# PROFESSIONAL INDEMNITY – IT/WEB/ COMPUTER PROPOSAL

The completion of this form in no way binds the Proposer to purchase insurance, nor does it bind the Underwriters to give insurance. Any information given will only be passed to Underwriters for the purpose of quotation and will be treated as confidential.

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| --- | --- | --- | --- |
| **Proposer details** | | | |
| Proposer Name / Business Name:  (this is the ‘insured’ name to appear on the policy) |  | Contact name: |  |
| Address: |  | Postcode: |  |
| Telephone: |  | Mobile: |  |
| Email: |  | Establishment date: |  |

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| **Full description of business activities** |
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| --- | --- | --- | --- |
| **Full Names of directors / partners / principals & consultants** | **Age** | **Qualifications** | **Date** |
|  |  |  |  |
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| **How many employees are there?** |  | | |

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| --- | --- | --- |
| **Gross fees received last financial year and estimate for forthcoming year:** | **Last year:** | **Forthcoming year:** |
| UK |  |  |
| USA or Canada |  |  |
| Elsewhere, excluding USA/Canada |  |  |
| Total | **0.00** | **0.00** |

**Are all overseas contracts subject to UK law?** YES  NO  N/A  If NO, please give details on a separate sheet

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Past 5 years’ largest contracts / If start-up, provide expected contract sizes and value** | | | | |
| Starting Date | Client | Description of Contract | Contract Value | Your Fees |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |

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| --- | --- | --- |
| **Please give the gross fees received in the past financial year, or estimates for new practice:** | | |
|  | U.K. | Overseas |
| Provision of Packaged Software |  |  |
| Bespoke/Custom Software Development |  |  |
| Systems Analysis/Software Design |  |  |
| Data Processing/Bureau |  |  |
| Facilities Management |  |  |
| Turnkey Systems |  |  |
| Hardware Supply |  |  |
| Software Maintenance |  |  |
| Strategic Planning |  |  |
| Procurement Consultancy |  |  |
| Training Services |  |  |
| System Audit |  |  |
| Expert Witness Work |  |  |
| Others - 'Description' - |  |  |
| TOTAL GROSS INCOME | **0.00** | **0.00** |

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| --- | --- | --- |
| **Please provide the percentage of your total gross fees if you have worked in any of the following areas:** | | |
|  | U.K. | Overseas |
| Commercial Firms / Construction and Leisure |  |  |
| Banks / other financial institutions |  |  |
| Manufacturing / Industrial |  |  |
| Nuclear/Atomic |  |  |
| Healthcare / Medical |  |  |
| Architectural |  |  |
| Aerospace / Military / Commercial |  |  |
| Offshore |  |  |
| Safety Critical Areas |  |  |
| Engineering |  |  |
| Military |  |  |

Are the areas of work declared in (8) and (9) likely to change**:** YES  NO   
If YES, please state which areas:

|  |  |
| --- | --- |
| **Do you undertake fixed price contracts?**If YES:    % | YES  NO |
| **Do you have quality assurance procedures?** | YES  NO |
| **Do you lease or own computer ancillary equipment for breakdown failure situations?** | YES  NO |
| **Do you have any engagement terms** (copies may be required) | YES  NO |

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| **If designing or supplying software, please give full details of end product / service:-** |
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Total payments made to sub-contractors this year: **£**

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| **Have any claims for professional negligence, error or omission (successful or otherwise) been made against the Practice or its present and/or past Partners?** | YES  NO |
| **Are any of the Partners/Principals/Employees, AFTER ENQUIRY aware of any CIRCUMSTANCES which may give rise to a claim against this Practice or their predecessors in business or any of the present or former Partners/Principals:** | YES  NO |
| **Has any Insurer ever declined proposal or renewal for this Practice or any Partner/Principal, required an increased premium, imposed special terms or cancelled an insurance?** | YES  NO |
| If YES to any of the above, please give full details, including amounts, on a separate sheet | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **If you have previously been insured for professional indemnity, please give details** | | | | | | | | | |
| Name of Insurers: |  | | | | | Premium | |  | |
| Indemnity Limit: |  | Excess | |  | | Date of expiry of coverage | |  | |
| **What is the amount of indemnity you require?** | | | **£** | | **What excess are you prepared to pay?** | | | | **£** |
| **Would you also like a quotation for Public and Employers Liability Insurance?** | | | | | | | YES  NO | | |

**CVs of directors / partners / principals are always useful. Please send these, if possible, along with your completed proposal form**

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| **Other material information** |
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## Declaration

I/We declare that the statements and particulars in this proposal are true and that I/We have not mis-stated or suppressed any material facts. I/We agree that this proposal, together with any other information supplied by me/us shall form the basis of any Contract of Insurance effected thereon. I/We undertake to inform insurers of any material alteration to these facts occurring before completion of the Contract of Insurance. Returning this proposal does not bind the Proposer or Underwriter to complete this insurance but does authorise John Heath (UK) Ltd to seek terms on my/our behalf from Insurers including current Insurer's if any.

Signed: Date: