



# INFORMATION & COMMUNICATION TECHNOLOGY LIABILITY INSURANCE PROPOSAL FORM

- Answer all questions. Blanks &/or dashes, or answers 'known to underwriters or brokers' or 'N/A' are not acceptable & will delay consideration of this proposal.
- If there is insufficient room to complete a question, please attach a signed & dated addendum.
- Any documents attached to the proposal form are part of this proposal.
- Where appropriate, please tick the yes or no box which best indicates your reply.

## Your details

- 1. Name** **a. Year of commencement**  
Full legal name of each natural person, incorporated body and subsidiary to be insured as well as any unincorporated business or trading names.

**b. Are you registered for GST purposes?** No ☐ Yes ☐ What is your ABN?

**2. Address**

Principal address  Postcode

Telephone no.  Mobile

Email address  Website address

**3. Particulars of all Principals**

Name of Principal	Age	Qualifications / Experience	Years practicing as Principal	
			Current Business Practices	Previous Business Practice

**4. Principals' previous business (incoming):**

Name of Principal	Name of Principal's previous business practice	Date Principal left that practice
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**5. Prior corporate entity:**

Has the name of the person, firm or incorporated body detailed in answer to Question 1 been changed, or has any other business been purchased or has any merger or consolidation of your businesses taken place?

No ☐ Yes ☐ Please detail changes in chronological order.

6. Please provide the total number of full time equivalent:

- a. Partners / Principals / Directors
- b. Consultants
- c. Systems Designers
- d. Programmers
- e. Sales and Marketing
- f. Administration / Support
- g. Other Professional / Technical Staff
- h. Contractors / volunteer workers / students

**Total of all staff**


7. Are you a member in good standing of a professional association or society?

No

☐

Yes

☐

Please provide status of membership and the name of the association(s) or society(s).

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### Total income

8. a.

#### Professional Fees

(relates to payments received for consulting / advice / services)

#### Sales Revenue

(relates to the total value of sales including costs and mark up)

Country	Last 12 months	Next 12 months	Last 12 months	Next 12 months
Australia				
Overseas (excl. USA &/or Canada)				
USA or Canada				
<b>Total</b>				

b. For Stamp Duty purposes, please provide a percentage breakdown of the fee income disclosed in a. above by State or Territory.

ACT	%	NSW	%	VIC	%	QLD	%	SA	%
WA	%	TAS	%	NT	%	Overseas	%	Total	%

c. Are you a small business eligible for the exemption from the requirement to pay NSW duty on certain types of insurance? (Generally speaking, you are a small business if your aggregated turnover is less than \$2 million.)

For more information, visit [www.revenue.nsw.gov.au/taxes/insurance/exemptions](http://www.revenue.nsw.gov.au/taxes/insurance/exemptions)

Yes

☐

No

☐

9. Please estimate the percentage split of your Total Income disclosed in Question 8. a. above, from the following categories of activity:

	Actual % last 12 months	Estimate % next 12 months
Business Analyst	%	%
Business Process Re-engineering (BPR)	%	%
Cloud Computing	%	%
Computer Aided Design (CAD) / Computer Aided Manufacturing (CAM) Programming	%	%
Customer Relationship Management (CRM)	%	%
Data Warehousing	%	%
Database Programming & Applications	%	%
Disaster Recovery – Planning, Audits, Service Restoration & Support	%	%

	Actual % last 12 months	Estimate % next 12 months
Enterprise Resource Programming (ERP)	%	%
Facilities / Asset Management	%	%
Hardware Engineering & Maintenance	%	%
Interactive Web, Mobility & Wireless Applications	%	%
Internet Service Provider (ISP)	%	%
Multimedia / Recreational Software	%	%
Network Support	%	%
Networking/Communications	%	%
Portal Development	%	%
Project Management	%	%
Sales – Hardware	%	%
Sales – Software	%	%
Security Services & Consultancy	%	%
Software – Medical	%	%
Software – Process Control, Supervisory Control and Data Acquisition (SCADA), Programmable Logic Controller (PLC)	%	%
Software Programming	%	%
Speech Recognition	%	%
Supply Chain Management (SCM)	%	%
Systems Architecture / Design	%	%
Systems Integration	%	%
Training and Education	%	%
Web Design	%	%
Web Hosting/ISP	%	%
Other – Please specify	%	%
	%	%
<b>Total</b>	%	%

### Your Professional Activities

- 10. a.** State fully the information and communication technology products and services provided by your business, including the primary purpose of software and systems provided, sold or licensed. Please provide clear details of the nature and type of advice given and copies of any brochures or other documentation which may assist CGU Professional Risks in gaining a better appreciation of the risk being proposed.

