

Information and Communication Technology proposal form



QBE Insurance (Malaysia) Berhad Reg. No.: 198701002415 (161086-D)

(Part of QBE Insurance Group)
 (Licensed under the Financial Services Act 2013 and regulated by Bank Negara Malaysia)
 No. 638, Level 6, Block B1, Leisure Commerce Square, No. 9, Jalan PJS 8/9, 46150 Petaling Jaya,
 Postal Address P.O. Box 10637, 50720 Kuala Lumpur, Malaysia.
 telephone +603 7861 8400 • facsimile +603 7873 7430
 SST Reg No: B16-1808-31042744
www.qbe.com/my

Cover Note No.	<input type="text"/>	Intermediary No.	<input type="text"/>
Intermediary Contact Number	<input type="text"/>	Intermediary Name	<input type="text"/>

YOUR BUSINESS

Name(s) in full of all entities to be insured	<input type="text"/>	Websites	<input type="text" value="www."/>
	<input type="text"/>		<input type="text" value="www."/>
	<input type="text"/>		<input type="text" value="www."/>
	<input type="text"/>		<input type="text" value="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

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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Have you purchased or merged with any other business? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Have you sold or demerged from any other business? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) Do you require cover for any subsidiary, joint venture or associated company? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

Clear 1

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
Total	RM	RM	RM

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	%	%	%

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	%

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BUSINESS ACTIVITIES (Continuation)

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

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

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

Clear 3

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?

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?

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"/>

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CLAIMS DETAILS (Continuation)

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

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:

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	<input type="text"/>				
Expiry date	<input type="text"/>	(dd/mm/yyyy)	Retroactive date	<input type="text"/>	(dd/mm/yyyy)
Limit	Professional Indemnity	RM	Personal injury and property damage	RM	

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) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | 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) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | 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) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | 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) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| (e) Privacy cover (this is critical if you e.g. handle any personally identifiable information) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | 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.

DECLARATION

I the undersigned, after enquiry declare as follows:

1. I am authorised by each of the other entities to be insured to complete this proposal form.
2. I have read and understood the notice to the proposed insured at the back of the proposal form.
3. I have read this proposal form and the accompanying documents and acknowledge the contents of same to be true and complete.
4. I understand that, up until a contract of insurance is entered into, I am under a continuing obligation to immediately inform QBE of any change in the particulars or statements contained in this proposal form or in the accompanying documents.

Name of business

Signed:
Partner, principal or director

Date: (dd/mm/yyyy)