

Information and Communication Technology proposal form



QBE Insurance (Malaysia) Berhad Registration No: 198701002415

(Part of QBE Insurance Group)
(Licensed under the Financial Services Act 2013 and regulated by Bank Negara Malaysia)
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IMPORTANT NOTICES

- Pursuant to Paragraph 4(1) of Schedule 9 of the Financial Services Act 2013, if you are applying for this insurance for a purpose related to your trade, business or profession, you have a duty to disclose any matter that you know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied and any matter a reasonable person in the circumstances could be expected to know to be relevant, otherwise it may result in avoidance of your contract of insurance, refusal or reduction of your claim(s), change of terms or termination of your contract of insurance.
- The above duty of disclosure shall continue until the time your contract of insurance is entered into, varied or renewed with us.
- You also have a duty to tell us immediately if at any time after your contract of insurance has been entered into, varied or renewed with us any of the information given in this Proposal Form is inaccurate or has changed.

QBE Agency No.: QBE Agency Name:

PERIOD OF INSURANCE

From To (dd/mm/yyyy)

A. PARTICULAR OF PROPOSER

Salutation: Mr Ms Miss Others (please specify)

Name of Proposer

Correspondence Address

Postcode City

State Country

Contact Number Email

Occupation (if more than one please state all)

1. Personal Details (For Consumer Contract)

Gender Male Female Marital Status Married Single Divorced/ Widowed

Identification Number New NRIC Passport Military IC Others

Handphone Number Nationality

Date of Birth (dd/mm/yyyy) Tax Identification No.

2. Business Details (For Non-Consumer Contract)

Tax Identification No. Business Registration No.

SST Registration No. Tel No. (Office)

Trade or profession or nature of business

How long has the business been established?

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B. YOUR BUSINESS

Name(s) in full of all entities to be insured

Websites

www.
www.
www.
www.

Please list the locations from which you conduct business including overseas domiciled locations:

Commencement date of your business (dd/mm/yyyy)

Please provide the following details in respect of your principals or directors:

Name	Qualifications	Year qualified	Years practicing as principal	
			This firm	Previous firm

C. BUSINESS DETAILS

Please supply total numbers of

Partners / principals / directors	<input type="text"/>	Programmers	<input type="text"/>
Professional staff	<input type="text"/>	Sales & marketing	<input type="text"/>
Consultants	<input type="text"/>	Administration / supports	<input type="text"/>
System analysts / designers	<input type="text"/>	Other (please specify)	<input type="text"/>
		Total	<input type="text"/>

In the past five(5) years

- (a) Has the name of the business changed? Yes No
- (b) Have you purchased or merged with any other business? Yes No
- (c) Have you sold or demerged from any other business? Yes No
- (d) Do you require cover for any subsidiary, joint venture or associated company? Yes No
- (e) Do you expect any significant change to your operations or the development and release of new services/products over the next twelve (12) months? Yes No

If 'yes' to any of the above, please supply details:

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D. FINANCIAL DETAILS

Please supply details of your total revenue (include fee income) from the countries in which you conduct business:

Country	Revenue last financial year	Revenue current financial year (forecast)	Revenue next financial year (forecast)
	RM	RM	RM
	RM	RM	RM
	RM	RM	RM
	RM	RM	RM
	RM	RM	RM
	RM	RM	RM
	RM	RM	RM
	RM	RM	RM
Total	RM	RM	RM

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D. FINANCIAL DETAILS (Continuations)

Please state the approximate percentage of your activities (based on revenue current financial year-forecast) applicable to each region:

Asia	Australia	USA/Canada	Europe	Other	Total
%	%	%	%	%	%

Please supply details of your turnover for the following:

Revenue by type of client	Last financial year	Current financial year (forecast)	Next financial year (forecast)
Government	%	%	%
Finance and banking	%	%	%
Commercial / industrial	%	%	%
Total	%	%	%

E. BUSINESS ACTIVITIES

Please provide the precise nature of the activities of the business, including primary purpose of the software/systems provided, sold or licensed including details of any advice provided.

