made after the expiry of the policy period even though the Wrongful Act giving rise to the claim may have occurred during the policy period.
- Claims notified or arising out of facts or circumstances notified under any previous policy or noted on the current proposal form or any previous proposal form.
- Claims made, threatened or intimated prior to the commencement of the policy period.
- Facts or circumstances in your knowledge prior to the policy period, which you knew had the potential to give rise to a claim under the policy.

It is **very** important that you advise us of the correct values to be insured. **If the amounts insured are not adequate this will result in the amount that we pay you in the event of a claim being reduced.**

DISCLOSURE

You must disclose to the Insurer all information which is material to it in deciding whether to issue insurance cover to you, including any facts or conduct which might lead to a claim being made against you. Failing to do so could affect your rights to indemnity.

If you do not understand any part of this document, please contact your Broker BEFORE YOU SIGN IT. You will be bound by the answers you give and the information you provide in this proposal form. It is in your interest to make sure that all information is correct and properly understood.

When in doubt - disclose

ATTACHMENTS

Before you return this form, have you included the following (please indicate by ticking the boxes):

Standard client contract agreement:

Company brochure / additional information:

Claims information (if relevant):

Section 1: Company Details

1.1 Please state the name and address of the principal Company for whom this insurance is required. Cover is also provided for the subsidiaries of the principal Company, but only if you include the data from all of these subsidiaries in your answers to all of the questions in this form.

Insured Company:	Contact name:
Address:	
	Postcode:
Telephone:	Fax:
Email Address:	Website:

1.2 Please state when your company was established. _____

1.3i) How many directors and / or partners are there in the Company? _____

ii) Please state below the details of all Partners / Directors.

Name	Years in position	Years experience	Qualifications

iii) Please state the number of employees:

Marketing / Sales / Business Development _____ I.T. / technical _____

Other _____

1.4 Please state your fees received in respect of the following years:

Currency: _____	Last complete financial year	Estimate for current financial year	Estimate for next financial year
Date of financial year end: ____ / ____ (dd/mm)			
(a) Domestic turnover:			
(b) USA turnover:			
(c) Other territory turnover:			
TOTAL turnover:			
OPERATING PROFIT/ (LOSS)			

1.5 Tick here if you would like to receive the CFC Underwriting technology risk email newsletter. Please note that we will not use your email address for any purpose whatsoever, other than to send you this newsletter. You can unsubscribe at any time.

Please enter the email address to send this to (if different from e-mail address given above):

Section 2: Activities

2.1 Please briefly describe below the nature of your business activities. (If you have a brochure, or company literature, please attach to this form).

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2.2 Please provide a full breakdown of your total turnover by activity.

a) Hardware			
i. Sales of own brand		%	
ii. Distribution of other brands		%	
iii. Installation		%	
iv. Maintenance		%	
b) Software product sales			
i. Sales of own brand shrink wrapped/ off the shelf software		%	
ii. Distribution of other brand shrink wrapped/ off the shelf software		%	
iii. Customisable software		%	
c) Software services			
i. Installation, including configuration (No coding involved)		%	
ii. Customisation (including coding changes)		%	
iii. Maintenance		%	
iv. Systems integration		%	
v. End user applications		%	
d) Services			
i. Consultancy		%	
ii. Contract staff		%	
iii. Support services		%	
iv. Project management		%	
v. Training		%	
vi. Data processing		%	
vii. Data communication services		%	
viii. Internet service provision or hosting provided by you		%	
ix. Internet service provision or hosting provided by a third party		%	
x. Application services provision		%	
e) Other. Please give full details below.			
		%	
		%	
		%	

2.3 Are you involved in medical, aviation, financial, or telecommunications software? Yes / No

2.4 Is the failure of any of your products or services liable to result in any of the following outcomes:

- | | |
|---|----------|
| a) Loss of life or injury to a person? | Yes / No |
| b) Destruction or damage to physical property? | Yes / No |
| c) Immediate and large financial loss? | Yes / No |
| d) Significant cumulative financial loss? | Yes / No |
| e) Insignificant financial loss (more of a nuisance)? | Yes / No |

If you have answered YES to any of the above then please explain below, and also describe the worst thing that could happen to your customers' operations if your product / service were to fail.

