



# Professional indemnity

## Proposal form (Information Technology)



### The information you provide in this proposal form

This is a proposal for a contract of insurance between you and us and you have a duty to make a fair presentation of the risk to us in accordance with the law.

If you do not meet your duty to make a fair presentation of the risk to us then we may at our option take one or more of the following actions

- 1 Cancel your policy
- 2 Declare your policy void (treating your policy as if it had never existed)
- 3 Change the terms of your policy
- 4 Refuse to deal with all or part of any claim or reduce the amount of any claim payments

Please provide a full answer to every question. Please ensure that all answers are typewritten or printed in block letters within the spaces provided. A principal of the practice must sign and date this form and any separate sheets.



## 1 Your details

**1.1 Company/Firm's name**

**Any additional businesses or trading styles for which you require cover?**

**Main office address**

  
  
 Postcode

**Telephone number**

**Contact email address**

**Website**

**State number of branch offices**

Please list on a separate sheet all branch offices including addresses for which you are seeking cover

**Date business established**

**1.2 Is cover required for anything other than work undertaken by the above firm(s)? This may include a predecessor in business or liability of one of your partners or principals relating to work undertaken elsewhere.**

Yes  No

If 'Yes', please provide details:

**Are all businesses for which cover is required domiciled in the UK?**

Yes  No

If 'No', please provide details:



## 2 Your business

### 2.1 Please list below details of the partners/directors/members/proprietors of the business

Name	Date of birth	Qualifications	Years in industry	How long as partner/director/proprietors/member of the firm(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



## 3 Staff

3.1 Please advise total number of staff excluding partners, directors, members, proprietors:

3.2 Please advise number of staff who have 5 or more years experience in the business undertaken

3.3 All others

### Sole practitioners only

3.4 What arrangements do you make when you are unable to attend your business (e.g. holidays, sickness, etc)?

3.5 If the business or any partner/director/member/proprietor is a member of any professional institute, association or similar, please provide details



#### 4 Sub-contractors

4.1 Do you engage or intend engaging in the future any external sub-consultants/sub-contractors?

Yes

No

4.2 If Yes to 4.1

4.2.1 What vetting procedures do you use when selecting sub-consultants/sub-contractors?

4.2.2 What controls do you have in place to monitor/check the quality and accuracy of work performed by sub-consultants/sub-contractors?

4.2.3 What percentage of your annual fee income/turnover is paid to sub-consultants/sub-contractors?

4.2.4 Do you ensure all sub-consultants/sub-contractors effect and maintain their own professional indemnity insurance?

Yes

No

4.2.5 If Yes to 4.2.4, what minimum limit of indemnity do you require sub-consultants/sub-contractors to effect and maintain?



#### 5 Associated companies

5.1 Does the company/firm or any partner/director/member act on behalf of or undertake work for any other firm, company or organisation in which the company/firm or any partner/director/member has a financial interest?

Yes

No

5.2 Does any other firm, company or organisation have a financial interest in the company/firm?

Yes

No

## 5 Associated companies *continued*

**5.3 Is cover required under this insurance for this work?**

Yes

No

If 'Yes' to 5.1, 5.2, or 5.3 give details of work carried out for and fees earned from the company/firm or organisation.

**5.4 Do you operate under any formal terms of engagement with the company/firm/organisation in 5.1 or 5.2 above?**

Yes

No

**5.5 If you do not use any formal terms of engagement, please provide details of the arrangements you operate under.**



## 6 The business/work undertaken

**6.1 Please provide full details of your business activities and of any intended changes to these. If you have a company brochure detailing your activities or services, please provide a copy.**



## 7 Your contracts

**7.1 Do you only undertake work under your own standard terms of engagement/contract conditions for every project, always signed by the client?**

Yes

No

**7.2 If No to 7.1, please explain what arrangements are in place.**

## 7 Your contracts continued

7.3 If Yes to 7.1, do your standard terms of engagement/contract conditions always:

7.3.1 exclude liability for consequential loss and special or liquidated damages?

Yes  No

7.3.2 limit your liability to an amount not more than the value of the contract to you?

Yes  No

7.3.3 state you are required to perform your services to a standard no greater than reasonable skill and care?

Yes  No

7.3.4 ensure that any changes to the scope of your work must be agreed in writing?

