

# Professional Indemnity Insurance Proposal Form for IT Professionals

Please answer all questions fully, if necessary on a separate piece of paper, and if you have a brochure, CV or other information concerning your business please also attach it to this proposal form.

Please return this form (and any additional information) by post, email or fax.

1.	Name of Insured/Proposer									
	Business Name									
	Address									
	Postcode									
	Telephone number									
	Email Address									
	Web address									
	Full description of your business activities									
Date business established:				What date does your financial year end?						
Number of:	Directors/Partners		Qualified Staff		Others					
2.	Do you engage consultants or sub-contractors?						Yes		No	
	If Yes, please give details of the nature of activities undertaken by such consultants or sub-contractors:									
	Do you ensure that the consultant or sub-contractor									
i) Has Appropriate Qualifications						Yes		No		
ii) Maintains Professional Indemnity Insurance?						Yes		No		

3. By ticking this box, you confirm that:

- No proposal for similar insurance made on behalf of the business, any predecessor of the business, or any principal, partner or director has never been declined or any such insurance has never been cancelled, the renewal refused or any special terms imposed (other than general market increases)
- No Partner, Principal, Director or Employee has never been subject to disciplinary proceedings by any Association or Professional Body
- No claim has been made against your business or any principal, partner, director or employee whilst in this or any other business
- After full enquiry, you are not aware of any circumstance or incident which has or may result in any claim being made against the business, or any principal, partner, director or employee of this or any other business
- Your work involve does not involve the manufacture, supply, installation or repair of any product and you do not accept responsibility for the manufacture, supply, installation or repair of any product?

**If you are unable to comply with the above statement, please provide details on a separate sheet**

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4. Please list the firm's three largest contracts undertaken in the last three years

Client Name, Location of Work and Type of Service Provided	Contract Value	Your Fee	Duration
	£	£	Start Date: End Date:
	£	£	Start Date: End Date:
	£	£	Start Date: End Date:

5. Give details of your fees/income derived from clients based in:

	Actual for Last Financial Year	Estimate for Current Financial Year	Estimate for Next Financial Year
UK	£	£	£
North America	£	£	£
Elsewhere (Specify)	£	£	£

For the previous financial year, please list the activities you have undertaken and provide an approximate percentage breakdown of your income / fees for each activity

Hardware - Sales of own brand	%
Hardware - Distribution of other brands	%
Hardware – Installation/maintenance	%
Software sales - Shrink wrapped*	%
Software sales - Own written/customisable*	%
Software services - Installation including configuration (No code)*	%
Software services – Customisation (including code changes)*	%
Software services – developing bespoke applications	%
Software services – Maintenance	%
Consultancy	%
Provision of Contract Staff	%
Provision of Outsourced/Managed Services	%
Training	%
Other (specify)	%
<b>Total</b>	100%

If You have declared any income in the categories with a (\*), please provide details of the software provided and its intended use

6. Do you specify the business requirements for the client and also implement the solution? Yes  No

If you undertake or have undertaken bespoke development services and/or consultancy services, are you given the authority to manage projects on behalf of your client? Yes  No

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which is authorised and regulated by the Financial Conduct Authority (300348)

Telephone: 01825 745 410 Email: [enquiries@eig.email](mailto:enquiries@eig.email) Fax: 01825 761 479

Horsted Square, Bellbrook Business Park, Uckfield, East Sussex TN22 1QG

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7. Please Provide Details of Principals / Partners / Directors

Name	Date of Birth	Qualifications	No. of Years' Experience

**Please attach CVs for all of the above if the business is less than five years old**

8.

<b>Date of Renewal</b>		<b>Limit of Indemnity Required</b>	
<b>Excess</b>		<b>Premium</b>	
<b>Retro-Active Date (if known)</b>		<b>Current Insurer</b>	

Please advise if you are a member of any association or regulation organisation:

**Additional Material Information**  
 (A material fact is one likely to influence acceptance or assessment of this proposal by Underwriters; if you are in any doubt as to what constitutes a material fact you should consult your Insurance Advisor)

**Declaration**

I/We declare that the statements and particulars in this proposal are true and that I/we have not misstated or suppressed any material facts. I/We agree that this proposal, together with any other information supplied by me/us, shall form the basis of any contract of insurance effected thereon. I/We undertake to inform Insurers of any material alteration to these facts whether occurring before or after completion of the contract of insurance. Signing this proposal form does not bind the proposer to complete this insurance.

Signature of Principal / Partner / Director \_\_\_\_\_

Date \_\_\_\_\_

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