

**Information Technology
And
Telecommunications Liability
Proposal Form**

Acting as underwriting agent for
Allianz Insurance Limited

BROOKLYN 

Information Technology and I.T Proposal Form

Duty of Disclosure

Important information

What is Proposal?

This proposal tells us information, which we need to know in order to decide whether to offer you insurance, the premium to be charged, and any deductibles to apply to any claim and whether any special conditions should be imposed on the policy.

How to complete this proposal

1. Read the important notices below (in particular the duty of disclosure notice) before completing this proposal.
2. Before completing this proposal, you should ask each entity or person to be insured under this insurance about the questions and declarations to be completed on their behalf.
3. Where provided, please tick the box that indicates your response. Answer each question in the proposal fully, accurately and clearly. Where there is insufficient space to answer a question please answer on an attached separate sheet.
4. Please keep a copy of the completed proposal for your records.

Your Duty of Disclosure

Before you enter into an insurance contract with us, the Insurance Contracts Acts 1984 requires you to provide us with the information we need to enable us to decide whether and on what terms your proposal for insurance is acceptable and to calculate how much premium is required for your insurance. The Act imposes a different duty the first time you enter into the policy with us to that which applies when you vary, renew, extend, reinstate or replace your policy. We set these two duties out below.

Your duty of disclosure when you enter into this policy with us for the first time.

You will be asked various questions when you first apply for this policy. When you answer these questions, you must:

- Give us honest and complete answers
- Tell us everything you know, and
- Tell us everything that a reasonable person in the circumstances could be expected to tell us.

Your duty of disclosure when you renew, vary, extend, reinstate or replace your policy

When you renew, vary extend, reinstate or replace the policy your duty is to tell us before the renewal, variation, extension, reinstatement or replacement is made, every matter known to you which:

- You know, or
- A reasonable person in the circumstances could be expected to know, is relevant to our decision whether to insure you and whether any special conditions need to apply to your policy.

What you do not need to tell us for either duty

You do not need to tell us about any matter:

- That diminishes our risks
- That is of common knowledge
- That we know or should know as an insurer, or
- That we tell you we do not need to know

Who do the above two duties apply to?

Everyone who is insured under the policy must comply with the relevant duty.

What happens if you or they do not comply with either duty?

If you or they do not comply with the relevant duty, we may cancel the policy or reduce the amount we pay if you make a claim. If fraud is involved, we may treat the policy as if it never existed and pay nothing.

Claims-Made Insurance

This policy is issued by Allianz Australia Insurance Limited on a **claims-made** basis. This means that this policy only covers Claims (as defined) first made against you during the Policy Period (as defined) and notified to Allianz in writing during the Policy Period if at any time prior to the commencement of the Policy Period you became aware of facts which might give rise to those Claims being made against you.

Privacy Act 1988 – Information

We collect your personal information directly from you where reasonably practicable or if not, from other sources. We collect it to provide our various services and products (e.g. to market, arrange and administer insurance and to handle and settle claims) and to conduct market or customer research. We also use it to develop and identify services of our related companies and alliance partners that may interest you (but you can opt out of this by calling the Allianz Direct Marketing Privacy Service Line on 13 2664 EST 8am – 6pm, Monday to Friday or indicate your decision in the appropriate area of the Privacy section of our website at www.allianz.com.au). If you do not provide the information we require we may not be able to provide you with this service.

We disclose information to third parties who assist us in the above, (e.g., insurers insurance intermediaries, insurance reference bureaus, related companies, our advisers, persons involved in claims, external claims data collectors and verifiers, your agents and other persons where required by law). We prohibit them from using it for purposes other than those we supplied it for. Where you provide us with information about another person for the above purposes, you must tell us if you haven't got their consent to this. If you wish to gain access to your personal information (including to correct or update it), have a complaint about a breach of your privacy or you have any query on how your personal information is collected or used, or any other query relating to Privacy, contact us on 13 2664 EST 8am – 6pm, Monday to Friday.

1. Insured's Business Name and ABN

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2. Date Business Commenced

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3. Address of Head Office

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4. Addresses of branch offices or other locations

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5. Web Address

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6. Professional Indemnity Limit of Liability Required

\$1,000,000 \$2,000,000 \$5,000,000 \$10,000,000 \$20,000,000

Other, please specify

7. Public and Products Limits of Liability Required

\$Nil \$5,000,000 \$10,000,000 \$20,000,000

Other, please specify

8. Your revenue:

Last Financial Year	Australia A\$	Overseas A\$	Total A\$
Estimated revenue for the current financial year	Australia A\$	Overseas A\$	Total A\$

9. In the list below please indicate as a percentage of revenue for each country which the insured on the previous page have operations, are represented, or supply Products or Services.

Country	Percentage
Australia & New Zealand	
USA / Canada	
Europe	
Asia	
Other	
Total	100%

10. Please provide a breakdown of your employee numbers:

Partners, Principles and Directors	
Sales – Software, Hardware and Services	
Programmers	
Systems Analyst Designers	
Project Managers	
Administration	
Contractors	
Total	

11. What percentage of turnover is paid to Contractors:

Last Year %
This Year %

12. Do you enter into a formal written contract with Contractors before they commence work on your behalf?
 Yes No

13. Please complete the table below for all principals, directors and partners

Name	Age	Qualifications	Date Qualified	Total Years Experience

14. Please define the product or services provided or supplied by the Insured

IT&T Contracting	
IT&T Consulting	
Website Development and Design/Website Administration	
Software Development, Design, Analysis, Programming and Sales	
Systems Integration	
Network Developers	
Software Reselling	
Hardware Reselling	
Telecommunications Services	
Data Processing / Data Warehousing	
Software Maintenance Services	
LAN and WAN providers	
Systems Analysis	
Hardware Maintenance, Installation and/or Repair	
IT Recruitment Consultants	
IT& T Project Management	
IT&T Education and/or Training	
E-Commerce Application Development	
Application Service Provider	
Enterprise Resource Planning (ERP) Implementation and/or Maintenance	
IT Security Systems and/or Consulting	
Software Maintenance	
Other, please specify:	
Total:	100%

15. For the purpose of calculating Stamp Duty, please confirm the percentage of revenue earned in each state (must add up to 100%)

NSW	VIC	QLD	SA	WA	TAS	ACT	NT	O/S

16. Which of the following best describes the industries / area in which the Insured's customers operate?
Please indicate as a % of revenue

Oil & Gas	
Transport (Road, Rail, Air & Sea)	
Process Control	
Broadcasting (Radio & TV)	
Gaming	
Mining	
Medical	
Public Utilities (power & water)	
Defence Forces, Aviation or Aerospace	
Emergency Services (police, fire, ambulance)	
On-line Funds Transfer	
Mass Transit/Transportation	
Financial – Stockbroking/Banking/Insurance	
Government	
Legal	
Accounting	
Telecommunications Carriers	
Other, please specify:	
Total	100%

17. Please list details of any customer from whom you derive more than 10% of The Insured's total revenue in the current year.

Customer Name	Contract Value	Nature of Product or Service Supplied

18. User Acceptance Testing and Sign Off

- Does the Insured agree a signed specification with customers before the commencement of a project? Yes No
- Does the Insured have a formal customer acceptance procedure? Yes No
- Does the Insured's require customers to sign an acceptance letter at the completion of an assignment? Yes No

19. Please describe the greatest risk to your client if the products and/or services they provide fail?

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20. Please tick the appropriate answer for the questions below.

- Does the Insured undertake assignments / projects on the Insured's standard Contract terms? Yes No
- Does the Insured ever negotiate contracts with the Insured's customers in which the Insured accepts liability for consequential damages? Yes No
- Does the Insured ever assume a third parties liabilities under contract? Yes No
- Do The Insured's Contracts include a "Limitation of Indemnity" provision? Yes No
- Do The Insured's Contracts include an "Exclusion for Liquidated Damages" provision? Yes No
- Do The Insured's Contracts include a "Disclaimer of Warranty" provision? Yes No

Do The Insured's Contracts include an "Exclusive remedy" provision? Yes No

Do The Insured's Contracts include a "Mediation or Arbitration" provision? Yes No

21. Please provide a description of the 5 largest typical assignments / projects completed over the last 3 years. Include the purpose of the assignment/project, the nature of the Service or Product supplied, and the revenue value of the assignment.

Project	Purpose	Service or Product Supplied	Revenue Value

22. Are any contracts currently past their contractual completion date? Yes No

Has any customer stopped paying fees on a Product or Service during the last 3 years? Yes No

23. Does the Insured conduct any hot work (such as welding) away from the Insured's premises? Yes No

Does the Insured conduct any blue collar work? Yes No

If "Yes" please specify:

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24. Please answer the following questions after making reasonable enquiries:

- 1. During the past 10 years has any Claim been made against:
 - (a) The Insured or Yes No
 - (b) Any previous Business or prior corporate entity or Yes No
 - (c) Any partner or director of You, any previous Business or any prior corporate entity? Yes No
- 2. Have any circumstances been notified by any of (a)-(c) which may result in a Claim? Yes No
- 3. Are there any circumstances not notified to any insurer which may give rise to a Claim against any of (a)-(c)? Yes No
- 4. Have the Insured or any previous Business or prior corporate entity been involved in any dispute or has any client refused to pay The Insured's fees? Yes No

If "Yes," to any of the above, please give details

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25. In respect of **ANY** Insurance Policy held by the entities making this Proposal Form has any insurer ever:

- Declined a proposal form Yes No
- Imposed special terms Yes No
- Effectuated a cancellation or avoided a contract of insurance Yes No

If "Yes," please specify why:

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26. Are you currently insured for Information Technology and Telecommunication Liability? Yes No

If "Yes", please specify:

Insurer:

Limit of Liability:

Professional Indemnity:

Public & Products Liability:

Expiry Date:

Retroactive Date:

DECLARATION

I / We declare and acknowledge that:

- I / we have made due inquiry of the Applicant and its principals, partners, directors and employees concerning the questions asked within this proposal and have authority to sign this proposal on their behalf;
- I / we have read and understood the Important of this proposal;
- the statements and particulars in this proposal are true and correct;
- this proposal along with any other information supplied by me / us shall form the basis of any policy entered into;
- I / we understand that up until the policy is entered into, we must notify any change in the matters disclosed in this proposal; and
- I / we will notify any material alteration to the matters disclosed in this proposal occurring after completion of the proposal.

Name of Applicant: Date:/...../.....

Signature of Applicant: **Partner, Principal or Director (please circle)**