Type of service	Current financial year (forecast)	Type of service	Current financial year (forecast)
IT consultancy	%	Facilities management	%
IT security consultancy	%	Data processing /entry and bureau services	%
Project management	%	Website design	%
Bespoke software development	%	Website hosting	%
Own shrink wrap/prepackaged software (sale)	%	Data hosting	%
Own customisable software (sale)	%	Cloud hosting	%
Third party shrink wrap/prepackaged software (reselling)	%	Internet service provision	%
Third party customisable software (reselling)	%	Application service provision	%
Software maintenance/support - own developed	%	Application developer	%
Software maintenance/support - third party developed	%	IT recruitment/provision of IT contractors	%
Software/system installation	%	Telecommunications provider (own network)	%
Software/system integration	%	Telecommunications/network consultant (third party network)	%
Sale/supply of hardware	%	Training and education	%
Hardware manufacturing and sales of such hardware	%	Systems audit/certification	%
Hardware maintenance/installation	%	SCADA	%
Hardware sales (third party hardware)	%	Miscellaneous	%
Cabling	%	Total	%

Are any of your products / services:

- Intended for use in industrial/process control systems, SCADA systems, robotic and/or enterprise resource planning? Yes No
- Intended for use in aviation, navigation, radar, railway, aircraft, watercraft, military installations and/or warfare equipment? Yes No
- Intended for use in any surgical/medical application or equipment? Yes No
- Intended for use in any pollution control system, nuclear, energy, power, water and/or oil/gas/ petrochemical installation? Yes No
- Intended for use for/in trading systems used in wagering, financial markets and/or crypto- currency markets? Yes No
- Intended for use in the provision of any adult content/pornographic material? Yes No
- Intended for use in emergency, fire and/or the security industry? Yes No

E. BUSINESS ACTIVITIES (Continuation)

Is the failure of any of your products/services likely to result in any of the following outcomes:

- Loss of life or injury to a person? Yes No
- Destruction or damage to physical property? Yes No
- Immediate and severe financial loss? Yes No
- Significant cumulative financial loss? Yes No

If 'yes' to any of the above, please provide details

F. CONTRACTS AND CONTRACTUAL MANAGEMENT

Please provide details of the five (5) largest contracts you have undertaken or completed in the last three (3) years, including those currently ongoing

Customer name	Contract period	Contract value (total)	Contract value (to you)	Country and industry sector in which the contract was performed	Brief description of work undertaken by you
	From: To:	RM	RM		
	From: To:	RM	RM		
	From: To:	RM	RM		
	From: To:	RM	RM		
	From: To:	RM	RM		

Please supply the following details in respect of your contractual management procedures:

- (a) What is the average contract value undertaken by you?
- (b) What is the average contract duration undertaken by you? Months
- (c) Are all of your contracts subject to your standard terms and conditions? Yes No
- (d) Please outline the percentage of contracts that you enter into which are not subject to standard terms and conditions %
- (e) Do you obtain legal advice on all contracts and contract variations? Yes No
- (f) Do your contracts include a Statement of Work (SOW) outlining specific services / products to be provided? Yes No
- (g) Do you ever accept liability for consequential damages, special or indirect damages, loss of profits or liquidated damages? Yes No
- (h) Do you include a limitation of your liability to the cost of services or cost of the products provided? Yes No
- (i) Do you enter into fixed price contracts? Yes No
- (j) Do you ever agree to limit the liability of suppliers, manufacturers, contractors, resellers or customers? Yes No
- (k) Aside from intellectual property, death, personal injury or property damage, do you ever agree to indemnify or hold harmless suppliers, manufacturers, contractors, resellers or customers? Yes No
- (l) Has there ever been an occasion where your company has entered into a contract which could not be fulfilled? Yes No

G. CONTRACTORS

- (a) Do you engage consultants, sub-contractors or agents? Yes No
- (b) What percentage of your work is performed by consultants, subcontractors or agents? %
- (c) Do you always enter into agreements with consultants, sub-contractors or agents? Yes No
- (d) Do you require all consultants, sub-contractors or agents to carry own professional indemnity (E&O) and personal injury & property damage (GL) insurance? Yes No
- (e) Do consultants, sub-contractors or agents always agree to indemnify you in contracts? Yes No

Please describe the type of services or products performed/provided by the consultants, sub-contractors or agents?

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H. RISK MANAGEMENT

Please supply the following details in respect of your risk management procedures:

- (a) Do you obtain customer sign-off prior to the commencement of work? Yes No
- (b) Do you obtain customer sign-off upon reaching project milestones? Yes No
- (c) Do you conduct testing prior to final handover to the customer? Yes No
- (d) Do you obtain written acceptance from the customer upon project completion? Yes No
- (e) Do you have a formal process for selecting customers, resellers, vendors and suppliers? Yes No

What clearance procedures do you have in place to ensure that you do not infringe a third party's Intellectual Property (IP)?

- (a) Do you obtain legal advice from IP lawyers prior to releasing any new products or software? Yes No
- (b) Are all employees required to sign a statement agreeing not to distribute or utilise former employers' trade secrets? Yes No
- (c) Do contractors used for software development sign copyright license agreements assigning all rights to you? Yes No
- (d) How many patents do you currently own or are pending approval?

