

This is a fillable PDF form. Please download or open the file directly in Adobe Reader to fill it out.  
Please type in your answers in the fields you wish to complete and save a copy for your records.

## IT Consultants' Professional Indemnity Insurance Proposal form

### Special notice

This proposal must be completed in ink by a partner, principal or director of the firm or company. All questions must be answered to enable a quotation to be given.

### Your duty to make a fair presentation of the risk

Material information is information that would influence an Insurer in deciding whether a risk is acceptable and, if so, the premium, terms and conditions to be applied. In addition, the Insurance Act 2015 sets out whose knowledge of material information you must disclose. As an organisation you will be deemed to know all material information that is known to your senior management and those responsible for arranging your insurance, and which should reasonably have been revealed by a reasonable search. Your search will need to include information which is held by other persons such as your agents, outside advisers (including lawyers and consultants), suppliers/service providers etc.

There are clearly limits to the search you, and we, can carry out. Please talk to your usual Aon adviser if you are in any doubt about what information needs to be disclosed.

If there is insufficient space to answer questions, please use an additional sheet and attach it to this form.

A principal/director of the firm must sign this proposal in ink.

The completion and signature of this proposal does not bind the proposer or underwriters to complete a contract of insurance

### 1 a Name of firm

### b Names of subsidiary/associated companies requiring cover

### c Are you members of Intellect?

Yes  No

NB: All relevant fees/income for above companies to be shown in Question 16 & 17.

### d Does the Business incorporate prior trading entities?

Yes  No

If Yes, please provide details.

### 2 Full description of business together with brochures, sales literature etc:

### 3 Date of commencement of firm

### 4 Address of firm: (if more than one address, please list on a separate sheet of paper)

	Tel
	Fax
	Email
Postcode	Website

### 4 Do you have any offices or assets in territories outside the UK?

Yes  No

If yes, please list

### 6 a Do you have any US domiciled interests to be insured under this policy?

Yes  No

For example – having a US office that is subsidiary of a UK parent, or having a US registered address, would count as having a US domiciled interest, whereas providing services to a US client from a UK office (even if it requires you to visit the US) would not.

### b Are you represented in any overseas locations?

Yes  No

If Yes, please provide details.

**7 Are you a member of a Professional Body?** Yes  No

If yes, which one

**8 a Please list all principals and directors**

Names in full of all principals and directors	Qualifications	Date qualified	How long a partner/principal

**b Total number of staff:** Principals/directors  Technical/qualified staff  Clerical, typists, other

Please remember to attach CVs from principal staff

**9 Please list all Key Directors and Beneficial Owners\***

Name	Key Director	Beneficial owner
	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>

\*Any individual or organisation which directly or indirectly, owns or controls at least 25% of the shares or voting rights

**10 a Is the firm or any principal/director connected or associated (financially or otherwise) with any other practice, company or organisation?** Yes  No

If yes, please give full details

**b Are you a member of a consortium or joint venture or engaged in any single project partnership?** Yes  No

If yes, please give details of other members/partners and your role in this consortium/partnership

**11 Please state clearly how the company approaches the question of quality management and detail the methods currently employed in maintaining software development/testing, customer relations, formal standards etc**

**12 a Do you use specialist consultants/subcontractors?** Yes  No

If yes, please give full details and supply a copy of any written agreements/contracts you may have for such work

**b Do you require evidence of professional indemnity insurance from all consultants/subcontractors?** Yes  No

**c Are the consultants/subcontractors required to accept full responsibility for their work?** Yes  No

NB: Underwriters retain rights of recourse against subcontractors unless specifically agreed otherwise.

**d If you supply 'packaged' software, please advise whether you are distributing for a third party** Yes  No

If yes, please provide a copy of your license agreement and advise whether the original supplier purchases professional indemnity insurance.

**13 a Do you use standard contract terms with every client?**

*If yes, please supply a copy of your standard form of contract*

Yes  No

*If no, please advise whether any formal agreement/acceptance is negotiated with clients and on what basis?*

**b Who approves variations to standard contract wordings within your organisation?**

**c Do you take legal advice on any of the above?**

Yes  No

*If no, please advise how your interests are represented*

**14 a Please provide details of three largest current projects:**

Name and type of contract ie work involved	Fee income
	£
	£
	£

**b If these current projects are not representative of your usual activities, please provide two typical case studies**

**c Do you anticipate any major changes in the firm's current activities in the future?**

Yes  No

*If yes, please supply full details*

**d Do you have total assets valued at more than €6.2 million (£4.1 million)?**

Yes  No

**e Is your net turnover valued at more than €12.8 million (£8.5million)?**

Yes  No

(Defined as the amounts derived from the provision of goods and services, falling within the company's ordinary activities, after deduction of trade discounts, value added tax and any other taxes based on the amounts so derived).

**f Is the failure of any of your products or services liable to result in any of the following outcomes, or do you work on any systems which could cause:**

*i* loss of life or injury to a person?

Yes  No

*ii* destruction or damage to physical property?

Yes  No

*iii* significant financial loss?

Yes  No

If you have answered Yes to any of the above then please explain below:

g Are you responsible for, or do you provide advice in connection with the following:

i live trading or mission critical systems?

Yes  No

ii Internet Service Provision (ISP services) or Application Service Provision (ASP)?

Yes  No

iii fully outsourced or managed services?

Yes  No

iv security of systems or networks, other than installing third party anti-virus software or firewalls?