- b.** Has there been any change in the information and communication technology products and services specified in **a.** above provided by you in the last 5 years?

- 11.** Do you import any products associated with the categories of activity listed in Question 9?

No ☐ Yes ☐  Please provide details:

12. a. Do you provide services or products intended for use in the following areas?

No☐Yes☐

Please specify the percentage of your Total Income disclosed in Question 8. a. derived from the following:

Aerospace, aircraft, watercraft, radar and navigation systems and/or Military systems	<input type="text"/>	%
Credit Card processing or Billing systems and/or Banking, Stock, Bond, Commodity Trading or other Financial trading system	<input type="text"/>	%
Enterprise Resource Planning (ERP), Customer Relationship Management (CRM), or Supply Chain Management (SCM)	<input type="text"/>	%
Internet Service Provider (ISP)	<input type="text"/>	%
Medical and/or Surgical, Fire and/or Emergency Services	<input type="text"/>	%
Network Security Advice/Products	<input type="text"/>	%
Oil, Gas, Power and/or Nuclear Energy	<input type="text"/>	%
Communications / VOIP / Wireless Application	<input type="text"/>	%
Robotic control or manufacturing process controls including PLC and SCADA programming	<input type="text"/>	%
Total	<input type="text"/>	%

b. Please provide further details on the services or products that you provide in the areas specified in a. above.  
If there is inadequate space, please provide details on a separate addendum.

N.B. We may require further information about your involvement in these areas and /or we may be unable to provide cover for these activities.

13. Please indicate the percentage of your Total Income disclosed in Question 8. a. derived from the following categories of client:

Client Category	Percentage of your income last year	
SME (Employee base < 30)	<input type="text"/>	%
Government	<input type="text"/>	%
Others (Employee base > 30)	<input type="text"/>	%
Total	<input type="text"/>	%

14. Have you discontinued developing, manufacturing, producing or handling any software/hardware or information technology system?

No☐Yes☐

Please provide details:

15. Do you act as an agent for any company?

No☐Yes☐

Please provide details:

Company	Software/Hardware services provided in accordance with the agreement	\$ Income earned from Agency

16. Please provide a brief description of the 3 largest projects undertaken by you in the past 5 years.

Project/Contract description	Place of project	Your role	\$ Fees earned (per annum)	\$ Total contract value
1.				
2.				
3.				

### Claims and Circumstances

17. Please answer the following questions after enquiry within your organisation.

- a. During the past 10 years has any claim been made, or has negligence been alleged, against any entity or individual to be insured by this insurance (including any prior corporate entity and any of the present or former principals), or have any circumstances which may give rise to a claim against any of these been notified to insurers?

No ☐ Yes ☐  Please give details

Year Notified	Insured With	Claimant	Nature of Problem	Amount Paid and/or Outstanding

- b. Are there any circumstances not already notified to insurers which may give rise to a claim against any entity or individual to be insured by this insurance (including any prior corporate entity and any of the present or former principals).

No ☐ Yes ☐  Please give details

Name of Practice and Principal	Claimant	Nature of Problem	Estimate

- c. Are there any claims against previous practices which have been identified in Questions 4. or 5. of this proposal, which may give rise to a claim against any entity or individual to be insured by this insurance (including any prior corporate entity and any of the present or former principals).

No ☐ Yes ☐  Please give details

Name of Practice and Principal	Claimant	Nature of Problem	Amount Paid and/or Outstanding

- d. Has any principal or staff member ever been subject to disciplinary proceedings for professional misconduct?

