



# IT Professionals

Proposal Form

# IT Professionals **Proposal Form**

## **IMPORTANT INFORMATION REGARDING COMPLETION OF THIS FORM**

### **Method of Completion**

This proposal form may be completed in ink or electronically and signed and dated version sent to us prior to binding cover;

All questions must be answered (if necessary comment as “not applicable” or “none”).

### **Presentation**

If there is insufficient space in the proposal form, or simply to provide underwriters with a better understanding of your experience, expertise or activities, please supply additional information on your letter headed paper;

CV's of your principals/directors should be supplied if you have not previously been insured, or if any principal has been in their current position fewer than three years;

Copies of your standard contract conditions, brochures or other marketing material should be supplied if this helps to describe the activities undertaken.

### **Disclosure**

It is essential that every Firm or Proposer when seeking a quotation to take out or renew any insurance make a fair representation of the risk they are seeking to insure. The obligation to provide this information continues up until the time that there is a completed contract of insurance. Failure to do so may have serious adverse consequences for coverage under the contract of insurance. If you have any doubt as to what constitutes a fair presentation please do not hesitate to ask for advice from your insurance advisor;

It is particularly important to disclose all potential professional negligence claims that may be made against you and to notify your current insurers of such matters as appropriate.

**1. NAME(S) OF INSURED/PROPOSER (including all trading names of entities to be Insured)**

(Please include any predecessors for whom cover is required):

**2. ADDRESS OF THE PRINCIPAL OFFICE**

Please list all other locations by Town (or Country if overseas) and identify the supervising Partner/Director at each location. Please continue on separate sheet if required:

Principle Contact	
Telephone Number	
E-Mail	
Fax Number	

**3. DATE OF COMMENCEMENT OF CURRENT BUSINESS:**

**DATE OF COMMENCEMENT OF AND CESSATION OF FORMER BUSINESS:**

(If Applicable)

**REASON FOR CESSATION OF FORMER BUSINESS:**

**4. FULL DESCRIPTION OF BUSINESS ACTIVITIES**

(Please attach brochure(s) if available):

**5. PARTNERS/DIRECTORS/SOLE PRACTITIONERS & CONSULTANTS**

Names of: a) Partners / Directors / Sole Practitioners b) Consultants	AGE	Qualifications & Professional Associations	Date Qualified	Number of Years as Partner / Director / Sole Practitioner
a)				
b)				

**6. NUMBER OF STAFF**

(Not including the above):

Qualified:

Other:

**7. RECENT CHANGES**

During the last six years, has the name(s) of the Insured / Proposer changed or has any amalgamation or acquisition taken place, or have there been changes of Partners/Directors/Sole Practitioners ? (i.e. departed, retired or deceased etc...):

Yes            No

If “Yes”, please give details below:

**8. NEW ACTIVITIES**

Please provide details of major new activities being undertaken during the forthcoming financial year, i.e. new offices, new disciplines, territories etc...

**9. OTHER FINANCIAL INTERESTS**

Does the Insured / Proposer or any Partner/Director undertake work for any partnership, company or organisation in which they are in a position to exercise a controlling interest in such a partnership, company, organisation? (Apart from shares held in Public Companies)?

Yes      No

If “YES”, please state the name and nature of such Organisation and outline the work undertaken:

**10. JOINT VENTURE/CONSORTIUM**

a) Is the Insured / Proposer or any other Partner / Director / Proprietor currently a member of a Consortium or has the Firm or any Partner / Director / Proprietor worked in the past in association with any other Firm or Organisation?

Yes      No

If “YES”, please supply full details including names of all members and details of PII cover carried by each party:

b) Is cover required for such work?

Yes      No

**IF “YES”, INSURERS WILL REQUIRE A COPY OF ANY NEW AGREEMENT NOT PREVIOUSLY DECLARED TO UNDERWRITERS**

**11. INDEPENDENT CONSULTANTS**

When independent or specialist consultants are required, has the Insured / Proposer in the past ensured, and will in the future endeavour to ensure, that such consultants are appointed directly by and paid by your client?

a) In the past?

Yes      No

b) In the future?

Yes      No

**PLEASE NOTE: WHENEVER YOU ENGAGE OR EMPLOY CONSULTANTS, YOU SHOULD ASK EACH YEAR FOR EVIDENCE OF THEIR PROFESSIONAL INDEMNITY INSURANCE.**

**12. GROSS FEE INCOME (or Turnover if applicable)**

Please Advise (for new firms/start up’s, please estimate the expected fee income)

	Actual for Last Financial Year	Estimate for Current Financial Year	Estimate for Next Financial Year
UK in £	£	£	£
USA or Canada in £	£	£	£
Elsewhere excluding USA or Canada in £	£	£	£
Total	£	£	£
Largest total fees from any one client in £	£	£	£
PLEASE STATE THE DATE OF YOUR FINANCIAL YEAR END:			

**13. DISCIPLINE PROFILE**

Please advise split of gross fee income received in the last complete financial year between your different work disciplines:

	%
<b>Hardware</b>	
Sales of own brand	
Distribution of other brands	
Installation	
Maintenance	
<b>Software product sales</b>	
Shrink wrapped/Off the shelf software	
Customisable software	
<b>Software services</b>	
Installation including configuration (No code changes)	
Customisation (including code changes)	
Developing bespoke applications	
Maintenance	

<b>Services</b>	
Consultancy	
Contract staff	
Facilities Management	
Training	
Web Design	
Web Hosting *(please complete Web Hosting questionnaire)	
<b>Other</b> (please provide details)	
<b>TOTAL GROSS FEE INCOME</b>	<b>100%</b>

**14. CLIENT PROFILE**

Please give the approximate percentage of the Insured(s) / Proposer (s) work carried out during the last complete financial year applicable to the following projects:

Government	%	Trade Wholesale/Retail	%
Financial Institutions	%	Aerospace Industry	%
Commercial firms	%	Healthcare	%
Manufacturing/Industrial firms	%	Other (please provide full details)	%
Construction/Engineering	%		

**15. PROJECT PROFILE**

Please state the five largest contracts undertaken during the last SIX years:

Start Date	Brief Description	Total Contract Value	Firms Contract Value	Firm's Fee	Completion Date
		£	£	£	

		£	£	£	
		£	£	£	
		£	£	£	
		£	£	£	

**16. IS THE FAILURE OF ANY OF YOUR PRODUCTS OR SERVICES LIABLE TO RESULT IN ANY OF THE FOLLOWING OUTCOMES:**

- |  |     |    |
|--|-----|----|
| i. Loss of life or injury to a person?               | Yes | No |
| ii. Destruction or damage to physical property?      | Yes | No |
| iii. Immediate and large financial loss?             | Yes | No |
| iv. Significant cumulative financial loss?           | Yes | No |
| v. Insignificant financial loss (more of a nuisance) | Yes | No |

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



**17. CLAIMS AND/OR CIRCUMSTANCES**

NB. Details can be advised on page 12

**PLEASE NOTE THAT IT IS IMPERATIVE TO ANSWER THESE QUESTIONS CORRECTLY, AS FAILURE TO DO SO COULD PREJUDICE YOUR RIGHTS IN THE EVENT OF A CLAIM ARISING IN THE FUTURE.**

**a) CLAIMS**

During the last ten years, have any claims or circumstances which may have given rise to a claim been made against the Firm(s) or predecessors in business or present of former Partners/Directors arising out of the activities of the Firm(s)?

Yes                      No

If “Yes”, please advise full details including amounts involved and settlement dates where appropriate, below:

<b>Claims Paid</b>
<b>Claims Outstanding</b>

**b) CIRCUMSTANCES**

Are any of the Partners/Directors/Principals AFTER ENQUIRY aware of any circumstances which may give rise to a claim against the Firm(s) or its Predecessors in business or its/their present or former Partners /Directors?

Yes                      No

If “Yes”, please provide full details including amounts involved:

**18. a. CURRENT INSURANCE ARRANGEMENTS**

Please advise:

Limit of Indemnity	Excess	Premium	Insurer(s)	Renewal Date
£	£	£		

**b. PREVIOUS INSURANCE**

Has similar insurance for this Firm(s) or any Partner/Director been declined, cancelled or had renewal refused?

Yes      No

If "Yes", please advise details below:

**19. QUOTATIONS REQUIRED**

**Limit of Indemnity**

	£100,000	£250,000	£500,000
£1,000,000	£2,000,000	£5,000,000	Other:.....

**Excess**

	£500	£1,000	£2,500
£5,000	£10,000	£25,000	Other:.....

**Important**

Your personal data may be processed and held by us in our capacity as data controllers in order for us to write and administer your policy and to assist in the claims handling process in accordance with applicable data protection laws. To read our data privacy policy in full and for more information about your data protection rights, please visit our website at: <https://www.barbicanprotect.com/cookies-privacy-policy/>.

**DECLARATION**

We hereby declare that to the best of our knowledge and belief the foregoing particulars and statements represent a fair presentation of the risk we are seeking to insure.

We hereby undertake to declare any material alterations or amendments to the foregoing particulars and statements which occur prior to the commencement of the contract of insurance.

Signed:

Date:

For and on behalf of:

**PLEASE RETAIN A COPY OF THIS PROPOSAL FOR YOUR RECORDS.**

**COMPLETION DOES NOT BIND YOU OR INSURERS TO COMPLETE A CONTRACT OF INSURANCE.**

Date Notified	Details of Claim or Circumstance	Reserve	Payments made (including defence costs)	Open/ Closed
	<p>Claimant:</p> <p>Cause/Alleged Cause:</p> <p>Current Status:</p>			
	<p>Claimant:</p> <p>Cause/Alleged Cause:</p> <p>Current Status:</p>			
	<p>Claimant:</p> <p>Cause/Alleged Cause:</p> <p>Current Status:</p>			