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Section 3: Contract Information

3.1 Please give details of the five largest contracts you have carried out in the past three years.

Name of client	Business of client	Nature of your work undertaken for this contract	Total value of project	Annual income to you for your contract	Start date	Completion date

3.2 Approximately how many customers do you have? _____

3.3 Do you carry out work *only* under a written contract signed by every client?

Please supply a copy of your standard form of contract, or typical examples of contracts used.

If no, explain in what circumstances, and why.

Yes / No

3.4 Do you ever accept contracts with your customers in which you accept liability for consequential loss or financial damages greater than the value of the contract?

If yes, explain what percentage of your contracts this is applicable to and what these are capped at.

Yes / No

3.5 What approximate percentage of your turnover, in your current financial year, will be paid to sub-contractors?

_____ %

3.6 Do you ensure that sub-contractors have their own professional indemnity and public liability insurance?

Yes / No

**Section 4: Property and Business Interruption Insurance
(only complete this section if you require this cover)**

4.1 Please state the address of the premises to be insured (if different from the address given earlier):

Premises 1

Address:	
	Postcode:

Premises 2

Address:	
	Postcode:

Please continue on a separate sheet if more than 2 premises to be insured.

4.2 Please detail below any other party (such as a bank or building society) whose financial interest in the premises should be noted on the policy.

Name of party:	
Interest of party:	
Address:	
	Postcode:

4.3 Are all of the premises:

- a) Constructed with external walls of brick, stone or concrete and roofed with slate, tiles, concrete, metal, asbestos or any other non-combustible material? Yes / No
 - b) 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
 - c) In an area free from flooding and not near the vicinity of any rivers, streams or tidal waters? Yes / No
 - d) In a good state of repair and occupied solely as offices? Yes / No
 - e) Self contained with a lockable entrance door? Yes / No
 - f) Protected by an intruder alarm that is subject to an annual maintenance contract? Yes / No
- NOTE: We may refuse to pay a claim if all of the devices for the security of your premises (including locks and the intruder alarm) are not put into full and effective operation whenever the premises are closed for business or left unattended.
- g) Heated by a conventional electric, gas, oil or solid fuel heating system? Yes / No
 - h) Fitted with electrical installations which are inspected at least every 5 years by a qualified electrician and any defect remedied? Yes / No
 - i) Lifts, boilers, steam and pressure vessels inspected and approved to comply with all of the statutory requirements? Yes / No

NOTE: Assuming you have answered YES to questions h) and i) above, it is important to keep records of all relevant inspections as we may ask for evidence of these before paying a claim.

If you have answered NO to any of the above questions then please give further details below.

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Section 4: Property and Business Interruption Insurance (continued)

4.4 Please detail the amounts to be insured below for each premises.

NOTE: The amounts insured you state below should be the full rebuilding or replacement cost in each of the categories. If you understate these amounts you will be under-insuring and we may not pay the full amount of your claim. It is therefore essential that these amounts are as close to the true values of the insured items as possible.

ITEM	AMOUNT INSURED PREMISES 1	AMOUNT INSURED PREMISES 2
Main Building:		
Landlord's fixtures & fittings and tenant improvements:		
Personal computers, printers and ancillary computer equipment at the office:		
All other contents at the office:		
Portable computers and associated equipment at home / away from the office:		
All other contents at home / away from the office:		

4.5 Please state, in respect of portable computers and associated equipment at home / away from the office, the **maximum value of any one item** (not the total value of all items) of this type of property.

