



# Professional Indemnity and General Liability Proposal Form For the Technology Industry



PI Specialists since 1992

## **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.

## **The General Liability part of the policy to which this proposal form relates provides cover on a losses occurring basis.**

This means that the General Liability part of the policy will only respond to accidental injury or damage (see wording for definition of 'injury' or 'damage') which occurs during the policy period.

### **Your Duty of Disclosure**

Before you enter into a contract of general insurance with an insurer, you have a duty, under the Insurance Contracts Act 1984, to disclose to the insurer every matter that you now, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of general insurance. Your duty however does not require disclosure of matter –

- That diminishes the risk to be undertaken by the insurer;
- That is of common knowledge;
- That your insurer knows, or, in the ordinary course of his business, ought to know;
- As to which compliance with your duty is waived by the insurer.

### **Non-Disclosure**

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce his liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.

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, which are given, and by the information provided by you in this proposal form. It is in your interest to make sure that all information is correct and properly understood.

### **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):

#### **Just PI Insurance**

Level 32, 1 Market Street, Sydney NSW 2000 | Phone: 1300 099 050 | Fax: (03) 9818 2099  
[service@justpi.com](mailto:service@justpi.com) | [www.justpi.com](http://www.justpi.com) | ABN: 14 064 465 309 | AFSL: 232987

**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:	
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 show 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:

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

1.5 Tick here if you would like to receive the Indemnity & General 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: As above / \_\_\_\_\_**

**Section 2: Activities**

2.1 Please provide a full breakdown of your total turnover by activity.  
**(If you have a brochure, or company literature, please attach to this form)**

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		%

e) Other. **Please give full details below**

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

2.3 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:

**Section 2: Activities (continued)**

2.4 Please detail below the countries you export your products to and the amount of turnover these exports relate to:

<b>Territory</b>	<b>Last complete financial year</b>	<b>Estimate for current financial year</b>	<b>Estimate for next financial year</b>

2.5 Please state the following:

a) Your total estimated wagheroll for the next financial year:

b) Your wagheroll relating to clerical work away from your premises. Please detail the nature of this work below.

c) Your wagheroll relating to manual work away from your premises. Please detail the nature of this work below.

d) Your wagheroll relating to hazardous work away from your premises. Please detail the nature of this work below.

2.6 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:

**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	Income to you for your contract	Start date	Completion date

3.2 Approximately how many customers do you have? \_\_\_\_\_

**Yes / No**

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**

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?

**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 general liability insurance?

**Yes / No**

## Section 4: Claims experience and insurance history

4.1 Please provide details of your current professional indemnity insurance, if applicable

Retroactive Date	Expiry Date	Limit	Excess	Premium	Insurer

4.2 Please provide details of your current general liability insurance, if applicable

Expiry Date	Limit	Excess	Products Liability Included	Premium	Insurer
			Yes / No		

- a) Do you require products liability cover as part of your general liability cover for the new policy period?

4.3 Regarding the risks to which this proposal relates **after enquiry**:

- a) have any claims or cease and desist orders been made against any of the Companies to be insured, or partners or directors thereof, or
- b) 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
- c) have any of the Companies to be insured or any partners or directors suffered any losses, or
- d) 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?
- e) has there ever been an unforeseen outage on your computer system(s) for more than 3 (three) hours?

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.

4.4 Stamp Duty Declaration:

For Stamp Duty purposes please provide a percentage break down of your estimated turnover by State or Territory:

<input type="text" value="NSW %"/>	<input type="text" value="VIC %"/>	<input type="text" value="QLD %"/>	<input type="text" value="SA %"/>	<input type="text" value="WA %"/>
<input type="text" value="TAS %"/>	<input type="text" value="NT %"/>	<input type="text" value="ACT %"/>	<input type="text" value="O'Seas %"/>	<input type="text" value="Total %"/>

## Section 5: 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