

Application Form
for
Professional Indemnity and Liability Insurances

Information Technology

Definitions

Each time **We** use one of the words or phrases listed below in this application form it will have the same meaning

A defined word or phrase will be printed in bold each time it appears except for headings and titles

Material Fact

Any fact matter or other information which may influence alter or prejudice **Our** appraisal of **Your** business and/or **Our** consideration of the exposures covered under the Certificate

We/Us/Our

Glemham Underwriting Limited representing certain Underwriters at Lloyds (full details of which are provided in the Certificate wording and can be supplied on request)

You / Your/ Yourself

The practice partnership or company (or principal if a sole practitioner) including all partners directors and employees proposing for this insurance This may also include any subsidiaries and previous firms (and partners) that require coverage

IMPORTANT POINTS

This application form must be completed signed and dated by **Your** Principal Managing Director or Senior Partner

Please ensure that all questions are answered in full and that where there is insufficient space in the application form any relevant additional information is provided on a separate sheet

All **Material Facts** must be disclosed to **Us** whether or not they are the subject of a specific question herein and **You** have a continuing duty to disclose such facts to **Us** throughout the duration of the period of insurance Failure to make such disclosures may prejudice your rights in the event of a claim or render the policy void

Please provide a brochure (if available) CV's for your principals and a copy of your standard contract terms

1 (a) **Your** name(s)/trading title(s)

(b) Establishment Date

(c) Principal Address (including postcode)

(d) All other addresses (including postcodes)

(e) Website

* (**Your** website content will not be deemed to form part of this application form unless supplied in hard copy form and attached to this proposal form)

2 (a) Please provide a full description of **Your** activities including main areas of expertise and the essential purpose or proprietary software licensed or supplied

(b) Have **You** changed **Your** name or been part of a merger de-merger or joint venture or have there been any material changes to **Your** activities in the past 6 years? If YES please provide full details

YES / NO

3 (a) Please complete the following

Full names of all Directors and Partners	No. of Years in this capacity	Professional Qualifications	Date Qualified

(b) Number of staff (excluding those listed above)

Professionally Qualified Staff ___
 Technical ___
 Self employed/Contract staff ___
 Others e.g. admin ___
 Total ___

4 (a) Please provide details of **Your** turnover for the past 3 years together with an estimate for the forthcoming year

	Year ___/___/___	Year ___/___/___	Last Complete Financial Year ___/___/___	Forthcoming Year ___/___/___ (Est. Only)
UK & Channel Isles				
European Union				
USA/Canada				
Elsewhere				

(b) Please indicate the approximate percentage of the total work carried out by discipline as follows

	Last Complete Financial Year	Forthcoming Year (Estimate)
Hardware		
Sale of Own Brand Hardware		
Sale of Third Party Hardware		
Installation		
Maintenance		
Cabling - Internal		
Cabling - External		
Software		
Sale of Own Shrink Wrap Software		
Sale of Third Party Shrink Wrap Software		
Sale of Customisable Software		
Development of Bespoke Software		
Software Installation		
Software Customisation		
Maintenance		
Services		
Consultancy		
Project Management		
Supply of IT contract staff		
Facilities Management/		
Security Consultancy		
Internet Services		
Website Design		
Website Hosting (using own server)		
Website Hosting (using third party host)		
Other - (Please specify)		
Total	100%	100%

(c) Please provide details of the 5 largest projects **You** have undertaken during the past six years

Client	Services Provided	Start Date	Completion Date	Your Income	Total Contract Value

5 (a) Do **You** anticipate any material changes to **Your** activities or the types of project in which **You** are involved in the forthcoming 12 months? If YES please provide full details

YES / NO

(b) Are all of **Your** contracts subject to English law? If NO please provide full details

YES / NO

(c) Are **You** responsible for or do **You** provide any advice or services in connection with any of the following

- (i) Live trading or mission-critical systems
- (ii) Security of systems or networks (other than the installation of third-party anti-virus software or firewalls)
- (iii) Internet Service Provision (ISP) or Application Service Provision (ASP)
- (iv) Medical diagnostics or drug administration
- (v) Games software development

