

Professional Indemnity

Proposal Form

Information Technology

Please complete the whole form to the best of your ability, clarifying any areas where necessary and continuing on a separate sheet if required.

A website, brochure or overview of the services you provide will assist underwriters

<u>New start-ups:</u> Please use estimated values for fees, work breakdown etc. Please also provide a current CV or full summary of relevant qualifications and experience.

Insurance Act 2015 - Proposal Forms for non-consumer contracts - Duty of fair presentation

- 1. Before this insurance contract is entered into, the Insured must make a fair presentation of the risk to the Insurer, in accordance with Section 3 of the Insurance Act 2015. In summary, the Insured must:
- a) Disclose to the Insurer every material circumstance which the Insured knows or ought to know. Failing that, the Insured must give the Insurer sufficient information to put a prudent insurer on notice that it needs to make further enquiries in order to reveal material circumstances. A matter is material if it would influence the judgement of a prudent insurer as to whether to accept the risk, or the terms of the insurance (including premium);
- b) Make the disclosure in clause (1)(a) above in a reasonably clear and accessible way; and
- c) Ensure that every material representation of fact is substantially correct, and that every material representation of expectation or belief is made in good faith.
- 2. For the purposes of clause (1)(a) above, the Insured is expected to know the following:
- a) If the Insured is an individual, what is known to the individual and anybody who is responsible for arranging his or her insurance.
- b) If the Insured is not an individual, what is known to anybody who is part of the Insured's senior management; or anybody who is responsible for arranging the Insured's insurance.
- c) Whether the Insured is an individual or not, what should reasonably have been revealed by a reasonable search of information available to the Insured. The information may be held within the Insured's organisation, or by any third party (including but not limited to subsidiaries, affiliates, the broker, or any other person who will be covered under the insurance). If the Insured is insuring subsidiaries, affiliates or other parties, the Insurer expects that the Insured will have included them in its enquiries, and that the Insured will inform the Insurer if it has not done so. The reasonable search may be conducted by making enquiries or by any other means.

Please return your completed form and any supporting documentation to:

Email: underwriting@collegiate.co.uk

Fax: 020 7459 3455

Post: 18 Mansell Street, London, E1 1FE

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Company name:								
Main address:								
Address:	Contact Name:							
		Telep	ohone:					
	Fax:							
	Email:							
Post code:		Web	site:					
	Please provide similar details for any other companies or businesses (including associated or subsidiary companies) requiring cover under this insurance, below.							
Additional insured name and address:								
				Postco	de			
	NOTE: Please note that you should answer all subsequent questions on this applica form in relation to all parties to be insured under this policy							
f f	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. YES NO							
1	If YES, please provide details:							
Date business established:								
Total income:			ast complete inancial year	Current year		Estimate next year		
	UK work	£		£		£		
	EU work	£		£		£		
	US work	£		£		£		
	Other overseas work	£		£		£		
Number of employees:	Last Year		Current Year		Estimate next year			

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Partners and directors:

Name	Qualifications	No. of years experience	

Your business activity:

1. Please split your last completed financial year's income approximately between the following professional disciplines. If this proposal form is being completed on behalf of a new business, please split your estimated income for the forthcoming year:

	01 0	new business, pieuse spin your estimateu income for the forther	oning year.
a)	Har	dware	
	i)	Sales of own brand	%
	;;\	Sales of other brands	
	ii)	Sales of other brands	%
	iii)	Installation	%
	:	Maintanana	
	iv)	Maintenance	%
b)	Sof	ware product sales	
	i)	Shrink wrapped	
		a) third party	%
		b) own written	%
	ii)	Customisable software	%
c)	Sof	ware services	
	i)	Installation including configuration (no code changes)	%
			/0
	ii)	Customisation (including code changes)	%
			70
	iii)	Developing bespoke applications	%
			70
	iv)	Maintenance	%
			70
d)	Ser	rices	
	i)	Consultancy	%
	ii)	Provision of contract staff	%
	iii)	Provision of outsourced/managed services	%
	iv)	Training	%
e)	Inte	rnet 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 Web Questionnaire

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	f)	Others - Please specify:		%
	2.	How long (in terms of time) is a typical scustomisation services)?	software installation (including	configuration and
	3.	Please give details of the three larges (or coming year if a new venture):	st contracts carried out in the	past year
Start /End Dates		Nature of contract	Total value	Income to you
			£	£
			£	£
			£	£
	4.	Is the failure of any of your products of outcomes, or do you work on any sys		any of the following
		i) loss of life or injury to a person?	Y	ES NO
		ii) destruction or damage to physica	al property? Y	TES NO
		iii) significant financial loss?	Υ	ES NO
		If you have answered YES to any of t	he above then please explair	n below:
	5.	Do you carry out work only under signed by every client?		res NO
		ii) Do you always obtain profession your own standard contract is no		ES NO
		If NO, please explain on what basis yo	ou enter into contracts:	

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	following:										
		i)	live tr	ading or	mission crit	ical systems?		YES		NO	_
		ii)				ı (ISP services sion (ASP)?) or	YES		NO	_
		iii)				ged services?		YES		NO	_
		iv)				tworks, other the		YES		NO	_
		v)	Proje	ct Manaç	gement?			YES		NO _	_
		vi)	Engir	neering /	Financial so	oftware?		YES		NO	
		vii)	searc	h engine	optimizatio	n?		YES		NO	_
		viii)Enter	prise Re	source Plar	nning (ERP) or					
						anagement (C		YES		NO	
		xi)	NPfIT	, Conne	cting for He	alth other NHS	S contracts	YES		NO	
	If YES, to any of the above, then please provide a full description of your activities in these areas below:									es in	
		7 Do	v vou d	ooian or d	dovolon onv	of the following	72				
					develop arry	of the following) :				_
		i)	Game	es				YES		NO	_
		ii)	Electr	onic desi	ign			YES		NO	_
		iii)	Embe	edded co	ntrols			YES		NO	
		Ple	ease n	ote we c	annot prov	ide cover for t	hese areas.				
 Have you ever bought Professional Indemnity Insurance in the past? If YES, please provide details: 											
	Name of Insurer	Limit	of ind	emnity	Excess	Premium	Renewal Date	Retro active date		. of years ntinuously held	
<u>L</u>		0 DI-	4:	-1-41 1:	-:4 -£:	14			<u> </u>		
			ease ti 50,000		£500,0	nity now requi	rea: £1,000,000	£2,000	,000		
		Oth	her:								

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You must complete this section.

In relation to your professional business activities, are you after reasonable enquiry aware of:

Any shortcoming in your work which may 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 \square YES 🗌 NO \square A client withholding payment due to you after any complaint. 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 you or your predecessors in business or any past partner, principal, director or employee. NO 🗌 YES 🗌 If you answered YES to any of the above, please provide full details: Have you or any of your partners or directors at any time either personally or in any business capacity: 1. been declared bankrupt or become insolvent or made any voluntary arrangement with creditors or been subject to enforcement of a judgment debt? ΝО □ 2. been a partner, a director or had a controlling interest in any company, firm or business entity which has entered into a voluntary arrangement with creditors or been subject to any application for liquidation, administration, receivership or to YES 🗆 enforcement of a judgment debt? ΝО □ If the answer to 1. and/or 2. above is YES, please give full details on a separate sheet. 3. 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 YES 🗌 ΝО □ employee (whether previously insured or not)? 4. Have you ever had any insurance or proposal cancelled, withdrawn, declined or made subject to special terms? YES □ ΝО □ If the answer to 3. and/or 4. above is YES, please give full details below: Date Details

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DECLARATION

I/we declare that I/we have made a fair presentation of the risk, by disclosing all material matters which I/we know or ought to know or, failing that, by giving the Insurer sufficient information to put a prudent insurer on notice that it needs to make further enquiries in order to reveal material circumstances.

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.

Signature of Principal/Partner/Director	Date
Name(in capitals)	A copy of this proposal should be retained for your records.
including product and industry news. By ticking the b	vant information which may be of interest to your business, oxes below, you are consenting to the use of your data for be used only by Collegiate and will never be sold or passed
Please let us know if you would like us to contact you	by any of the below means:
Yes, I would like to receive Marketing Communication	s by:
Post	
Your consent and preference options can be updated	d or withdrawn anytime by clicking the unsubscribe link on

Data Protection

our communications

Collegiate Management Services Ltd (the Data Controller) are committed to protecting and respecting your privacy in accordance with the current Data Protection Legislation. Below is a summary of the main ways in which we process your personal data, for more information please visit our website at www.collegiate.co.uk

We may use the personal data we hold about you for the purposes of providing insurance, handling claims and any other related purposes, for offering renewal, research or statistical purposes and to provide you with information, products or services that you request from us or which we feel may interest you. We will also use your data to safeguard against fraud and money laundering and to meet our general legal or regulatory obligations.

We may disclose your personal data to third parties involved in providing products or services to us, or to service providers who perform services on our behalf. These include our group companies, affinity partners, brokers, agents, third party administrators, reinsurers, other insurance intermediaries, insurance reference bureaus, credit agencies, fraud detection agencies, loss adjusters, solicitors/barristers, accountants, regulatory authorities, and as may be required by law.

We may transfer your personal data to destinations outside the European Economic Area ("EEA"), and we will ensure that it is treated securely and in accordance with the Legislation.

You have the right to ask us not to process your data for marketing purposes, to see a copy of the personal information we hold about you, to have your data deleted (subject to certain exemptions), to have any inaccurate or misleading data corrected or deleted, to restrict processing, to ask us to provide a copy of your data to any controller and to lodge a complaint with the local data protection authority.

Your data will not be retained for longer than is necessary, and will be managed in accordance with our data retention policy. In most cases, the retention period will be for maximum period of 7 years following the expiry of our business relationship with you, unless we are required to retain the data for a longer period due to business, legal or regulatory requirements.

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