



ASPEN RISK MANAGEMENT

PROFESSIONAL INDEMNITY PROPOSAL TECHNOLOGY PROFESSIONALS

Please fill out this form electronically or if you prefer you can simply print the form and complete it manually. Anything that you enter can be saved at the end of the process. This proposal must be completed by a Director/Principal of the business who should make all necessary enquiries of all other Directors/Principals to ensure that the questions are answered correctly.

Completing this proposal does not bind either the business or the insurers to enter a contract of insurance. If there is insufficient space to provide the information requested please use the Additional Information box at the end of the proposal.

1. NAME OF YOUR BUSINESS(ES)	DATE ESTABLISHED

2. YOUR ADDRESS(ES)	POSTCODE

3. YOUR WEB ADDRESS

4. YOUR DIRECTORS/PRINCIPALS		
Name	Qualifications	Time with you as Director/Principal



5. YOUR EMPLOYEES – PLEASE PROVIDE THE FOLLOWING NUMBERS

Qualified staff	Other staff	Freelancers

6(A). PREVIOUS LIABILITIES – IF COVER IS REQUIRED FOR ANY BUSINESS THAT WAS A PREDECESSOR TO YOUR CURRENT BUSINESS PLEASE ADVISE

Name of Predecessor Business	Date started	Date ceased	Reason for cessation

6(B). PREDECESSOR BUSINESS ACTIVITIES	YES*	NO
---------------------------------------	------	----

Did the Predecessor Business undertake any activity(ies) other than those disclosed within this Proposal for the current Business(es) or ever had any claims made against it?		
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--

*If YES please provide full details:

7. YOUR BUSINESS

Please provide a statement of your activities and specialisms:



8. PLEASE PROVIDE THE FOLLOWING BREAKDOWN OF YOUR GROSS INCOME FOR THE PERIODS SHOWN

Jurisdiction of your contract	Last completed financial year	Previous year	Estimate for current year
UK & Ireland	£	£	£
Rest of the EU	£	£	£
USA &/or Canada	£	£	£
Rest of the world	£	£	£
TOTAL	£	£	£

9. PLEASE PROVIDE THE FOLLOWING SPLIT OF YOUR ACTIVITIES FOR YOUR LAST COMPLETED FINANCIAL YEAR

Supply of third party hardware	%	Project management with specification set by you	%
Supply of hardware manufactured in-house to your client's design	%	Project management with specification set by third party	%
Hardware design (no manufacture)	%	Co-location	%
Supply of hardware designed and manufactured in-house	%	Facilities management (including application maintenance)	%
Installation of hardware	%	Application hosting (excluding application maintenance)	%
Hardware maintenance	%	Provision of managed/outsourced services	%
Income from in-house shrink wrapped software	%	Training	%
Income from third party shrink wrapped software	%	Provision of contract staff	%
Installation of software (no code changes)	%	General consultancy	%
Installation of software (inc. code changes)	%	Website design	%
Income from in-house customisable software	%	Web hosting	%
Income from third party customisable software	%	Other activities (please state individually below)	
Software maintenance	%	(i)	%
Customisation of software	%	(ii)	%
Bespoke software development	%	(iii)	%
		TOTAL	100%



10. COULD THE FAILURE, OR A DELAY IN THE IMPLEMENTATION, OF ANY PRODUCT OR SERVICE YOU PROVIDE RESULT IN	YES*	NO
(a) loss of life or injury?		
(b) destruction or damage to property?		
(c) immediate and significant financial loss?		
(d) significant cumulative financial loss?		

*If any of the answers are **YES** please provide full details in the additional information box at the end of the proposal.

11(A). PLEASE PROVIDE DETAILS OF YOUR THREE LARGEST PROJECTS (BY FEE INCOME) UNDERTAKEN IN THE LAST 5 YEARS			
Client	Duration of contract	Your services	Your income
			£
			£
			£
11(B). PLEASE ALSO PROVIDE DETAILS OF THE 2 LARGEST PROJECTS THAT YOU HAVE LINED UP FOR THE FORTHCOMING YEAR			
Client	Expected duration of contract	Your services	Your income
			£
			£



12. PROCEDURES	YES	NO
Do you have a managed procedure in place to confirm that you have adequate resource and ability available to meet your client's requirements prior to committing yourself to undertake a project?		
If YES please advise who is responsible for managing this procedure: If NO please advise what steps do you take to ensure that you do have adequate resource and ability available:		

13. CONTRACTS	YES	NO*
Do you always insist that a written contract is in place between you and your clients which sets out the services/work to be performed by you before you commence work?		
*If NO , please explain how you define and record the services/work you are to perform in the additional information box at the end of the proposal.		

14. DO YOU ALWAYS ENSURE THAT YOUR CONTRACTS WITH YOUR CLIENTS	YES	NO*
(a) exclude liability for consequential, special and indirect damages, loss of profits and liquidated damages?		
(b) cap your overall liability at a level that is reasonable taking into account the size of your contract and the services being provided?		
(c) do not warrant that you will conform to a professional standard greater than that of reasonable skill and care?		
(d) ensure that changes to the scope of work or services to be provided are recorded by a written variation of the contract?		
(e) provide no specific indemnities other than in respect of infringement of Intellectual Property Rights, death, bodily injury or property damage?		
(f) contain provision for a dispute resolution procedure?		

*If any of the answers are **NO**, please provide full details in the additional information box at the end of the proposal.

15. FINANCIAL CONTROL	YES	NO*
Do all cheques or other forms of money transfer require the signature or authorisation of at least two persons?		
*If NO please provide details of your procedures:		



16. SUB CONTRACTORS	YES*	NO
Do you use the services of sub contractors?		

*If **YES** please answer the following questions:

(a) What are they used for?			
(b) Do you always ensure that all sub contractors enter into a written contract with you which sets out the services/work to be performed by them?			
(c) What percentage of your income have you paid to them:			
In your last financial year?	%	On average over your last 3 financial years?	%
(d) Do you ensure that they hold professional indemnity insurance with a level appropriate for both the services/work they are performing and the contract/project being worked on?			
(e) Do you check that they have the necessary qualifications and/or experience to undertake the services/work sub contracted to them?			

*If **NO** to any of the questions b, d or e please advise why not and give details of what systems you actually have in place in the additional information box at the end of the proposal.

17. PRINCIPALS OR DIRECTORS	YES*	NO	
(a) Has any Principal or Director been a director or partner of a company or partnership which has:			
(i) been the subject of receivership or administration or insolvent liquidation or has been dissolved by reason of insolvency either at the time of such receivership, administration, liquidation or dissolution or within the six months immediately preceding the appointment of a receiver, administrator, liquidator or the dissolution?			
(ii) entered into a voluntary arrangement with creditors?			
(b) Has any Principal or Director been declared bankrupt or made any voluntary arrangement with creditors?			

*If any of the answers are **YES**, please provide full details in the additional information box at the end of the proposal.

18. PREVIOUS CLAIMS	YES*	NO
Have any claims, in respect of any of the risks, liabilities or losses to which this proposal for insurance relates been made against any of the businesses to be covered or any individual Principal, Director or employee?		



19. POTENTIAL CLAIMS	YES*	NO
In respect of any of the risks, liabilities or losses to which this proposal for insurance relates, is any Principal, Director or employee aware, after inquiry, of any incident, occurrence, dispute, events, fact, circumstances, matters, act or omission that might give rise to a claim which would be covered by the insurance to which this proposal relates?		

20. FRAUD OR DISHONESTY	YES*	NO
Is any Principal, Director or employee aware, after inquiry, of any allegation or occurrence of fraud or dishonesty at any time committed by any current or previous Principal, Director or employee?		

21. PREVIOUS INSURANCE APPLICATIONS	YES*	NO
In respect of any of the risks, liabilities or losses to which this proposal for insurance relates, have you ever had any proposal for insurance declined, or cover cancelled or special terms or conditions applied?		

*If you have answered **YES** to any of questions 18, 19, 20 or 21, please provide full details in the additional information box at the end of the proposal.

22. CURRENT INSURANCE	YES*	NO
Do you currently hold Professional Indemnity Insurance?		

*If **YES**, please advise:

Current Insurer	Limit of Indemnity	Excess	Premium
	£	£	£

23. WHAT LIMITS OF INDEMNITY DO YOU REQUIRE COVER FOR?					
£250,000		£500,000		£1,000,000	
Other £ (insert amount)					

24. WHAT LEVEL OF EXCESS DO YOU WISH TO CARRY? (MINIMUM LEVELS WILL APPLY)					
£500		£1,000		£2,500	
£5,000		Other £ (insert amount)		Other £ (insert amount)	



25. PLEASE PROVIDE ANY ADDITIONAL INFORMATION REQUESTED IN THE QUESTIONS OR ANY OTHER INFORMATION YOU WOULD LIKE THE INSURER TO TAKE INTO ACCOUNT BELOW. CONTINUE ON A SEPARATE SHEET IF NECESSARY.

Question	Additional information

All other additional information

Email address	
Phone number	

I/we declare that, after full enquiry, the answers and statements provided in this proposal form are true and correct and I/we have included all facts &/or information that is material to the insurer's consideration of the proposal. I/we agree that this proposal together with any other information supplied by or on behalf of me/us shall form the basis of any contract of insurance effected. If there is any material alteration to the facts &/or information which have been provided or any new circumstances arise which are material to the insurer's consideration of the proposal prior to the completion of the contract of insurance, I/we will advise the insurers immediately.

Please tick to confirm your agreement with the declaration above (required)			
Name		Date	
Position within the business			