No ☐ Yes ☐  Please give details

Name of Practice and Principal/Staff member	Claimant	Nature of Problem	Amount Paid and/or Outstanding

### Insurance History

18. a. Are you currently insured for professional indemnity?


No ☐ Yes ☐  Please complete the table below for the last 3 years.

- b. If you are not, have you ever been insured for professional indemnity?

No ☐ Yes ☐  Please complete the table below for the last 3 years you were insured.


Name of Insurer	Period Insured	Sum Insured	Excess


c. Have you ever had an insurer decline a proposal, decline to renew, cancel your insurance, or imposed special terms?

No ☐ Yes ☐  Please provide details below.

## Cover Required

19. Do you wish to cover your consultants, sub-contractors or agents, in respect of work performed on your behalf?

No ☐ Yes ☐  Please give details of the nature of work performed and the names of all consultants, sub contractors and agents to be covered.

 Please state the gross professional fees paid to consultants, sub-contractors and agents to be covered, during the past 12 months.

\$

20. Do you have in place a written contract with all consultants, sub-contractors or agents to be covered by this policy?

No ☐ Yes ☐

21. Are all consultants, sub-contractors or agents to be covered by this policy under your direction, control and supervision?

No ☐ Yes ☐

**N.B. We will only provide cover to consultants, sub-contractors or agents with who, you have in place a written contract with, and who are under your direction, control and supervision.**


22. Please indicate which policy limit(s) you would like a quote for:

a. **Policy 1 – Professional Indemnity:** \$1 million ☐ \$2 million ☐ \$5 million ☐ Other  \$

b. **Policy 2 – Broadform Liability:** \$5 million ☐ \$10 million ☐ \$20 million ☐ Other  \$

## Optional Extensions – Cyber Cover Extension

23. a. Do you require the Cyber Cover Optional Extension, subject to additional premium?




No ☐ Yes ☐  Please answer parts b. and c.

b. Please specify within which band the number of records\* held as part of your business:

Number of records held:

\*For the purposes of this question, record means any record that contains personally identifiable information and/or personal health information.

c. Please identify your business' critical vendors:

Type of Vendor	No	Yes	Name of Vendor
Cloud / Back-up / Web Hosting	<input type="checkbox"/>	<input type="checkbox"/> 	<input type="text"/>
Internet Service Provider (ISP)	<input type="checkbox"/>	<input type="checkbox"/> 	<input type="text"/>
Business Critical Software Provider	<input type="checkbox"/>	<input type="checkbox"/> 	<input type="text"/>
Data Processors (e.g. payment processing)	<input type="checkbox"/>	<input type="checkbox"/> 	<input type="text"/>
Point of Sale (POS) Hardware Provider	<input type="checkbox"/>	<input type="checkbox"/> 	<input type="text"/>
Managed Security Services (e.g. firewall, intrusion detection, anti-virus)	<input type="checkbox"/>	<input type="checkbox"/> 	<input type="text"/>

## Optional Extensions – Employment Practices Liability and/or Fidelity

24. a. Do you require Employment Practices Liability cover, subject to additional premium?

No

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Yes

☐

▶ A further addendum will need to be completed. Please request a copy of this form.

b. Do you require Fidelity cover, subject to additional premium?

No

☐

Yes

☐

▶ A further addendum will need to be completed. Please request a copy of this form.

## Risk Management and Quality Assurance

25. Do you have International Standards Organisation (ISO) certification?

No

☐

Yes

☐

26. Do you document Customer Needs Analysis?

No

☐

Yes

☐

27. Do you document User Specifications?

No

☐

Yes

☐

28. Do you have a formal customer acceptance procedure?

No

☐

Yes

☐

29. Do you have formal Service Level Agreements in place?

No

☐

Yes

☐

▶ Please provide details below.

30. Do you require a final acceptance letter or other sign-off agreement from the customer?

No

☐

Yes

☐

31. What percentage of your outstanding debtors are more than 90 days overdue?

%

32. Do any of your clients have outstanding fees?

No

☐

Yes

☐

▶ Please provide details below.

33. Are all employees and/or contractors required to sign statements that they will not use any previous employers' trade secrets or other proprietary information **and** do you require all employees and contractors to sign standard intellectual property rights assignments when they are engaged?

Yes

☐

No

☐

▶ What controls do you have to prevent potential infringement of the trade secrets or proprietary information of third parties?

34. Do you enter into any **non**-standard contracts or terms of engagement?

No

☐

Yes

☐

▶ Please describe the basis (including the legal review process) you enter into a non-standard contract or term of engagement

35. Do your standard contracts exclude liability for consequential loss?

No

☐

Yes

☐

36. Do you limit your liability in standard contracts to the cost of services or products provided?

No

☐

Yes

☐

37. Do your contracts include any dispute resolution procedures?

No


☐

Yes


☐

▶ Please provide details below.

**38.** Do you give any warranties and/or guarantees in your contracts or enter into any hold-harmless agreements or waive any legal rights or entitlements which would exist in the absence of a contract?

No ☐ Yes ☐  Please provide details below.

**39.** Where needed, do you have Supply & Service agreements with all relevant Original Equipment Manufacturers (OEMs)?

No ☐ Yes ☐  Please provide details below.

**40.** Do you maintain written logs for customer reports of problems or down-time?

No ☐ Yes ☐


**41.** Do you retain all records in terms of products and services supplied for a period of at least 7 years?

No ☐ Yes ☐


**42.** Do you have recall procedures in place?

No ☐ Yes ☐

**43.** Do you provide any form of ongoing technical support service to clients? e.g. 24/7 Help desk, Desktop support.

No ☐ Yes ☐  Please provide details below.

**44.** Do you have back-up systems and risk mitigation plans in place?

No ☐ Yes ☐  Please provide details below.

**45.** Do you test your products and/or solutions before their release?

Alpha Testing:	Beta Testing:	User Acceptance (UAT):
No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

## Declaration

I/We hereby declare that:

My/Our attention has been drawn to the Important Notice accompanying this proposal form and further I/we have read these notices carefully and acknowledge my/our understanding of their content by my/our signature/s below.

The above statements are true, and I/we have not suppressed or mis-stated any facts and should any information given by me/us alter between the date of this proposal form and the inception date of the insurance to which this proposal relates I/we shall give immediately notice thereof.

I/we agree that, by submitting this form, the personal information I/we provide to CGU Insurance in this form or otherwise may be collected, held, used and disclosed in the manner set out in the CGU Privacy Policy found at [www.cgu.com.au/privacy](http://www.cgu.com.au/privacy), including for processing this application and providing me/us with cover.

I/We also confirm that the undersigned is/are authorised to act for and on behalf of all persons who may be entitled to indemnity under any policy which may be issued pursuant to this proposal form and I/we complete this proposal form on their behalf.

To be signed by the Chairman/President/Managing Partner/Managing Director/Principal of the association/partnership/company/practice/business.

Signature

Date

Signature

Date

It is important the signatory/signatories to the Declaration is/are fully aware of the scope of this insurance so that all questions can be answered. If in doubt, please contact your insurance broker since non-disclosure may affect an insured's right of recovery under the policy or lead to it being avoided.



## Insurance Broker's Details

Broker Name

Account Number

Address

Postcode

Phone

Fax

Contact Name

**Enquiries** 13 24 81  
**Claims** 13 24 80

**Mailing address**  
GPO Box 9902 in your capital city

**Sydney**  
388 George St  
Sydney  
NSW 2000

**Melbourne**  
181 William St  
Melbourne  
VIC 3000

**Brisbane**  
189 Grey St  
South Bank  
QLD 4101

**Perth**  
46 Colin St  
West Perth  
WA 6005

**Adelaide**  
80 Flinders St  
Adelaide  
SA 5000



[CGU.COM.AU/PROFESSIONAL RISKS](https://www.cgu.com.au/professional-risks)

PRR0011 REV10 11/17 ICT PI-PL proposal (03-17)

**Insurance Australia Limited**  
ABN 11 000 016 722  
trading as CGU Insurance

# AN IMPORTANT NOTICE TO THE APPLICANT

## 'CLAIMS MADE' CONTRACTS OF INSURANCE

### PLEASE READ AND RETAIN IN YOUR FILE

The proposed insurance is issued on a 'claims made' basis.

