



## **IMPORTANT NOTICE**

**This proposal must be completed and signed by a Principal, Partner or Director of the Proposer. The person completing and signing the form should be authorised by the Proposer to do so and should make all necessary enquiries of his fellow Partners, Directors and Employees to enable all the questions to be answered.**

**All questions must be answered to enable a quotation to be given.**

**Completing and signing this proposal does not bind the Proposers or Underwriters to enter a contract of insurance.**

**If there is insufficient space to answer questions, please use an additional sheet and attach it to this form (please indicate section number).**

Please return this proposal form and any attachments to  
Blackfriars Group  
6 Congleton Road, Sandbach, Cheshire CW11 1HN  
or fax to 08702 201048  
or email to [pii@blackfriarsgroup.com](mailto:pii@blackfriarsgroup.com)





Please complete this Proposal form in **BLOCK CAPITALS** to avoid problems when transmitting by fax.  
 For additional information, or information that does not fit into the spaces provided, please use the additional sheets at the back of this form.

1) Please provide the following details:

|                                    |              |                 |
|------------------------------------|--------------|-----------------|
| <b>Name</b>                        |              |                 |
| <b>Address</b>                     |              |                 |
|                                    |              | <b>Postcode</b> |
| <b>Telephone</b>                   | <b>Email</b> | <b>Fax</b>      |
| <b>Web Site Address</b>            |              |                 |
| <b>Business establishment date</b> |              |                 |

2) This insurance can be extended to include associated, subsidiary and predecessor businesses, or the previous business activities of any Principal, provided that they are listed below or on a separate sheet and all the information you give in this proposal form relates to all the companies named:

| <b>Name</b> | <b>Location (City / Town)</b> | <b>Nature of Operation of Business</b> |
|-------------|-------------------------------|--|
|             |                               |  |
|             |                               |  |
|             |                               |  |

3)

| <b>Name in full of all Principals</b> | <b>Qualifications</b> | <b>Date Qualified</b> | <b>How long with Proposer/s</b> |
|---------------------------------------|-----------------------|-----------------------|---------------------------------|
|                                       |                       |                       |                                 |
|                                       |                       |                       |                                 |
|                                       |                       |                       |                                 |
|                                       |                       |                       |                                 |

4) Please state total numbers of:

|                            |  |                          |  |
|----------------------------|--|--------------------------|--|
| <b>Principals</b>          |  | <b>Managers</b>          |  |
| <b>Technical Personnel</b> |  | <b>Support Personnel</b> |  |
| <b>Sales and Marketing</b> |  | <b>Other</b>             |  |

5) Do you use independent sub-contractors?

YES  NO

If **YES**, please state:

(a) What percentage of your current financial year's turnover will be paid to subcontractors?   %

(b) For which work are they used and how do you select and manage them?



(c) Do you ensure they have their own PI insurance?

YES  NO

6) Please state:

(a) Turnover including fee income:

|                                     | Past Year Ending<br>/ / | Estimate for Whole<br>Current Year | Estimate for<br>Coming Year |
|-------------------------------------|-------------------------|------------------------------------|-----------------------------|
| Total Turnover including Fee Income | £                       | £                                  | £                           |

Estimated percentage split of your turnover including fee income for:

|   |   |   |   |
|---|---|---|---|
| Work carried out for UK clients   | % | % | % |
| Work carried out for US / Canadian clients not subject to US / Canadian law | % | % | % |
| Work carried out for US / Canadian clients subject to US / Canadian law     | % | % | % |
| Work carried out for clients anywhere else in the world                     | % | % | % |

|                  |   |   |   |
|------------------|---|---|---|
| Operating profit | £ | £ | £ |
|------------------|---|---|---|

(b) Split of turnover including fees in the past year or if a new firm your anticipated figures:

|  |          |
|--|----------|
| <b>Hardware</b>  |          |
| Sales of own brand   | £        |
| Distribution of other brands                               | £        |
| Installation   | £        |
| Maintenance  | £        |
| <b>Software product sales</b>                              |          |
| Shrink wrapped / Off the shelf software                    | £        |
| Customisable software                                      | £        |
| <b>Software services</b>                                   |          |
| Installation including configuration (no code changes)     | £        |
| Customisation (including code changes)                     | £        |
| Developing bespoke applications                            | £        |
| Maintenance  | £        |
| <b>Services</b>  |          |
| Consultancy  | £        |
| Contract staff   | £        |
| Facilities management                                      | £        |
| Training   | £        |
| Millennium work  | £        |
| Internet services (excluding web hosting)                  | £        |
| Web hosting (please provide contract terms and conditions) | £        |
| <b>Other work (details please)</b>                         | £        |
| <b>TOTAL TURNOVER INCLUDING FEE INCOME*</b>                | <b>£</b> |

\* Please note this figure should be as per answer to Question 6(a) for the past year ending.



