

Professional Indemnity Proposal Form

For the Technology Industry

This is a proposal for a claims made policy

The policy will only respond to claims and/or circumstances, which are first made against the Insured and notified to the Insurer during the policy period. The policy will not provide cover for:-

- * Events that occurred prior in the retroactive date of the policy (if specified)
- * Claims made after the expiry of the policy period even though the Wrongful Act giving rise to the claim may have occurred during the policy period.
- * Claims notified or arising out of facts or circumstances notified under any any previous or noted on the current proposal form or any previous proposal form.
- * Claims made, threatened or intimated prior to the commencement of the policy period.
- * Facts or circumstances in your knowledge prior to the policy period, which you knew had the potential to give rise to a claim under the policy.

DISCLOSURE

You must disclose to the Insurer all information which is material to it in deciding whether to issue insurance cover to you, including any facts or conduct which might lend to a claim being made against you. Failing to do so could affect your right to indemnity.

If you do not understand any part of this document, please contact your Broker BEFORE YOU SIGN IT. You will be bound by the answers, which are given, and by the information provided by you in this proposal form. It is in your interest to make sure that all information is correct and properly understood.

When in doubt disclose

ATTACHMENTS

Before you return this form, have you included the following (please indicate by Ticking the boxes):

Standard client contract agreement

Company brochure/additional information

Claims information (if relevant)

Please state the name & address of the principal Company for whom this Insurance is required. Cover is also provided for the subsidiaries of the Principal Company, but only if you include the data from all of these Subsidiaries in your answers to all of the questions in this form:

Insured Company:	Contact Name:
Telephone:	Fax:
E-Mail Address:	Website:

1.2 Please state when your company was established?

1.3 i) How many directors are there in the Company

ii) Please show the details of all Partners/Directors: Details attached as per separate annexure

Name	Years in position	Years experience	Qualifications

iii) Please state the number of employees as on July 31 2005

Marketing/Sales/Business Development _____21_____other _____24_____

I.T./technical _____207_____

1.4 Please state your fees received in respect of the following years

Currency ___INR_____

Date of financial year end

31_____/__Mar_____

(dd / mm)

	Last complete financial Year	Estimate for current Financial year	Estimate for next financial year
(a) Domestic turnover:			
(b) USA turnover			
(c) Other territory turnover			
TOTAL turnover:			
OPERATING PROFIT/(LOSS)			

2.1 Please provide a full description of your activities

(If you have a brochure, or company literature, please attach to this form)

- a) Hardware:
 - i. Sales of own brand

- ii. Distribution of other brands
- iii. Installation
- iv. Maintenance

- b) Software product sales
 - i. Sales of own brand shrink wrapped/off the shelf software
 - ii. Distribution of other brand shrink wrapped/off the shelf software
 - iii. Customisable software

- c) Software services
 - i. Installation, including configuration (No coding involved)
 - ii. Customisation (including coding changes)
 - iii. Maintenance
 - iv. Systems integration

- c) Services
 - i. Consultancy
 - ii. Contract staff
 - iii. Facilities Management
 - iv. Project Management
 - v. Training
 - vi. Data processing
 - vii. Data communication services(including providing internet access)

- e) Other Please give full details below

2.2 Are you involved in anyway in medical, financial or aviation software?

2.3 Is the failure of any of your products or services liable to result in any of the following outcomes:

- a) Loss of life or injury to a person?

- b) Destruction or damage to physical property
- c) Immediate and large financial loss?
- d) Significant cumulative financial loss?
- e) Insignificant financial loss (more of a nuisance)

If you have answered YES to any of the above then please explain below, and also describe the Worst thing that could happen to your customers' operations if your product(s)/service were to fail:

3.1 Please give details of the five largest contracts you have carried out in the past three years.

Names of client	Business of client	Nature of Work	Total Value	Income to you (in INR)	Start Date	Completion date
Homestore Inc						
PUMA						
Ebbondacs						
StorePerform						
GE India Technology Centre Pvt Ltd						

3.2 How many customers do you have?___

3.3. Do you carry out work only under a standard contract signed by every client?

Please supply a copy of your standard form of contract, or typical examples of contracts used

3.4 Do you ever negotiate contracts with your customers in which you accept liability for Consequential loss or financial damages, greater than the value of the contract?

3.5 What approximate percentage of your turnover, in your current financial year, will be paid To sub-contractors? _____

3.6 Do you ensure that sub-contractors have their own professional indemnity insurance

4.1 Please provide details of your current professional indemnity insurance, if applicable.

Insurance	Limit	Excess	Premium	Insurer
Expiring terms				
Requested terms				

4.2 Regarding the risks to which this proposal relates (please see the product information section if you are not sure) after enquiry:-

- a) have any claims been made against any of the Companies to be insured, or partners or directors thereof, or
- b) are you aware of any circumstances which may give rise to a claim against any of the Companies to be insured or any partners or directors thereof, or
- c) have any of the Companies to be insured or any partners or directors thereof suffered any losses, or
- d) have any partners or directors of the Companies to be insured been found guilty of any criminal, dishonest or fraudulent activity or been investigated by any regulatory body?
- e) has there ever been an unforeseen outage on your computer system(s) for more than 3 (three) hours?

If the answer to the above is 'YES', then please attach full details including an explanation of the background of events, the maximum amount involved/claimed, the status of the claim(s) or circumstance(s) and any reserve(s) or payment(s) made by you and/or by Insurers, and the dates of all developments and payments.

Declaration

- I/We declare that after proper enquiry the statements and particulars Given above are true and that I/We have not mis-stated or suppressed any material fact.
- * I/We agree that this Proposal Form, together with any other material information supplied by me/us shall form the basis of any contract of insurance effected thereon.
- I/We undertake to inform Underwriters of any material alteration to These facts occurring before the completion of the contract.

Dated	Signed
Position held at Company	