This means that the policy responds to:

1. claims first made against the insured during the policy period and notified to CGU Professional Risks during that policy period, providing that the insured was not aware, at any time prior to the policy inception, of circumstances which would have alerted a reasonable person in the insured's position that a claim may be made against the insured; and
2. 'claims circumstances' notified pursuant to Section 40 (3) of the *Insurance Contracts Act* which states:  
*'where the insured gave notice in writing to the insurer of facts that might give rise to a claim against the insured as soon as was reasonably practicable after the insured became aware of those facts but before the insurance cover provided by the contract expired, the insurer is not relieved of liability under the contract in respect of the claim, when made, by reason only that it was made after the expiration of the period of insurance cover provided by the contract'.*

After policy expiry, no new claims can be made on the expired policy even though the event giving rise to the claim may have occurred during the policy period.

If during the policy period you become aware of circumstances which a reasonable person in your position would consider may give rise to a claim, and which you fail to notify to us during the policy period, we may not cover you under a subsequent policy for any claim which arises from these circumstances.

When completing the proposal you are obliged to report and provide full details of all circumstances of which you are aware and which a reasonable person in your position would consider may give rise to a claim.

It is important that you make proper disclosure (see **Duty of Disclosure**, below) so that your cover under any new policy with us is not compromised.

Pursuant to the *Insurance Contracts Act* your duty to disclose all relevant information is set out below.

### DUTY OF DISCLOSURE

Before entering into a contract of general insurance, you have a duty, under the *Insurance Contracts Act*, to disclose to us every matter that you are aware of, or could reasonably be expected to be aware of, that is relevant to our decision about insuring you and if so, on what terms. You have the same duty to disclose these matters to us before you renew, extend, vary or reinstate a contract of general insurance.

Your duty however does not require disclosure of matter -

- that diminishes the risk to be undertaken by us;
- that is of common knowledge;
- that we know or, in the ordinary course of our business, ought to know;
- as to which compliance with your duty is waived by us.

You should note that your duty continues after the proposal form has been completed until the policy is entered into.

### Non-disclosure

If you fail to comply with your duty of disclosure, we may be entitled to reduce our liability under the policy in respect of a claim or may cancel the policy. If your non-disclosure is fraudulent, we may also have the option of avoiding the contract from its beginning. It is therefore vital that you enquire of all entities comprising the insured, including senior staff, before completing the proposal form and before you sign any declaration confirming no change in the information disclosed.

### Retroactive Liability

The proposed insurance may be limited by a retroactive date either stated in the schedule or endorsed onto the policy. Where the retroactive cover provided by the proposed policy is subject to such a date, then the policy does not cover any claim arising from actual or alleged act, error, omission or conduct occurring prior to such retroactive date.

### Average Provision

One of the insuring provisions of the proposed insurance may provide that where the amount required to dispose of a claim exceeds the limit of the sum insured in the policy then CGU Professional Risks shall be liable only for a proportion of the total costs and expenses. This shall be the same proportion of the total expenses as the policy limit bears to the total amount required to dispose of the claim.

### Surrender of Waiver of any Right of Contribution or Indemnity

If another person or company is liable to compensate you or hold you harmless for part or all of any loss or damage otherwise covered by our policy, but you agree with that person or company (either before or after the inception of our policy) that you would not seek to recover any loss or damage from them, we will not cover you for this loss or damage.

<b>Enquiries</b>	13 24 81	<b>Mailing address</b>
<b>Claims</b>	13 24 80	GPO Box 9902 in your capital city

**Sydney**  
388 George St  
Sydney  
NSW 2000

**Melbourne**  
181 William St  
Melbourne  
VIC 3000

**Brisbane**  
189 Grey St  
South Bank  
QLD 4101

**Perth**  
46 Colin St  
West Perth  
WA 6005

**Adelaide**  
80 Flinders St  
Adelaide  
SA 5000



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PRR0011 REV10 11/17

Insurance Australia Limited  
ABN 11 000 016 722  
trading as CGU Insurance