Please outline your top three (3) competitors:

1. <input type="text"/>	2. <input type="text"/>	3. <input type="text"/>
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If you are providing hosted services or data center services, what redundancies and continuity procedures do you have in place to ensure network reliability should system failure occur?

Please describe the procedures you have in place to protect your customers' private/personally identifiable information?

I. CLAIMS DETAILS

Has any partner, principal, director or staff member ever been subject to disciplinary proceedings for professional misconduct? Yes No

If 'Yes', please supply details.

- a) Have any claims for negligence or breach or professional duty been made in the last ten (10) years against the business or any of its predecessors in business or any prior business of any of its present or former partners, principals or directors, or have circumstances been notified to insurers that might give rise to a claim? Yes No
- b) Have you had any claims made against you for Information & Communication Technology Liability including professional indemnity & product liability? Yes No

If 'Yes', to either a) or b) please provide the following details in respect to each matter.

Date matter notified	Name of insurer (if any)	Name of claimant or potential claimant	Brief description of the matter	Amount paid or estimate of potential liability	Is matter finalised or outstanding?
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Are any of the partners, principals or directors, after enquiry, aware of any claim or circumstance that might give rise to a claim against the business or any prior business or any of their present or former partners, principals or directors, which matter is not referred to above? Yes No

If 'Yes', please provide the following details in respect to each matter.

Name of claimant or potential claimant	Brief description of the matter	Estimate of potential liability
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<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Has your business or practice or any partner, principal or director ever been declined this type of insurance, or had similar insurance cancelled, or had an application for renewal declined, or had special terms or restrictions imposed? Yes No

If 'yes', please supply details:

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J. YOUR INSURANCE DETAILS

Do you presently carry or has the business ever carried Information and Communication Technology Liability Insurance?

Yes

No

If 'Yes', please provide details:

Insurer

Expiry date (dd/mm/yyyy)

Retroactive date (dd/mm/yyyy)

Limit

Professional Indemnity	RM
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Personal injury and property damage	RM
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Please indicate if the below cover is important to you:

- (a) Patent right infringement cover (this is critical if you engage in work such as R&D, software development, programming, customization, bespoke solutions) Yes No
- (b) Limitation of liability cover (this is critical if you e.g. agree in contract to limit the liability of any third party such as suppliers, manufacturers, contractors, resellers, customers) Yes No
- (c) Contractual liability cover (this is critical if you e.g. agree in contract to indemnify or hold harmless any third party such as suppliers, manufacturers, contractors, resellers, customers) Yes No
- (d) Return of fees cover (this is critical if you e.g. enter into large contracts, enter into fixed price contracts, agree in contracts to limit your liability to the return of fees) Yes No
- (e) Privacy cover (this is critical if you e.g. handle any personally identifiable information) Yes No

Please provide the following information which will increase the underwriters understanding of your company

- marketing material outlining your company's capabilities;
- copy of customer, supplier, contractor agreements;
- copy of quality assurance, risk management, disaster recovery plan and due diligence procedures;
- due diligence procedures for intellectual property clearances.

K. DECLARATION & CONSENT

I/we hereby declare that I/we have fully and accurately answered the questions in this proposal form.

Privacy Statement - I understand that the personal data provided to purchase the above insurance will be used by QBE Insurance (Malaysia) Berhad to facilitate the performance of the function as an insurance company. I allow QBE Insurance (Malaysia) Berhad to collect, use and disclose my personal data to selected third parties in or outside Malaysia, in accordance with Privacy Policy Statement which is posted at our website www.qbe.com/my.

I/We further that the QBE Insurance (Malaysia) Berhad and/or it's holding company can share and use my/our data and personal information for the purpose of promoting the Company's and/or it's holding company's products, new services and support requirement, and marketing campaigns and activities and commercial transitions.

The liability of the Company does not commence until the application has been accepted.

Proposer's signature & Company stamp

Date (dd/mm/yyyy)

L. DECLARATION BY AGENT / BROKER / OFFICER (STAFF OF INSURANCE COMPANY)

- 1) In compliance with the Anti-Money Laundering, Anti-Terrorism Financing and Proceeds of Unlawful Activities Act 2001, I hereby certify that the Applicant's original NRIC/Passport/Business Registration Certificate was verified and authenticated by me at the point of sales.
- 2) I/We have recommended this product being purchased by the proposer, based on the information disclosed and other relevant information which are made available to me/us. I/We have taken reasonable steps to ensure the advice is suitable to the customer for the purpose of insurance coverage.

Name

NRIC No.

Signature & Company Stamp

Date (dd/mm/yyyy)

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