Yes  No

7.4 If you have answered No to any of 7.3.1 to 7.3.4, please explain:



## 8 Financial information

8.1 State your income received for the following years

	Current year income	Last completed year income	Previous year income
UK Law contracts	<input type="text"/>	<input type="text"/>	<input type="text"/>
EU Law contracts	<input type="text"/>	<input type="text"/>	<input type="text"/>
US Law contracts	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other law contracts	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Gross Fee/turnover	<input type="text"/>	<input type="text"/>	<input type="text"/>

8.2 Within the past three years what is the approximate average fee you have received?

£

8.3 Within the past three years what is the largest fee you have received?

£



## 9 Activities

**9.1 Please state the percentage of your total fee income/turnover derived from each of the following categories in the last completed financial year:**

IT Hardware – installation only	<input type="text"/>	%
IT Hardware – maintenance only	<input type="text"/>	%
IT Hardware – supply of own-manufactured hardware	<input type="text"/>	%
IT Hardware – supply of third party-manufactured hardware	<input type="text"/>	%
IT consultancy	<input type="text"/>	%
Data processing	<input type="text"/>	%
Domain name registration and renewal	<input type="text"/>	%
Outsourcing and facilities management consultancy	<input type="text"/>	%
Provision of outsourced or managed services	<input type="text"/>	%
Provision of IT contract staff	<input type="text"/>	%
IT Project management	<input type="text"/>	%
IT training	<input type="text"/>	%
Web design	<input type="text"/>	%
Web hosting	<input type="text"/>	%
Software installation (incl. configuration but not code changes)	<input type="text"/>	%
Software maintenance	<input type="text"/>	%
Supply of own bespoke or customisable software	<input type="text"/>	%
Supply of own 'shrink-wrapped' software (not bespoke/customisable)	<input type="text"/>	%
Supply of third party produced 'shrink-wrapped' software	<input type="text"/>	%
Telecommunications/networks	<input type="text"/>	%
Other	<input type="text"/>	%

**9.2 If you have declared income in 'Other', please provide details:**

## 9 Activities continued

9.3 Have you ever performed any work in connection with any of the following:

Percentage of your income derived from this activity in the last completed financial year

Search engines	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="text"/>	%
Online auction sites	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="text"/>	%
Gambling, lotteries or similar	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="text"/>	%
Benchmarking or modelling software	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="text"/>	%
Process control software	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="text"/>	%
Services performed for the NHS/ under NPfIT/Connecting for Health contracts	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="text"/>	%
Content provider/aggregator for websites or mobile phones	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="text"/>	%
Payment processing	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="text"/>	%
Hardware design or hardware manufacture	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="text"/>	%
100% reseller of software/hardware	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="text"/>	%
Business process outsourcing (other than help desk services)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="text"/>	%
Cad/Cam software design	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="text"/>	%
Enterprise resource planning (ERP)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="text"/>	%
Games development using third-party intellectual property	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="text"/>	%
Health or medical diagnostic hardware/software	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="text"/>	%
Health or medical information or data services	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="text"/>	%
Internet Service Provider	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="text"/>	%
Managed services	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="text"/>	%
Mission critical/live trading software	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="text"/>	%
Financial trading/banking software	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="text"/>	%
Defence/military/aerospace technology	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="text"/>	%



9 Activities continued

9.4 Please provide a breakdown of your business between the following industry sectors:

Agriculture/forestry/fishing	<input type="text"/>	%
Manufacturing	<input type="text"/>	%
Oil/gas/electricity/water	<input type="text"/>	%
Construction/engineering	<input type="text"/>	%
Wholesale/retail	<input type="text"/>	%
Rail/marine/automotive/aerospace	<input type="text"/>	%
Accommodation/food services	<input type="text"/>	%
Finance/insurance	<input type="text"/>	%
Information/communication	<input type="text"/>	%
Real estate	<input type="text"/>	%
Government/public administration	<input type="text"/>	%
Education	<input type="text"/>	%
Healthcare/medical	<input type="text"/>	%
Other	<input type="text"/>	%



## 10 Past and current contracts

10.1 Please provide details of your five largest projects (in terms of total contract value, not just income to you) undertaken in the last five years:

### Project 1

Start date and completion date	<input type="text"/>
Name of client	<input type="text"/>
Name and nature of project	<input type="text"/>
Total contract value	<input type="text"/>
Your fee	<input type="text"/>
Description of your activities	<input type="text"/>

### Project 2

Start date and completion date	<input type="text"/>
Name of client	<input type="text"/>
Name and nature of project	<input type="text"/>
Total contract value	<input type="text"/>
Your fee	<input type="text"/>
Description of your activities	<input type="text"/>

### Project 3

Start date and completion date	<input type="text"/>
Name of client	<input type="text"/>
Name and nature of project	<input type="text"/>
Total contract value	<input type="text"/>
Your fee	<input type="text"/>
Description of your activities	<input type="text"/>

## 10 Past and current contracts *continued*

### Project 4

Start date and completion date	<input type="text"/>
Name of client	<input type="text"/>
Name and nature of project	<input type="text"/>
Total contract value	<input type="text"/>
Your fee	<input type="text"/>
Description of your activities	<input type="text"/>

### Project 5

Start date and completion date	<input type="text"/>
Name of client	<input type="text"/>
Name and nature of project	<input type="text"/>
Total contract value	<input type="text"/>
Your fee	<input type="text"/>
Description of your activities	<input type="text"/>



## 11 Future contracts

11.1 Please provide details of the three largest projects (in terms of total contract value) expected to commence in the next 12 months:

### Project 1

Expected start date and completion date	<input type="text"/>
Name of client	<input type="text"/>
Name and nature of project	<input type="text"/>
Total contract value	<input type="text"/>
Your fee	<input type="text"/>
Description of your activities	<input type="text"/>

### Project 2

Expected start date and completion date	<input type="text"/>
Name of client	<input type="text"/>
Name and nature of project	<input type="text"/>
Total contract value	<input type="text"/>
Your fee	<input type="text"/>
Description of your activities	<input type="text"/>

### Project 3

Expected start date and completion date	<input type="text"/>
Name of client	<input type="text"/>
Name and nature of project	<input type="text"/>
Total contract value	<input type="text"/>
Your fee	<input type="text"/>
Description of your activities	<input type="text"/>



## 12 Risk management

**12.1 Do you operate any internal quality assurance systems?**

Yes  No

If 'Yes', please give details

**12.2 Do you always obtain satisfactory written references direct from former employers for the three years immediately preceding the engagement of any employee, director, partner, member or principal responsible for money, accounts or goods?**

Yes  No

**12.3 Do all cheques drawn for more than £25,000 require two signatures?**

Yes  No

**12.4 Is cash in hand and petty cash checked independently of the employees responsible?**

Yes  No

At least monthly?

Yes  No

Additionally, without warning at least every six months?

Yes  No

**12.5 Are bank statements, receipts, counterfoils and supporting documents checked at least monthly against the cash book entries independently of the employees making cash book entries or paying into the bank?**

Yes  No

**12.6 Are your annual accounts prepared and/or certified by an independent accountant or auditor?**

Yes  No

**12.7 Can you confirm that the responsibilities for authorisation of financial transactions, processing of transactions and completing transactions will be carried out by separate employees/principals/directors/members?**

Yes  No



### 13 Claims and circumstances

**13.1 Has the company/firm suffered any loss or identified any potential loss through fraud or dishonesty of any employee, director, members or principal?**

Yes  No

If 'Yes', give full details including amounts involved.

**13.2 Have any claims in respect of liabilities to be covered by the proposed insurance (successful or otherwise) ever been made against the company/firm or its present and/or past partners, directors, members?**

Yes  No

If 'Yes', give full details including date of claim, nature of claim and amounts paid (including any excess paid by you and all amounts paid by insurers to investigate, defend and/or settle each claim)

**13.3 Have all claims been notified to Insurers?**

Yes  No

**13.4 Are any of the partners, directors or members or employees after enquiry, aware of any circumstances, allegations or incidents which may give rise to a claim against the firm(s) or its predecessors in business, or any of its present or former partners, directors or members?**

Yes  No

If 'Yes', please provide details.



## 14 Current insurance

**14.1 Has any proposal for Professional indemnity insurance ever been declined by an insurer to whom you have applied?**

Yes  No

If 'Yes', please provide details

**14.2 Do you currently have Professional indemnity insurance?**

Yes  No

If 'Yes', please provide details (you do not need to answer if you are already insured by AXA)

Renewal date dd/mm/yy	Insurer	Broker	Limit of indemnity £ any one claim/aggregate - please advise	Excess £	Premium £
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



## 15 Quotation requirements

**15.1 Please advise your requirements**

Limit of indemnity £

Excess £

<input type="text"/>	<input type="text"/>
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## 16 Declaration

### 16.1 Fair presentation of risk

In order to comply with your duty of fair presentation of the risk you must provide us with any information that may influence us in the acceptance of this risk and the terms provided. If you are not sure if something is important or relevant you should tell us about it. Relevant information is something that could affect the terms of your policy or our decision to renew your policy.

#### Before signing the declaration, please read the following Data Protection Notice

AXA Insurance UK plc is part of the AXA Group of companies which takes your privacy very seriously. For details of how we use the personal information we collect from you and your rights please view our privacy policy at [www.axa.co.uk/privacy-policy](http://www.axa.co.uk/privacy-policy).

If you do not have access to the internet please contact us and we will send you a printed copy.

#### Please read this declaration carefully and then sign below

- I/We confirm that the particulars given in this proposal form are a fair presentation of the risk that we wish to insure
- I/We confirm that a reasonable search of information available to me/us has been undertaken and that the particulars given in this proposal form represent all relevant information known to me/us or that I/we ought to be aware of
- I/We understand that if a fair presentation of risk has not been given then this insurance may not fully protect me/us in the event of a claim
- I/We will tell you of any change to the details given before the start date of the contract, if any variation is required during the period of insurance and prior to each renewal.

Signature of partner, director or member:

Date:

Print name:

Position:

Please note: until we have confirmed that we have accepted this proposal, you are NOT insured under this policy.





### Additional notes

A large, empty rectangular box with a thin blue border, intended for writing additional notes.

**This document is available in other formats.**

If you would like a Braille, large print or audio version, please contact your insurance adviser.

**[www.axa.co.uk](http://www.axa.co.uk)**