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4.6 Please detail the amounts to be insured below for business interruption cover. Note that the maximum indemnity period available is 12 months. **You should bear in mind how long it will take you to re-commence trading at another premises when stating the amount insured and indemnity period.**

You have two options for the type of cover you buy:

Option 1: Traditional – please specify the amount insured for each item in the table below:

ITEM	AMOUNT INSURED	INDEMNITY PERIOD
Loss of income:		Months
Increased costs of working:		Months
Outstanding debts:		Not applicable

Option 2: Flexible First Loss – please specify a total amount insured for business interruption cover. This amount applies regardless of whether your business interruption loss is loss of income, increased costs of working or outstanding debts.

This option often enables a smaller total amount insured to be specified than for option 1 and therefore often results in a cheaper premium.

ITEM	AMOUNT INSURED	INDEMNITY PERIOD
Flexible First Loss (loss of income, increased costs of working and outstanding debts combined):		Months

4.7 Please provide details of your current Property and Business Interruption insurance, if applicable.

Premium	Excess	Insurer

**Section 5: Employers' Liability (EL) & Public / Products / Pollution Liability (PL) Insurance
(only complete this section if you require this cover)**

5.1 Please detail below the countries you export your products to and the amount of turnover these exports relate to **(the turnover stated here should relate to products only, not services, consulting or similar)**.

Territory	Last complete financial year	Estimate for current financial year	Estimate for next financial year

5.2 Please state the following:

a) Your total estimated wage roll for the next financial year.

b) i. The percentage of your wage roll relating to non-manual work (e.g. consulting, working at a PC or administrative work).

 %

ii. The percentage of this type of work that you do away from your premises.

 %

c) i. The percentage of your wage roll relating to manual work (e.g. product manufacturing).

 %

ii. The percentage of this type of work that you do away from your premises.

 %

d) i. The percentage of your wage roll relating to hazardous work (e.g. laying of cables underground).

 %

ii. The percentage of this type of work that you do away from your premises (usually 100%).

 %

Please detail the nature of your hazardous work below.

NOTE: The percentages given in answer to questions b)i, c)i and d)i above should add up to 100%.

5.3 In the course of an average working day are people, other than your employees, regularly present on your premises?

Yes / No

If yes, please describe the capacity in which these people are present below:

5.4 Please provide details of your current EL/PL insurance, if applicable.

Type	Limit	Excess	Premium	Insurer
EL				
PL				

Section 6: Claims Experience and Insurance History

6.1 If you currently have professional indemnity insurance please provide details below (unless you are already insured with CFC).

Retroactive Date	Expiry Date	Limit	Excess	Premium	Insurer

6.2 If you do not currently have professional indemnity insurance please state the following:

	Option 1	Option 2
Limit required		
Excess preferred		

6.3 Regarding all of the types of insurance to which this proposal form relates **after enquiry**:

- are you aware of any loss or damage, whether insured or not, that has occurred to any of the Companies to be insured (or to any existing or previous business of the partners or directors of any of the Companies to be insured) within the last 5 (five) years, or
- are you aware of any circumstances which may give rise to a claim against any of the Companies to be insured or any partners or directors thereof, or
- have any claims or cease and desist orders been made against any of the Companies to be insured, or partners or directors thereof, or
- have any of the Companies to be insured or any partners or directors suffered any losses, or
- have any partners or directors of the Companies to be insured been found guilty of any criminal, dishonest or fraudulent activity or been investigated by any regulatory body?

Yes / No

If the answer to the above is 'YES', then please attach full details including an explanation of the background of events, the maximum amount involved/claimed, the status of the claim(s) or circumstance(s) and any reserve(s) or payment(s) made by you and/or by Insurers, and the dates of all developments and payments.

Section 7: Declaration

- I/we declare that after proper enquiry the statements and particulars given above are true and that I/we have not mis-stated or suppressed any material fact.
- I/we agree that this Proposal Form, together with any other material information supplied by me/us shall form the basis of any contract of insurance effected thereon.
- I/we undertake to inform Underwriters of any material alteration to these facts occurring before the completion of the contract.

Signed:	Full Name
Position held at Insured:	Date