



## Short IT Professional Indemnity Proposal Form

1) Please provide the full trading names of all entities to be insured under this arrangement (You / Your):

Name	Date Established
Address	Website www.

2) Please supply details of all principals, directors, partners and members:

Name	Age	Qualifications	Date Qualified	Date of engagement

3) Please provide a breakdown of staff numbers:

Principals	Qualified Staff	Unqualified Staff	Manual Staff	Others

4) Please provide a breakdown of turnover/fees generated:

	Last full financial year	Current financial year	Estimate for next year
Work in Canada	\$	\$	\$
Work in USA	\$	\$	\$
Work elsewhere	\$	\$	\$

5) Please provide details of Your 3 largest contracts undertaken over the last 5 years in the space provided below:

Client	Start Date	Description of Work	Total Contract Value	Your Contract Value /Fee	Est. Completion Date

6) Risk Management—please answer the following questions, if the answer is YES then please provide further details in the box below.

If any of your services or products should fail, could there be a loss of life or injury?	YES / NO	Do you always use a standard written contract for each client?	YES / NO
If any of your services or products should fail, could there be destruction or damage to physical property?	YES / NO	Do all contracts include an outline of the scope of services to be provided?	YES / NO
If any of your services or products should fail, could there be an immediate and large financial loss?	YES / NO	Do all contracts include a limitation of liability?	YES / NO
If any of your services or products should fail, could there be a significant cumulative financial loss?	YES / NO	Do all contracts include a consequential and economic loss exclusion?	YES / NO

7) Has any claim been made or loss suffered, whether insured or not, or are You aware of any circumstance which might lead to a claim in respect of any of the risks to which this proposal for insurance relates? YES / NO

8) Are You aware of any matter which might otherwise affect the consideration of this proposal? YES / NO

9) Has any application for similar insurance made on Your behalf or on behalf of any of the present or past partners, directors or principals, or predecessors in business, ever been declined, renewal refused, or cancelled? YES / NO

If the answer to any of the above questions is YES, please provide full details below, or on another sheet if required:

Please tick the Limits of Indemnity you require:			
\$250,000		\$2,000,000	
\$500,000		\$5,000,000	
\$1,000,000		Other	

Current Insurer			
Renewal Date		Limit of Indemnity	
Excess	\$	Premium	

**DECLARATION**

I/we declare that, after full enquiry, the contents of this proposal are true and that I/we have not misstated, omitted or suppressed any material fact or information. I/we agree that this proposal together with any other information supplied by me/us shall form the basis of any contract of insurance which may be effected.

If there is any material alteration to the facts and information which I/we have provided or any new material matter arises before the completion of the contract of insurance, I/we undertake to inform Underwriters.

**Signature of Principal:**

**Date:**