- (c) Details of what you regard as your speciality within this industry, including your main areas of expertise and the essential purpose of proprietary software licensed and supplied. If you are a new firm, please provide details of your anticipated specialisation:

- 7) Please give details of the five largest contracts commenced in the past three years:

| Start Date / End Date | Name of client / Business of client | Nature of contract | Total Value | Income to you |
|-----------------------|-------------------------------------|--------------------|-------------|---------------|
| 1                     |                                     |                    |             |               |
| 2                     |                                     |                    |             |               |
| 3                     |                                     |                    |             |               |
| 4                     |                                     |                    |             |               |
| 5                     |                                     |                    |             |               |

- 8) Do you ever accept contracts with your customers in which you accept liability for consequential loss or financial damages, greater than the value of the contract?

YES  NO

If **YES**, please give details:

- 9) Is the failure of any of your products or services liable to result in any of the following outcomes?

|   |                              |                             |
|---|------------------------------|-----------------------------|
| Loss of life or injury to a person                | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Destruction or damage to physical property        | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Immediate and large financial loss                | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Significant cumulative financial loss             | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Insignificant financial loss (more of a nuisance) | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

If **YES** to any of the above, please explain why:

- 10) Do you carry out work only under a standard contract signed by every client?

YES  NO

If **YES**, please supply a copy of your standard form of contract, or otherwise a typical example of contracts used.

If **NO**, are all contracts vetted by a legally qualified person before being agreed?

YES  NO



11) (a) **DO NOT ANSWER IF PROPOSAL IS FOR RENEWAL OF INSURANCE WITH HCC DIVERSIFIED FINANCIAL PRODUCTS LTD.**

|                                 |  |
|---------------------------------|--|
| <b>Name of current insurers</b> |  |
| <b>Name of your broker</b>      |  |
| <b>Renewal date</b>             |  |
| <b>Limit of indemnity</b>       |  |
| <b>Premium</b>                  |  |
| <b>Excess</b>                   |  |

(b) For what limit/s of indemnity are quotations required?

12) (a) Has any claim been brought against you arising from the performance of your business activities for a client or has anyone threatened to bring such a claim?

YES  NO

If **YES**, please provide full details:

(b) Are you aware of any shortcoming in your work for a client which is likely to lead to a claim against you? This includes i) a shortcoming known to you, but not your client, which you cannot reasonably put right; ii) a complaint from your client about your work or anything you have supplied which cannot be immediately resolved; iii) an escalating level of complaint from your client on a particular project; iv) a client withholding payment due to you after any complaint:

YES  NO

If **YES**, please provide full details:



- (c) i) Have you suffered any loss from the dishonesty or malice of any partner, director, employee or self-employed freelancer?

YES  NO

- ii) Do you currently have any grounds, after reasonable enquiry, for suspecting that such a person has acted dishonestly or maliciously?

YES  NO

If **YES** to either, please provide full details:

Please read this paragraph carefully before signing the declaration:

It is essential that every Proposer or Assured when seeking a quotation to take out or renew any insurance discloses to the prospective Underwriters all material facts and information (including all material circumstances) which might influence the judgement of an Underwriter in deciding whether to accept the risk and on what terms. The obligation to provide this information continues up until the time that there is a completed contract of insurance. Failure to do so entitles the Underwriters, if they so wish, to avoid the contract of insurance from inception and so enables them to repudiate liability thereunder. If you have any doubt as to what constitutes a material fact or circumstance please do not hesitate to ask for advice.

#### **DECLARATION**

I/we declare that, after full enquiry, the contents of this proposal are true and that I/we have not misstated, omitted or suppressed any material fact or information. I/we agree that this proposal together with any other information supplied by me/us shall form the basis of any contract of insurance which may be effected. If there is any material alteration to the facts and information which I/we have provided or any new material matter arises before the completion of the contract of insurance, I/we undertake to inform Underwriters.

I/we hereby consent to any information I/we have provided being processed by you for the purposes of providing insurance and claims handling, which may necessitate sharing such information with third parties. HCC Diversified Financial Products Ltd may use this information for marketing (by post, telephone, e-mail or fax) subject to the conditions of the Data Protection Act 1998. If you do not wish these details to be used for marketing please inform HCC Diversified Financial Products Ltd in writing. Under the Data Protection Act 1998 you have the right to access or amend the information we hold about you. If you would like to exercise either of these rights please contact HCC Diversified Financial Products Ltd.

**Date:**

**Signature of Principal:**

***This proposal should be accompanied by a copy of your standard terms and conditions***

A copy of this proposal should be retained by you for your own records



**PLEASE USE THIS SPACE FOR ANY ADDITIONAL INFORMATION**