

# IT Liability Insurance

## Your Award Winning Insurer



### SECTION 1 - THE APPLICANTS - NAME(S) IN FULL OF ALL ENTITIES TO BE INSURED:

Name	ABN

### SECTION 2 - DETAILS OF BUSINESS

- Please provide precise details of the nature of the activities of the business, including the primary purpose of any hardware or software/systems provided, sold or licensed including details of any advice provided.

- Please provide the approximate **percentage of your gross income** derived from the following business activities:

Activity	Percentage (%)	Activity	Percentage (%)
Application Software Development/Contract Programming		IT General Consultancy	
Billing Services		IT Project Management	
Data Communication Services (ISP)		Maintenance Services	
Data Processing/Warehousing Services/Bureau Services		Managed Services	
Digital Marketing Services		Network Services	
Education and Training		Physical Security Services (CCTV / Access Control)	
Hardware Sales (Own Developed or Exclusive Importer)		Pre-Packaged Third Party Software Sales (reseller)	

Hardware Sales (Reseller)		Pre-Packaged Software Sales (Own Developed or Exclusive Importer)	
Help Desk Services		Telecommunication Services	
Integration Services		Website/Data Hosting	
Internet / Web Based Cyber Security Provider			
<b>OTHER – PLEASE DESCRIBE</b>			
<b>Total</b>			<b>100</b>

3. Are you involved in any of the following activities?

- a. Cyber security assessment No  Yes
- b. Cyber penetration testing No  Yes
- c. Cyber response and containment No  Yes
- d. Cyber security consulting (not include resale of antivirus software) No  Yes

If Yes to any of the above, do you provide these services to any of the following customer bases:

- a. Banking Financial institutions No  Yes
- b. Public/private utilities or energy provides No  Yes
- c. Online exchanges and trading platforms No  Yes
- d. Airport Systems No  Yes
- e. Mining and/or natural resource production No  Yes

4. Do you anticipate any substantial changes in their activities or any major new operations during the next 12 months?

No  Yes  - If yes, please provide details

5. Are any of your products or services intended for use in the following:

industrial control systems and/or SCADA systems and/or robotic?	No <input type="checkbox"/> Yes <input type="checkbox"/>
motor vehicles, aviation, radar, aircraft, watercraft, military installations and/or warfare equipment?	No <input type="checkbox"/> Yes <input type="checkbox"/>
any surgical/medical application or equipment?	No <input type="checkbox"/> Yes <input type="checkbox"/>
any pollution control system?	No <input type="checkbox"/> Yes <input type="checkbox"/>
any artificial intelligence application or system?	No <input type="checkbox"/> Yes <input type="checkbox"/>
any gambling/wagering system?	No <input type="checkbox"/> Yes <input type="checkbox"/>
the provision of any adult content/pornographic material?	No <input type="checkbox"/> Yes <input type="checkbox"/>
If "Yes" to any of the above, please provide us with full details on a separate sheet.	

6. Are any of your products or services prototypes, experimental or single product items?

No  Yes  - If yes, please provide details

7. Prior to providing any contractual indemnity to anyone in respect of intellectual property licensed or sold or shared, do you ensure that you have sole legal rights to such intellectual property licensed/sold/shared?

No  Yes

8. Do you have all employees, consultants and sub-contractors assign you their intellectual property rights?

No  Yes  If yes, please provide a copy of the standard agreement.

9. Do you provide services to integration projects with more than 75 users and multi-user locations?

No  Yes

10. Please provide a brief description and contract value for the three (3) largest contracts undertaken over the past five (5) years.

Brief Description	Contract Value (\$)

11. Please provide an estimate of the value of the largest project you have quoted or tendered or that you are likely to undertake in the next year.

12. Does any contract or client represent more than 50% of your annual work or fees?

No  Yes  If yes, please provide details:

13. Do you engage consultants, sub-contractors or agents?

No  Yes

If yes,

a) Do you insist such consultants, sub-contractors or agents carry their own professional indemnity insurance?

No  Yes

- b) Do you enter into any hold-harmless agreements or waive any legal rights or entitlement you may have against such consultants, sub-contractors or agents?  
No  Yes

14. Do you ever negotiate contracts in which you do not exclude liability for consequential damages?

No  Yes  If yes, please provide details:

15. Do you ever negotiation contracts in which you do not limit your liability for consequential damages?

No  Yes  If yes, please provide details:

## FINANCIAL DETAILS

16. Please provide the amount for the following:

a) Annual gross wages

b) Annual gross turnover current year

c) Annual gross turnover estimated next 12 months

d) Please provide the approximate percentage of your activities (base on turnover) applicable to each State, Territory and overseas.

Australia	Overseas

NSW	VIC	QLD	SA	WA	TAS	NT	ACT	O/S

17. Please provide a breakdown of any work performed **outside** Australia, or work performed for clients overseas

Project	Turnover	Country Where Work Performed	Country where clients are located

18. Please provide a breakdown of your Revenue by the following major industry segments that most effectively describe your business focus:

Type of Client	Percentage of Revenue
Government	
Finance and Banking	
Commercial/Industrial	
Other	
Total	

## DECLARATION

I declare that I am authorised to complete this Addendum on behalf of the Company and that to the best of my knowledge and belief the statements and particulars in this Addendum are true and correct and no material facts have been omitted or misrepresented. I undertake to inform Berkley Insurance Australia (BIA) of any change to any material fact which occurs before any insurance based on this Addendum is entered into.

By completing and signing this Addendum you acknowledge, accept and agree that in underwriting and issuing a policy BIA does and will rely on all disclosures, proposals, declarations and representations made by you to BIA.

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Date

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Name of authorised individual/partner/principal/director

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Signature of authorised individual/partner/principal/director

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