YES / NO
YES / NO
YES / NO
YES / NO
YES / NO

If **You** have answered YES to any of the above please provide full details below

6 (a) Do **You** currently buy Professional Indemnity Insurance? If YES please confirm

Existing Insurer	Indemnity Limit
Excess	Premium
Renewal Date	Retroactive Date*

*Please note that cover will only apply to work executed after the Retroactive Date This date can usually be found in the schedule which accompanies **Your** current policy or certificate

(b) Have **You** ever had any previous request for similar insurance declined or had a previous policy or certificate cancelled voided or had any punitive conditions imposed? If YES please provide full details

YES / NO

(c) Please state the limit(s) of Indemnity for which **You** require quotations

GBP	GBP	GBP
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(d) Please state the amount of Self Insured Excess **You** are prepared to carry. Please note that any terms provided may be subject to a minimum Excess based on the information supplied in this application form

GBP	GBP
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Risk Management

7 (a) Do **You** have a compliance officer or risk manager? If YES please provide the following

YES / NO

Name Number of years with the firm in this capacity Qualifications

If NO please provide details of the person responsible for internal risk management

Name Number of years with the firm in this capacity Qualifications

(b) Have any of **Your** Principals Directors or Partners been made personally bankrupt or been personally involved with any business which has been placed into receivership liquidation or been wound up at the request of its creditors? If YES please provide full details below

YES / NO

(c) Do **You** ensure that all contracts are subject to **Your** standard terms or are reviewed and approved by **Your** solicitor?
If NO please explain

(d) Do **You** seek to limit **Your** liability in contract?
If YES please state the upper limit at which liability is capped or explain

(e) Do **You** engage subcontractors or enter into any contracts where **You** are contractually liable for the actions of subcontractors? If YES please answer the following

(i) What percentage of **Your** annual turnover is paid to subcontractors? %

(ii) Do **You** have a clearly defined process for the vetting selection management and control of subcontractors

(iii) Are all subcontractors are engaged on contractual terms that either mirror or are at least as onerous as the contractual terms under which **You** have been engaged

(iv) Are all subcontractors are required to carry adequate insurance prior to their appointment

(v) What is the minimum limit of Professional Indemnity Insurance that **You** accept for **Your** subcontractors?

(f) Are all of **Your** current contracts progressing to timescale within budget and with no unresolved issues or problems? If NO please provide full details below

(g) Do **You** obtain written signoff from **Your** client at each stage of a contract prior to commencing the next stage?

(g) Do **You** undertake any due diligence to ensure that prospective clients are financially stable with an acceptable credit rating?

Claims Experience

Professional Indemnity Insurance is underwritten on a claims made basis and as such **We** will exclude any claim and/or circumstance which may give rise to a claim which is known by **You** prior to the inception date of the Certificate AFTER FULL ENQUIRY of all relevant persons please answer the following

8 (a) Have any Professional Indemnity claims been made against **You** or against any former Principal Director or Partner of **You** (including whilst in previous employment) whether successful or otherwise?

(b) Have any claims for dishonesty ever been made against **You** or against any former Principal Director Partner or Employee of **Yours**?

(c) Are **You** aware of any circumstance which could reasonably be foreseen to give rise to a claim against **You** or **Your** predecessors in business or any of the present or former Principals Directors or Partners?

If **You** have answered YES to any of the above please provide full details (including date of loss allegation quantum and current status) Please use a separate sheet of paper if there is insufficient space below

GLEMHAM UNDERWRITING LIMITED CAN OFFER A PREMIUM INSTALMENT FACILITY

PLEASE CONFIRM IF YOU WOULD LIKE TO RECEIVE FURTHER DETAILS

DECLARATION

I/we declare that the above answers statements particulars and any additional information are true to the best of our knowledge and belief

I/we confirm that all **Material Facts** have been disclosed

I/we understand and agree that this application form shall be the basis of the contract with Glemham Underwriting Limited

Signature of Your Director/Partner	
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Date	
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You are reminded of the IMPORTANT POINTS on the front of this application form

Please retain a copy of this application form for your records