

Information and Communication Technology Proposal

Important notice

Material facts

'You' (this includes every person or entity to be insured under this insurance) are under a duty to disclose all material facts that could influence QBE Insurance's decision to accept this insurance and, if so, on what terms. You need to disclose facts both known to you and those which you could have been reasonably expected to know about. If you are in any doubt as to whether or not a fact may be material, you should disclose it to ensure that any cover granted is not prejudiced.

Non-disclosure/misstatement

If you fail to comply with your duty of disclosure, QBE may be entitled to avoid the contract altogether, and therefore decline to pay any claim.

Jurisdiction

Except where the parties agree otherwise, the laws of New Zealand apply to this form and any dealings between the parties arising from this form. The New Zealand courts have exclusive jurisdiction in relation to any disputes that may arise.

How to complete this form

- You must answer all questions fully and, if you are completing this form by hand, please ensure you write clearly.
- If you are completing this form electronically, please open it using the latest version of Adobe Reader. Use your mouse/trackpad to take the cursor to the next editable field. Boxes can be ticked either by using your mouse/trackpad or by hitting 'enter'. Upon completion, please print out this form and sign the declaration.
- The signed form should then be posted, or emailed, to your broker.

Broker

Company

Individual

A Applicant details

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

2. Physical address

3. Details of premises occupied by you for the purpose of conducting the business

Premises	Location	Occupied as	Age of premises
1			
2			
3			
4			

4. Website address



B Business details

1. Please provide a clear business description for the entities listed in Applicant Details.

2. Date on which the business was established

dd / mm / yyyy

3. Have the entities changed their names or has any other business been purchased or merged or consolidation taken place?

Yes No

If 'Yes', please provide full details.

4. Products and Services Provided

Please indicate the activities undertaken by your business and the estimated revenue applicable during the current financial year.

Activity	Revenue	Activity	Revenue
IT Security Consultancy	NZD	Website Design	NZD
Project Management	NZD	Website Hosting	NZD
Bespoke Software Development	NZD	Internet Service Provision	NZD
Customisable Software Sales	NZD	Integration Services	NZD
Third Party Shrink Wrap Software Solutions	NZD	Data Processing/Warehousing	NZD
Software Installation and Maintenance	NZD	Other (please describe)	
Hardware Installation and Maintenance	NZD	1.	NZD
Hardware Design	NZD	2.	NZD

5. Please give details of the three largest contracts carried out in the past year (or coming year if a new venture).

Nature of Contract	Name of the Client	Total Value	Income to you
		NZD	NZD
		NZD	NZD
		NZD	NZD

6. End User Application

Considering end user applications of your products and services, please estimate as a percentage of revenue for the current financial year.

Activity	Percentage	Activity	Percentage
Accounting (including debtors & creditors)	%	Online Stock Trading	%
Core Business Functions	%	Security (digital certificates, firewalls, encryption, etc)	%
Documentation Management Systems	%	Other (please describe)	
Funds Transfer	%	1.	%
Manufacturing Control Process	%	2.	%
Multimedia	%	3.	%
Total			100%

7. End User Profile

Which of the following best describes the industries/areas in which your customers operate. Please estimate as a percentage of revenue for the current year.

Activity	%	Activity	%
Broadcasting/Telecommunication	%	Manufacturing	%
Education	%	Mining	%
Emergency Services	%	Retail	%
Finance/Insurance/Stock Brokering	%	Transport	%
Gaming	%	Utilities	%
Government	%	Other (please describe)	
Health/Medical	%	1.	%
Legal/Accounting	%	2.	%
Total			100%

8. Your Products

(a) Of the products that you will generate revenue from in this current financial year, what percentage are:

Years in Market	%	
Zero to 1 year	%	
Over 1 year but less than 2 years	%	
Over 2 years but less than 5 years	%	
5 years or longer	%	
Total		100%

(b) Are any of your products/services:

- (i) intended for use in aircraft, watercraft, railway, military hardware or process control equipment? Yes No
- (ii) intended for use in nuclear, chemical, oil/gas/petrochemical installation? Yes No
- (iii) prototypes, experimental or single product items? Yes No
- (iv) intended for use in surgical/medical applications? Yes No
- (v) trading systems used in the financial markets? Yes No

If 'Yes' to any of (i) to (v) above, please provide details and tick to indicate enclosure.

Enclosed

C Financial details

1. What is the date of your financial year end?

dd / mm / yyyy

2. Please provide revenue figures (including fees paid to subcontractors) as follows:

Country	Last Financial Year	Current Financial Year (estimate)	Next Financial Year (estimate)
New Zealand	NZD	NZD	NZD
Australia	NZD	NZD	NZD
USA/Canada	NZD	NZD	NZD
Other (please specify)	NZD	NZD	NZD
Total	NZD	NZD	NZD

3. What percentage of your revenue is paid to sub-contractors or consultants?

%

D People

1. Executive

Name of Directors, Partners & Senior Managers	Age	Qualifications	Role

2. Staff Breakdown

Category	Total number
Employees with Technical/Science Degrees	
Programmers	
Engineers/System Designers	
Trainees	
System Testers	
Sales	
Administration	
Other (please specify)	
Total	

E Risk management review

1. Are all contracts subject to your standard terms and conditions?

Yes No

Please provide a copy of your standard contract terms or a recent typical contract entered into, and tick to indicate enclosure.

Enclosed

2. Have you entered into any hold harmless agreements, provided any indemnities or waived subrogation rights?

Yes No

If 'Yes', please enclose a copy of agreements, and tick to indicate enclosure.

Enclosed

3. Do you license any software or hardware?

Yes No

If 'Yes', please enclose a copy of License Agreement, and tick to indicate enclosure.

Enclosed

F Cover required

1. Errors and Omissions Liability

Protection should an error, act or omission in the provision of your information and communication technology products or services cause a third party to suffer financial loss.

Please indicate your preferred quote option(s).

(a) Limit of Indemnity (i) NZD (ii) NZD (iii) NZD

(b) Excess (i) NZD (ii) NZD (iii) NZD

2. Personal Injury and Property Damage

Indemnification should provision of your products or services (other than information and communication technology) cause personal injury or third party property damage.

Please indicate your preferred quote option(s).

(a) Limit of Indemnity (i) NZD (ii) NZD (iii) NZD

(b) Excess (i) NZD (ii) NZD (iii) NZD

(c) Do you require cover in the United States of America? Yes No

3. Statutory Liability

Protection should you be prosecuted under a New Zealand Statute.

Please indicate your preferred quote option(s).

(a) Limit of Indemnity (i) NZD (ii) NZD (iii) NZD

(b) Excess (i) NZD (ii) NZD (iii) NZD

4. Employers Liability

Protection for instances where ACC does not apply.

Please indicate your preferred quote option(s).

(a) Limit of Indemnity (i) NZD (ii) NZD (iii) NZD

(b) Excess (i) NZD (ii) NZD (iii) NZD

5. Period of Insurance

From 4pm / / to 4pm / /

G Prior insurance

1. Does the business presently carry, or has the business ever carried, Professional Indemnity insurance?

Yes No

If 'Yes', please provide the following details:

Insurer

Expiry date

dd / mm / yyyy

Retroactive date

dd / mm / yyyy

2. Has any insurer ever:

(a) declined to insure you?

Yes No

(b) cancelled or refused to renew your insurance?

Yes No

(b) imposed special terms or conditions in respect of any insurance for you?

Yes No

If 'Yes' to any of the above, please provide full details including the name of the insurer, and tick to indicate enclosure.

Enclosed

H Claims experience

Please answer the following questions after making reasonable enquiries.

1. During the past ten years has any claim been made against you or any previous business or prior corporate entity or any present or former partner, principal, director or employee of the business? (Include proceedings, notices, complaints, prosecutions, fines and or reparations imposed under legislation including ACC.)

Yes No

2. Are you, or any partner, principal, director or employee, aware of any claims or circumstances which might result in claims against you or your predecessors in business or any present or former partner, principal, director or employee of the business?

Yes No

3. Have you or any previous business or prior corporate entity been involved in any dispute or has any client refused to pay your fees?

Yes No

If 'Yes' to any of the above questions, please provide full details (attach an additional page if required) and tick to indicate enclosure.

Enclosed

Date matter notified	Name of claimant or potential claimant	Brief description of claim/circumstances	Amount paid or estimate of potential liability	Is matter closed or outstanding?
dd / mm / yyyy			NZD	
dd / mm / yyyy			NZD	
dd / mm / yyyy			NZD	

I Enclosures

If relevant, please provide copies of the following and tick to indicate enclosure.

Standard contract terms

Enclosed

Copy of standard software licence(s)

Enclosed

Copy of agreements entered into containing a hold harmless clause, providing an indemnity or waiver of subrogation rights

Enclosed

Other (please specify)

Declaration

I/We declare, on behalf of all proposed insureds, that:

- a All answers and statements in this proposal are correct and complete in every respect and there is no further information which may affect acceptance of the proposal.
- b If accepted by QBE, this proposal and declaration, and any other material which I/we have provided to QBE, shall be incorporated into and form the basis of the contract of insurance.
- c I/We understand that QBE requires this information (which will be retained by QBE) in order to decide whether or not to accept this proposal, and also that the Privacy Act 2020 entitles me/us to have access to, and request the correction of, this information.
- d QBE is authorised to disclose information received from me/us to its advisers, reinsurers and to other insurers. I/We authorise QBE to obtain, from any party, information that is, in QBE's view, relevant to this proposal.
- e I/We understand that the insurance will not be in force until this proposal has been accepted and cover confirmed by QBE.

Note: Signing this proposal and any supplementary questionnaires does not bind either the applicant or QBE to complete the contract of insurance.

Signed by applicant

Date

dd / mm / yyyy

Printed name

Phone

Position

Mobile

Email address

PRINT