Yes  No

If Yes, to any of the above, then please provide a full description of your activities in these areas below:

**15** What percentage of the firm's activities is derived from

Financial – banking, accountancy, payroll If banking systems please indicate whether real-time or back office support	%
Statistical – management, stock control, distribution, retail	%
Ministry/aerospace applications	%
Robotics, engineering, industrial processing	%
Medical/health sector applications	%
Other – please specify	%
<b>Total</b>	<b>100%</b>

**16 a** Please state how your income is split:

Gross Fee Income/Turnover by Business Activity	Past Financial Year (Actual) %	Current Year (Estimates) %
IT Consultancy	%	%
IT Security Consultancy	%	%
IT Training	%	%
Project Management	%	%
Bespoke Software Development	%	%
Own Shrink Wrap Software (Sale)	%	%
Own Customisable Software (Sale)	%	%
Third Party Shrink Wrap Software (Sale)	%	%
Third Party Customisable Software (Sale)	%	%
Software Maintenance – Own	%	%
Software Maintenance – Third Party	%	%
Software Installation	%	%
Facilities Management	%	%
Data Processing	%	%
Website Design	%	%
Website Hosting	%	%
Internet Service Provision	%	%
Sale/Supply of Hardware	%	%
Hardware Maintenance	%	%
Hardware Installation	%	%
Cabling	%	%
Other (please describe)	%	%
	%	%
	%	%
<b>Total</b>	<b>100 %</b>	<b>100 %</b>

b Does the firm have assets or power of attorney within the USA?

Yes  No

If yes, please give full details

c Split the firm's business between the following market sectors

	Past Financial Year (Actual) %	Current Year (Estimates) %
Government work	%	%
Local government	%	%
Military/aerospace contracts	%	%
Finance houses	%	%
Commercial/retail firms	%	%
Manufacturing/industrial firms	%	%
Engineering/construction	%	%
Hospitals/health care/medical	%	%
Other, please specify	%	%
	%	%
<b>Total</b>	<b>100%</b>	<b>100%</b>

17 Please supply gross fees

	UK/Europe	USA/Canada	Elsewhere in world
Estimated gross fees for coming twelve months (ex hardware)	£	£	£
Estimated turnover for coming twelve months derived from hardware	£	£	£

18 Please give gross fees/turnover for the past five years

20	£
20	£
20	£
20	£
20	£

19 a Are you engaged in the creation or distribution of software?

Yes  No

If Yes, please specify:

i number of licensees within your home country:

ii number of licensees elsewhere in the world:

b Do you operate any quality assurance?

Yes  No

If Yes, please attach details.

c Do you at any time provide source code to clients?

Yes  No

If Yes, is the source code supplied:

i on a progressive basis as developed: Yes  No

or ii subsequent to project sign off: Yes  No

d Do you escrow source code?

Yes  No

20 a Has any claim such as would be covered by the proposed insurance ever been made against this firm or any of its principals/directors whilst in this or any other firm?

Yes  No

If yes, full details must be given

b Has the firm been involved in any disputes or arbitrations concerning fees or services to others or any other matters? Yes  No

If yes, full details must be given

21 Are any of the principals/directors or employees, after enquiry, aware of or suspect or have any grounds for suspecting any circumstances which might give rise to a claim against the firm or against any of the present or former principals/directors? Yes  No

If yes, please give full details

22 Has the firm previously been insured for professional indemnity? Yes  No

a Name of insurers?

b Indemnity limit £  Excess of £  each and every claim

c What retroactive date, if any, is applicable to your current policy?  /  /

d Date of expiry of coverage?  /  /

23 Has any insurer ever:

a Declined a proposal or a renewal for this firm or any principal/directors? Yes  No

b Required an increased premium or imposed special terms other than standard market increases? Yes  No

c Cancelled an insurance? Yes  No

If any answer is yes, please give full details

24 Please select amount of indemnity required

£1,000,000 Yes  No

£2,000,000 Yes  No

£5,000,000 Yes  No

£  Other (please specify)

25 Please enter amount of excess required: £

**Declaration**

I/We declare the following:

- i I/We understand that I/we have a legal duty to make a fair presentation of the risk to be insured and that failure in this duty could result in the policy being invalidated and/or any claims not being paid or not being paid in full
- ii All facts, provided within this proposal form, or provided separately as part of this application for insurance, are true or substantially true and any representations as to matters of expectation or belief are made in good faith

- iii I/We understand that by submitting this proposal form I/we consent to the information being used by Aon and Insurers (including Underwriting Managers on Insurers behalf) for the purpose of providing insurance, underwriting, processing, claims handling and preventing fraud
- iv I/We understand that completion of this proposal form does not bind the Insurer to a contract of insurance
- v If any information provided as part of this application for insurance materially changes before a contract of insurance is concluded, I/we will immediately advise Aon or the Insurer

Do you have any of the following insurances – if yes, please advise of the renewal date:

Office Yes  No  Renewal date

Directors and Officers Yes  No  Renewal date

Cyber Yes  No  Renewal date

We collect and process your personal data and sensitive personal data in accordance with all applicable Data Privacy Laws which Aon is required to comply with. Full details of how we process your data, as well as measures we have put in place for the protection of your personal data can be found in our [Privacy Statement](#). Aon UK Limited and other Aon group companies will use your personal information to contact you from time to time about other products, services and events that we feel may be of interest to you. If you do not wish to receive these communications, please tick here.

Print name  Signature  Date

**You should retain a copy of this proposal form for your records.**