



PROFESSIONAL
INSURANCE AGENTS

Professional Indemnity Insurance Proposal Form

IT Firms

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COMP Professional Indemnity Insurance

Section 1 Business Details

1.1) *Including all previous trading names / styles.*

Name of Business:	<input type="text"/>		
Registered Business Address:	<input type="text"/>		
Contact Name:	<input type="text"/>	Email:	<input type="text"/>
Contact Number(s):	<input type="text"/>	Business Establishment Date(s):	<input type="text"/>
Website Address:	<input type="text"/>	Fax:	<input type="text"/>
Do you require cover for any subsidiary companies and/or former companies? <input type="checkbox"/> Yes <input type="checkbox"/> No			

1.2)

Names of Principals / Partners / Directors & Consultants	Age	Years in current position	Qualification
<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"/>
How many Employees are there? <input type="text"/>			
Please state your Employer Reference Number (ERN) & Wage Roll:		ERN: <input type="text"/>	Wage Roll: <input type="text"/>

1.3) Is your business a member of any professional organisations, regulatory bodies or trade associations? ☐ Yes ☐ No

If Yes, please provide details below.

1.4) Please state the gross turnover in respect of the following years:

	Last completed financial year	Estimate - current financial year	Estimate - next financial year
Domestic turnover:	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
USA/Canada turnover:	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Other territory turnover:	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Total turnover:	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Date of financial year end:	<input type="text"/>	How much gross turnover is paid to third party contractors?	
Currency:	<input type="text"/>	<input type="text"/>	

1.5) If you have undertaken work outside of your domestic territory, please provide full details of all previously completed, current and any forthcoming overseas projects:

Are all overseas contracts subject to your domestic law? *If no, please enter full details below.* ☐ Yes ☐ No ☐ N/A

Section 2 Activities/Contractual Information

2.1) Please describe below the specific nature of your business activities, this should include any previous activities which you no longer perform, but you still require cover for (*we strongly recommend that cover for past work is requested*):

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2.2) Please confirm the split of your total gross turnover for your last completed financial year in respect of the following areas. *New business start-ups should provide estimations.*

	Domestic	Overseas	USA/ Canada
Hardware			
Distribution / re-sale of third party owned software	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Installation	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Maintenance	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Manufacture and/or sale of own hardware	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Software Sales			
Customisable software	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Distribution of other brand shrink wrapped software	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Sales of own brand shrink wrapped software	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Software Services			
Customising software, including coding changes	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
End User Applications	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Installation; configuration but no coding	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Maintenance	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Systems Integration	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Services			
Application Service Provision	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Consultancy	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Data Communication Services	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Data Processing	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Internet Service Provision/Hosting provided by a third party	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Internet Service Provision/Hosting provided by you	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Network Security, including penetration testing	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Project Management	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Support	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
System Auditing	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
System Auditing	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Turnkey Solutions	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Other (please define) <input style="width: 150px;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Total:			<input style="width: 100%;" type="text"/>

2.3) Please confirm the split of your total gross turnover in respect of the following areas. *New business start-ups should provide estimations.*

	Domestic	Overseas	USA/ Canada
Aviation / Aerospace	<input type="text"/>	<input type="text"/>	<input type="text"/>
Automotive	<input type="text"/>	<input type="text"/>	<input type="text"/>
Construction	<input type="text"/>	<input type="text"/>	<input type="text"/>
Financial Institutions (including Insurance Companies)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Game Development	<input type="text"/>	<input type="text"/>	<input type="text"/>
Government Defence	<input type="text"/>	<input type="text"/>	<input type="text"/>
Live Trading Systems	<input type="text"/>	<input type="text"/>	<input type="text"/>
Manufacturing / Industrial	<input type="text"/>	<input type="text"/>	<input type="text"/>
Medical / Healthcare	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nuclear	<input type="text"/>	<input type="text"/>	<input type="text"/>
Safety Critical or Embedded Systems	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telecommunications	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other (please define) <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total:			<input type="text"/>

2.3) Have you ever undertaken work for a client positioned in the professional sports and/or entertainment industry? ☐ Yes ☐ No

2.4) Is work only carried out under a written contract, signed by every client? ☐ Yes ☐ No

If yes to 2.3 & / or 2.4, please provide full details below.

2.5) Please give details of the 3 largest clients you have undertaken work for in the past 6 years. *(New business start-ups should declare estimated / pending contracts.*

Client	Nature of projects and your specific responsibilities	Overall project value (If known)	Total fee income derived from the client	Start Date / End date
<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"/>

Section 3 Internal Risk Management

3.1) When entering into contracts with clients do you...

- | | | |
|---|------------------------------|-----------------------------|
| a) Only perform the work if the contract is in writing and signed by the client? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b) Confirm changes to your originally agreed services back in writing to your client? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c) Seek specialist, qualified legal advice prior to entering into contracts? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d) Exclude liability for consequential loss or financial damages that is greater than the value of the contract? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e) Ensure that your client is responsible for the 'end sign-off' of the works? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f) Ensure that any sub-contractors you employ hold a separate and valid Professional Indemnity & Public Liability Insurance policy? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

3.2) (If applicable) Do you always obtain satisfactory written references direct from former employers for the three years immediately preceding the engagement of any professional employee? ☐ Yes ☐ No

If you have answered 'no' to any question in section 3, please confirm below in what instances and why you do not

Section 4 Insurance History

4.1)		
Current	Inception Date: <input type="text"/>	Premium: <input type="text"/>
	Limit: <input type="text"/>	Excess: <input type="text"/>
	Insurer: <input type="text"/>	
Required	Limit: <input type="text"/>	Excess: <input type="text"/>

4.2) Would you like us to request terms for the following?

Public Liability	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Employers' Liability	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Office Contents	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Cyber Liability	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Section 5 Claims

- 5.1)** Have any claims (successful or otherwise) been made against any of the companies to be insured and / or its past and present partners / principals / directors? ☐ Yes ☐ No
- 5.2)** Have any claims arisen in respect of employee dishonesty / fraudulent activity? ☐ Yes ☐ No
- 5.3)** Have any precautionary notifications been made to current/previous Insurers, that you believed at the time of notification may escalate into a claim? ☐ Yes ☐ No
- 5.4)** Have any fee disputes - which you believed could have resulted in a possible counter-claim being brought against you – been reported to current / previous Insurers? ☐ Yes ☐ No
- 5.5)** Has any proposal for insurance made on your behalf, or on behalf of any past and present partners / principals / directors ever been declined, or has any insurance ever been cancelled or refused at renewal? ☐ Yes ☐ No
- 5.6)** Has any disciplinary action been brought by a regulatory or professional body against any of the companies to be insured and / or its past and present Partners / Principals / Directors? ☐ Yes ☐ No
- 5.7)** Are you aware of any circumstances which may result in a claim being made against any of the companies to be insured and / or its past and present partners / principals / directors? (this includes any shortcomings in your work not yet known to clients, that you believe cannot be adequately rectified) ☐ Yes ☐ No

If you have answered 'yes' to any of the questions above, and you have not previously reported these to PIA, please provide full details (including any payments made or reserves) in a separate document (ideally a word/pdf document). If a successful claim/disciplinary action was made, please also confirm the steps taken to mitigate the chances of re-occurrence.

Section 6 Declaration

I / We declare that the statements and particulars in this proposal and submission are true and I / We have made a fair presentation of the risk, by disclosing all material matters which I / We know or ought to know or, failing that, by giving the Insurer sufficient information to put a prudent Insurer on notice that it needs to make further enquiries in order to reveal material circumstances. Furthermore, I / We will agree to inform Insurers of any material alterations to my / our circumstances that may occur before or after the completion of any contract of insurance offered to me / us by the Insurer.

Signature of Principal / Partner / Director:

Full Name:

Date:

****By signing this declaration, on behalf of our company and any applicable employees, we are also consenting to PIA sending relevant insurance information to us as part of their services. This consent can be withdrawn at any time by giving written notice to PIA.**

Please note that returning this proposal does not bind the Proposer or Underwriter to complete this insurance but does authorise 'Professional Insurance Agents' to seek terms on my/our behalf from Insurers; including current Insurers