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Proposal Form

Professional Indemnity- Information Technology

Please complete all sections to facilitate the processing of your application.

Statement pursuant to Section 23(5) of the Insurance Act 1966 or any subsequent amendments thereof. You are to disclose in the proposal form fully and faithfully all facts which you know or ought to know, otherwise the Policy issued hereunder may be void.

Name of Producer & Producer Code: _____

Particulars of Proposer

Name of Proposer: _____	**Business Registration No.:** _____
Mailing Address: _____ Postal Code ( )	
Email : _____	**Date of Business Established:** _____
Contact No.: _____	
Address(es) of branch offices or other locations: _____ Postal Code ( )	
During the past five (5) years, has the name of the firm ever changed or has any other firm been purchased or any merger or consolidation taken place? ☐ Yes ☐ No If Yes, please provide details: _____	
Please list the professional bodies or associations to which the Proposer belong: _____	

Details of Management and Personnel

Please provide the details of Principal, partners and directors.

Name	Age	Relevant Qualifications	Year Qualified	No. of Years in this capacity	
				This Firm	Previous Firm

Name of Proposer: _____

Details of Management and Personnel

Where the Proposer is a sole principal, please provide details of the arrangements you have to assist you during your absent.

_____

Please provide no. of staff in current firm:

a) Partners/Principals/Directors	_____	e) Administrative Staff	_____
b) Professional Qualified Staff	_____	f) Trainee Staff	_____
c) Other Technical Staff	_____	g) Others (please specify)	_____
d) Sales & Marketing Staff	_____		
		Total	_____

Risk Management

1) Is there a senior Partner/Director to oversee operations in all offices?	☐ Yes	☐ No
2) Do you engage independent contractors or consultants?	☐ Yes	☐ No
If Yes, please provide details:		
a) What is the nature of the majority of work undertaken by them? _____		
b) What percentage of gross fee income was paid to them in the last financial year? _____		
c) Do you require them to have their own Professional Indemnity insurance or Error & Omissions Liability or General Liability Insurance?	☐ Yes	☐ No
d) Do you enter into any hold-harmless agreement or otherwise waive any legal rights which you may have against such independent contractors or consultants?	☐ Yes	☐ No
3) Does the firm, any partner or any director, carry out any work on behalf of any business in which they have a controling or financial interest (other than as shareholder in public company)?	☐ Yes	☐ No
If Yes, please provide details: _____		
4) Has the business sustained any loss during the past ten (10) years as a result of the fraud or dishonesty of any partner, director or employee of the business?	☐ Yes	☐ No
If Yes, please state date, circumstance, amount and steps taken to prevent recurrence: _____		

Name of Proposer: _____

Financial Information

Please state your total gross fee/income turnover (including those paid to contractors or consultants) for the following:

	Singapore	Asia	Europe	Others (please specify)
Last Financial Year				
Current Financial Year (estimate)				
Next Financial Year (estimate)				
Date of Financial Year End: _____	**Largest Gross Fee/Income from any one client or group of companies:** _____			

Claims Information & Insurance History

1) **Has any partner, principal, director or any member of staff, past or present, been the subject of any disciplinary proceedings by any professional or regulatory body?** ☐ Yes ☐ No
If Yes, please provide details:
_____

2) **Have any claims (whether successful or not) for negligence or breach of professional duty been made against the Proposer or any principal, partner or director (either as a principal, partner or director of the Proposer or of any previous business), consultant or employee?** ☐ Yes ☐ No
If Yes, please provide details:

Date of Claim	Claimant	Details of Claims	Amount Paid or Estimate of Potential Liability	Is Claim settled or Outstanding?
				Please select
				Please select
				Please select

3) **After enquiry, is the Proposer or any of the partners, principals, directors aware of any <u>circumstances</u> which may give rise to a claim against the Proposer or its predecessors in business or any of the present or former partners, principals, directors, consultants or employees?** ☐ Yes ☐ No
If Yes, please provide details:

Date of Circumstances	Claimant	Details of Circumstances

Name of Proposer: _____

Claims Information & Insurance History

4) Are any contracts currently past due acceptance? If Yes, please provide details: _____	☐ Yes	☐ No
5) For the last three (3) years, have any customers stopped paying for or requested a refund because the Proposer's services or products did not meet their specifications or expectations?? If Yes, please provide details: _____	☐ Yes	☐ No
6) In the past three (3) years, has the Proposer sued any customer for non-payment? If Yes, please provide details: _____	☐ Yes	☐ No
7) Have you every bought Professional Indemnity Insurance in the past? If Yes, please provide details of the insurance effected during the past three (3) years.	☐ Yes	☐ No

Name of Insurers	Limit of Indemnity	Deductible	Policy Period

8) Has any application made by you, any of your partners or principals for Professional Indemnity insurance been declined, refused renewal, canceled such insurance or subject to special terms and conditions? If Yes, please provide details: _____	☐ Yes	☐ No

Insurance Cover Required

Limit of Indemnity:	Deductible (in most cases it is compulsory):
_____	_____

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Information Technology

Name of Proposer: _____

Business Activities

1) Full description of the activities of Insured: _____

2) Does the Proposer envisage any material change in operations or the development and release of any new services or products in the next twelve (12) months? ☐ Yes ☐ No

If Yes, please provide details:

_____

3) Please state the approximate business activities by percentage of gross fees/income/turnover for the last and current financial year (if the firm is newly established, state the estimate for the forthcoming year):

Services & Products	Last Financial Year (%)	Current Financial Year (Estimate) (%)
Application Service Provider (ASP)	0.00%	0.00%
Consultancy/miscellaneous IT services	0.00%	0.00%
Data Warehousing	0.00%	0.00%
Education and Training	0.00%	0.00%
Facilities Management/Outsourcing Services/hosting	0.00%	0.00%
Hardware or Peripheral Maintenance	0.00%	0.00%
Hardware or Peripheral Manufacture & Assembly	0.00%	0.00%
Hardware or Peripheral Re-seller	0.00%	0.00%
Internet Security Product or Service Providers	0.00%	0.00%
Internet Service Provider (ISP)	0.00%	0.00%
IT Recruitment Services	0.00%	0.00%
Payment Processing Systems	0.00%	0.00%
Software Developer-applications, custom, bespoke	0.00%	0.00%
Software Developer-control systems	0.00%	0.00%
Software Developer-shrinkwrap	0.00%	0.00%
Software Re-seller	0.00%	0.00%
Software Support and Maintenance	0.00%	0.00%

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Name of Proposer: _____

Business Activities

Services & Products	**Last Financial Year (%)**	**Current Financial Year (Estimate) (%)**
Systems and Data Processing	0.00%	0.00%
Systems Integration	0.00%	0.00%
Telecom and Network Consulting Services	0.00%	0.00%
Telecom Carriage Services	0.00%	0.00%
VAR and Retail Sales	0.00%	0.00%
Website Development	0.00%	0.00%
Others (please specify): _____	0.00%	0.00%
Total	**100%**	**100%**

4) Is the end-use of the product or service provided by the Proposer involved in any of the following?

Medical Industry devices or applications	☐ Yes	☐ No
Fire, security or other emergency applications	☐ Yes	☐ No
Privacy applications	☐ Yes	☐ No
Oil, gas, power, nuclear, energy applications	☐ Yes	☐ No
Manufacturing process control systems	☐ Yes	☐ No
Aerospace or defence applications	☐ Yes	☐ No

5) Please describe the end-use of the Proposer's other services and products. For e.g. specify if they are targeted to a particular industry such as banking, insurance, healthcare, retail etc.

Services & Products Application	**% of Annual Turnover**
	0.00%
	0.00%
	0.00%
	0.00%
	0.00%

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Name of Proposer: _____

Business Activities

6) Please state the five (5) largest contracts you have undertaken in the past five (5) years.

Name of Client	Services Provided	Fee Income/Revenue

Quality Control

1) Does the Proposer have a formal customer or vendor selection process?	☐ Yes	☐ No
2) Does the Proposer require written acceptance from the customer on delivery of services or products?	☐ Yes	☐ No
3) Does the Proposer have a Total Quality Management (TQM) strategy in place? If Yes, please provide details: _____	☐ Yes	☐ No
4) What support services does the Proposer provide to their customers in relation to their services or products? _____		
5) Does the Proposer continue to provide maintenance and support for any discontinued products?	☐ Yes	☐ No
6) Does the Proposer have a dispute resolution procedure detailed in their customer contracts?	☐ Yes	☐ No
7) Does the Proposer have a formal product recall plan in place?	☐ Yes	☐ No
8) If the Proposer is involved in software development or systems integration, please complete the following:	☐ N.A.	
a) Is the system development methodology detailed in writing?	☐ Yes	☐ No
b) Are interim changes documented and contract variations formally signed off by the customer?	☐ Yes	☐ No
c) Detail testing producers (Alpha, Beta testing etc) _____		
d) Is final testing carried out with the customer and customer sign-off required?	☐ Yes	☐ No

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Name of Proposer: _____

Intellectual Property Clearances

1) Does the Proposer obtain legal advice from specialists familiar with intellectual property law before releasing new software or products? If Yes, please provide details of specialist: _____	☐ Yes	☐ No
2) If the Proposer uses in-house legal counsel for due diligence and clearance of new software or products, please attach details of due diligence checklist for intellectual property clearances. If the Proposer does not have due diligence and clearance procedures, please provide comments. _____	☐ Yes	☐ No
3) Does clearance procedure include a review of media law issues, brochures and other marketing materials issued by the Proposer in promoting their services? Please attach copies of the marketing materials and brochures.	☐ Yes	☐ No
4) Has the Proposer ever released software or products where they have received advice that an intellectual property dispute exits? If Yes, please provide details: _____	☐ Yes	☐ No
5) Do new employees involved in development work sign a statement to the effect that they will not distribute or utilize previous employer's trade secrets?	☐ Yes	☐ No
6) If the Proposer uses sub-contractors during the development process, do they sign copyright license agreement?	☐ Yes	☐ No
7) Does the Proposer have written procedures for handling intellectual property of others?	☐ Yes	☐ No
8) Has the Proposer ever filed for any patents? If Yes, how many patents does the Proposer currently own: _____	☐ Yes	☐ No
9) If the Proposer owns patents, have they ever received a notice of possible infringement of another patent? If Yes, please provide details: _____	☐ Yes	☐ No

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Name of Proposer: _____

Additional Information

Use this space to disclose any further relevant information or if there is insufficient space available to answer any of the questions fully in this proposal. Please state the question number clearly.

Name of Proposer: _____

IMPORTANT NOTES:

- The liability of the Company does not commence until this Proposal has been accepted by the Company.

PAYMENT BEFORE COVER WARRANTY (INDIVIDUAL)

Please note that the total premium must be paid and actually received in full by the Company (or the intermediary through whom this Policy was effected) on or before the inception date of the coverage, failing which the Policy shall be deemed to be automatically canceled and no benefits whatsoever shall be payable by the Company.

PREMIUM PAYMENT WARRANTY (CORPORATE)

Please note that the total premium must be paid and actually received in full by the Company (or the intermediary through whom this Policy was effected) within 60 days of the inception date of the coverage, failing which the Policy shall be deemed to be automatically canceled and a pro-rata premium is to be charged for the period that the Company is on risk.

PERSONAL DATA PROTECTION

By signing this form, I/we consent to Liberty Pte Limited ("Liberty") and its authorised service providers, related entities, and partners (collectively, "Appointees") collecting, using, and disclosing my/our personal data, and any personal data of other individuals provided by me/us, for purposes including: assessing and providing insurance products and services; policy administration, renewals, claims, and payments; compliance, audit, and regulatory reporting; research, analytics, and service improvement; and communication and customer support. I/we confirm that I/we have read and agree to Liberty's Privacy Policy, which explains how Liberty manages personal data, including cross-border transfers. If I/we provide personal data of other individuals, I/we warrant that I/we have obtained their consent (or consent from their legal representatives, where applicable) for these purposes. I/we understand that I/we may access, correct, or withdraw consent for my/our personal data at any time by contacting Liberty's Data Protection Officer at privacy.officer.ap@libertymutual.com, subject to legal and contractual obligations.

DECLARATION

I/We do hereby declare and warrant that:

a) All information provided by me/us in connection with this application is true, accurate and complete
b) I/We understand that any inaccurate, incomplete or false information given or any omission of information required, may at Liberty Pte Limited's ("**Liberty**", the "**Company**") discretion, render this application invalid
c) I/We agree that this application and declaration shall be the basis of the contract between Liberty and myself
d) I/We agree to accept the Company's policy subject to the terms, exclusions and conditions to be expressed therein, endorsed thereon or attached thereto
e) If we/I do not fully and faithfully give the facts as we/I know them or ought to know them, we/I may receive nothing from the policy

_____

For and on behalf of
Name of Company:

Company Stamp:

Date:

_____

Signature of Proposer
(Must be signed by Principal/Partner/ Director)

Name:

Designation:

Date: