

Information Technology Liability Short Proposal Form

Name:	
Address:	
Postcode:	
Telephone:	Fax:
Website:	Establishment Date:

1. Please provide a full description of your business:
(Including main areas of expertise and the essential purpose of proprietary software licensed or supplied)

Please provide a copy of your business brochure or corporate profile

2. Please state gross income during the past and current financial years and an estimate for the coming year:

Financial Year (state which)	Software	Hardware	Consultancy	Other	Staff Number	Wageroll
Year –	£	£	£	£		
Current Year –	£	£	£	£		
Next Year (Est)	£	£	£	£		

3. Financial Year End (Date):

4. Approximate breakdown of turnover *(past financial year or next year estimate if a new business)*:

European Union % USA/Canada **NOT** subject to USA/Canada law % USA/Canada subject to USA/Canada law % Rest of World %

IT Consultancy	£	Facilities Management	£
IT Security Consultancy	£	Data Processing	£
Project Management	£	Website Design	£
Bespoke Software Development	£	Website Hosting	£
Own Shrink Wrap Software (Sale)	£	Internet Service Provision	£
Own Customisable Software (Sale)	£	Sale/Supply of Hardware	£
Third Party Shrink Wrap Software (Sale)	£	Hardware Maintenance	£
Third Party Customisable Software (Sale)	£	Hardware Installation	£
Software Maintenance – Own	£	Cabling	£
Software Maintenance – Third Party	£	Other (please describe)	£
Software Installation	£		£

5. Do you utilise the use of heat away from your premises? If 'YES' please provide the wageroll applicable. **YES / NO**

6. Please provide details of the 3 largest projects commenced in the last 3 years:

Start Date	Completion Date	Client & Business	Nature of Project	Total Contract Value	Your Fee Income
				£	£
				£	£
				£	£

7. Please provide full details of each Partner/Principal/Director (please continue on separate sheet if necessary):

Name	Qualifications	Year Qualified	Period with This Firm	Period with Previous Firms

8. Are all contracts subject to your standard terms and conditions?: **YES / NO**

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

(Please provide a copy of your standard contract terms or a recent typical contract entered into)

9. (a) Do you utilise the services of sub-contractors? **YES / NO**

(b) If **YES** to (a), what percentage of your annual turnover is paid to subcontractors?

(c) If **YES** to (a), do you ensure they have their own P.I. insurance? **YES / NO**

(d) If **YES** to (a), do you use a standard form of sub-contract agreement? *(please provide a copy)* **YES / NO**

(e) If **NO** to (d), do you always enter into a written contract with sub-contractors? **YES / NO**

10. (a) Has any claim of a professional, public or product liability nature ever been made against you or any partners, principals or directors? **YES / NO**

(b) Have you been involved in any dispute or arbitration concerning fees, products, services or intellectual property rights? **YES / NO**

(c) Are any of your partners, principals, directors or employees, AFTER ENQUIRY aware of or have any grounds for suspecting any circumstances which may give rise to a claim against you or any of your present or former partners, principals, directors or employees? **YES / NO**

(If YES, to (a), (b) or (c), please provide full details on a separate sheet of paper)

11. In respect of any insurance, has any Insurer ever declined a proposal or renewal, imposed special terms or cancelled or avoided an insurance policy? **YES / NO**

(If YES, please provide full details on a separate sheet of paper)

12. Limit of Indemnity required £ Excess required £

DECLARATION

I / WE declare that this proposal has been completed after appropriate enquiry and that the statements and particulars in this proposal (including all attachments, if applicable) are true and that I / WE have neither misrepresented or suppressed any material facts.

I / WE undertake to inform Underwriters of any material alteration to these facts whether occurring before or after the completion of the contract of insurance.

Signature of Principal / Partner / Director Date: