

# Professional Liability

## INSURANCE PROPOSAL

Information and  
Communication Technology

PROPOSAL



## Notice to the Proposed Insured

*This notice must be read before you complete the proposal form.*

### 1. Disclosure of Relevant Facts

#### Duty of Disclosure

Under the Insurance Contracts Act 1984 (the Act), you have a Duty of Disclosure. You are required before you enter into, renew, vary, extend or reinstate your Policy, to tell us everything you know and that a reasonable person in the circumstances could be expected to know, is a matter that is relevant to our decision whether to insure you, and anyone else to be insured under the Policy, and if so, on what terms.

- **You do not have to tell us about any matter**

- that diminishes the risk
- that is of common knowledge
- that we know or should know in the ordinary course of our business as an insurer, or
- which we indicate we do not want to know.

- **If you do not tell us**

If you do not comply with your Duty of Disclosure we may reduce or refuse to pay a claim or cancel your Policy. If your non-disclosure is fraudulent we may treat this Policy as never having worked.

### 2. Claims Made Policy (Section A)

This declaration is for a “claims made and notified” policy of insurance. This means that the policy covers you for claims made against you and notified to the insurer during the period of cover.

This policy does not provide cover in relation to:

- claims made after the expiry of the period of cover even though the event giving rise to the claim may have occurred during the period of cover;
- claims notified or arising out of facts or circumstances notified (or which ought reasonably to have been notified) under any previous policy;
- claims made, threatened or intimated against you prior to the commencement of the period of cover;
- facts or circumstances of which you first became aware prior to the period of cover, and which you knew or ought reasonably to have known had the potential to give rise to a claim under this policy;
- claims arising out of circumstances noted on the proposal form for the current period of cover or on any previous proposal form.

Where you give notice in writing to the insurer of any facts that might give rise to a claim against you as soon as reasonably practicable after you become aware of those facts but before the expiry of the period of cover, you may have rights under Section 40(3) of the Insurance Contracts Act 1984 to be indemnified in respect of any claim subsequently made against you arising from those facts notwithstanding that the claim is made after the expiry of the period of cover. Any such rights arise under the legislation only. The terms of the policy and the effect of the policy is that you are not covered for claims made against you after the expiry of the period of cover.

### 3. Average Provision

The policy may provide that if a payment in excess of the limit of indemnity available under the policy has to be made to dispose of a claim, the insurer’s liability for costs and expenses incurred with its consent shall be such proportion thereof as the amount of indemnity available under this policy bears to the amount paid to dispose of the claim.

**You should familiarise yourself with our standard form of policy for this type of cover before submitting this declaration.**

### 4. Privacy Statement

QBE includes information about how we manage your personal information in our formal quotation terms, when issued. You can obtain a copy of the **QBE Privacy Policy Statement** from our website [www.qbe.com](http://www.qbe.com) or contact the Compliance Manager on 02 9375 4656 or email [compliance.manager@qbe.com](mailto:compliance.manager@qbe.com) for further information.



## Information and Communication Technology

Policy Number

### The Applicant/s

Name(s) in full of all entities to be insured		ABN			
Phone No.	( )	Fax No.	( )	Web address	www.
Address of head/principal office					
				State	
				Postcode	
Are you the owner of these premises <input type="checkbox"/> or a tenant <input type="checkbox"/>					
Address(es) of branch offices or other locations.					
				State	
				Postcode	
				State	
				Postcode	
Are you the owner of these premises <input type="checkbox"/> or a tenant <input type="checkbox"/>					
When was the Business established?		/ /			
Period of insurance	From	/ /	To 4pm on	/ /	

### Details of Business

1. Please supply the following details.				Period Practicing as Partner / Principal / Director	
Names of all Partners/Principals/Directors	Age	Qualifications	Date Qualified	This Practice	Previous Practices
			/ /		
			/ /		
			/ /		
			/ /		
			/ /		
			/ /		
2. Please supply total numbers of:					
(i) Partners/Principals/Directors		(v) Sales staff			
(ii) Professional qualified staff		(vi) Clerical staff – typists, receptionists etc.			
(iii) Other technical staff		(vii) Other staff (please specify)			
(iv) Trainee staff		Total all Partners/Principals/Directors and staff			
In not contained on your website, please enclose curricula vitae or resumes for all Partners/Principals/Directors detailing qualifications and a summary of career experience.					

## Details of Business (continued)

3. Has the name of the Business ever been changed? Yes ☐ No ☐
4. Has any other business amalgamated or merged with you? Yes ☐ No ☐
5. Have you purchased any other business? Yes ☐ No ☐
6. Is any Partner, Principal or Director connected or associated (financially or otherwise) with any other business? Yes ☐ No ☐

If you have answered "Yes", to any of the above, please supply details.

7. Please provide details of:

(a) The precise nature of the activities of the Business, including primary purpose of software/systems provided, sold or licensed including details of any advice provided.

(b) The approximate percentage of your gross income derived from the following business activities.

Hardware Sales		%
Hardware Sales (Own Developed) – Addendum form to be completed		%
Third Party Software Sales		%
Software Sales (Own Developed) – Addendum form to be completed		%
Data Communication Services (ISP) – Addendum form to be completed		%
Telecommunication Services		%
Integration Services		%
Maintenance Services		%
Data Processing/Warehousing Services		%
Bureau Services		%
General Consultancy		%
Other (Please Describe)		%
<b>Total</b>		<b>100%</b>

8. Have you previously been, or are you currently, or do you intend to be, within the Period of Insurance, a part of a joint venture, partnership or consortium? Yes ☐ No ☐

If "Yes", please supply details.

Joint Venturer	Details

9. Do you provide contractual indemnities to anyone in respect of intellectual property licensed or sold or shared? Yes ☐ No ☐

If "Yes", please supply a copy of your standard indemnity.

10. Do you have sole legal rights to the intellectual property licensed/sold/shared? Yes ☐ No ☐

If "No", please supply details.

**Details of Business (continued)**

11. Do you act as an agent for any company(s)?

Yes ☐ No ☐

If "Yes", please provide details.

Company	Software/Hardware/Services provided in accordance with the agency	Percentage of agency sales to total turnover

12. Are you involved in system integration/outsourcing contract(s)?

Yes ☐ No ☐

If "Yes", what is the typical project size?

- ☐ Single user location with less than 25 users/sites  
☐ Multi-user locations with less than 75 users/sites  
☐ Multi-user locations with in excess of 75 users/sites

13. Please provide a brief description and contract value for the five (5) largest contracts undertaken over the past five (5) years.

Brief Description	Contract Value (\$)

14. Does any contract or client represent more than 50% of your annual work or fees?

Yes ☐ No ☐

If "Yes", please supply details.


15. Do you engage consultants, sub-contractors or agents?

Yes ☐ No ☐

If "Yes":

- (a) do you insist they carry their own Information & Technology Liability Insurance?  
(b) do you enter into any hold-harmless agreements or otherwise waive any legal rights or entitlements which you may have against such consultants, sub-contractors or agents?

Yes ☐ No ☐Yes ☐ No ☐

16. Do you have all employees, consultants and sub-contractors assign you their intellectual property rights?

Yes ☐ No ☐

If "Yes", please provide copy of standard agreement.

17. Do you envisage any substantial changes in your activities or are there any major new operations contemplated during the next 12 months?

Yes ☐ No ☐

If "Yes", please provide details.


18. Do you perform work outside Australia, or work for clients located overseas?

Yes ☐ No ☐

If "Yes", please provide an approximate percentage breakdown by country.


## Financial Details

19. Please provide the amount for the following:					<b>Australia</b>	<b>Overseas</b>		
(a) Annual gross wages					\$A	\$A		
(b) Annual gross turnover current year					\$A	\$A		
(c) Annual gross turnover estimated next 12 months					\$A	\$A		
(d) Please provide the approximate percentage of your activities (based on turnover) applicable to each State, Territory and Overseas.								
<b>NSW</b>	<b>VIC</b>	<b>QLD</b>	<b>SA</b>	<b>WA</b>	<b>TAS</b>	<b>NT</b>	<b>ACT</b>	<b>O/S</b>
%	%	%	%	%	%	%	%	%

## Claims Details

20. After enquiry has any Partner, Principal, Director or staff member ever been subject to disciplinary proceedings for professional misconduct? Yes ☐ No ☐

If "Yes", please supply details.

21. (a) After enquiry have any claims for negligence or breach of professional duty been made in the last ten (10) years against the Business or any of its predecessors in business or any prior business of any of its former Partners, Principals or Directors, or have circumstances been notified to insurers that might give rise to a claim? Yes ☐ No ☐

(a) After enquiry have you had any claims made against you for Information & Communication Technology Liability including Professional Indemnity and Product Liability? Yes ☐ No ☐

If "Yes", please provide the following details in respect to each matter.

Date Matter Notified	Name of Insurer (if any)	Name of Claimant or Potential Claimant	Brief Description of Matter	Amount Paid or Estimate of Potential Liability	Is Matter Finalised or Outstanding?

22. Are any of the Partners, Principals or Directors, **after enquiry**, aware of any claim or circumstances that might give rise to a claim against the Business or any prior business of any of their present or former Partners, Principals or Directors, which matter is not referred to in Question 21 above? Yes ☐ No ☐

If "Yes", please provide the following details in respect to each matter.

Name of Claimant or Potential Claimant	Brief Description of Matter	Estimate of Potential Liability

### Claims Details (continued)

23. After enquiry has any contract or project experienced cost overruns, delays in implementation, failure of system(s) and/or product(s) to meet full functionality?

Yes ☐ No ☐

If "Yes", please provide details.

Client/Contract Name	Brief Description or Problem

24. After enquiry has any client refused payment or requested a refund of monies paid?

Yes ☐ No ☐

If "Yes", please provide details.

Client	Amount of Refund or Non Payment

### Details of Insurance Cover

25. (a) Does the Business presently carry or has it ever carried, Information and Communication Technology Liability Insurance?

Yes ☐ No ☐

If "Yes", please supply details.

Insurer	
Expiry date	/ /
Limit of Indemnity	\$
Premium	\$

(b) Has the Business or any Partner, Principal or Director ever been refused this type of insurance, or had similar insurance cancelled, or had an application of renewal declined, or had special terms imposed?

Yes ☐ No ☐

If "Yes", please supply details.


### Cover Required

	Limit of Liability	Deductible/Excess
<b>Section A</b> – Errors or Omission	\$A	\$A
<b>Section B</b> – Bodily Injury/Property Damage	\$A	\$A

Please indicate any Optional Extension for which you seek cover:

Increased Aggregate Liability (Reinstatement)

Yes ☐ No ☐

Third Party Intellectual Property Coverage

Yes ☐ No ☐

USA and Canada Coverage

Yes ☐ No ☐

## Declaration and Authorisation

Please remember we will treat a statement or claim or an act or omission by any one of the applicants as a statement or claim or an act or omission by all of the applicants.

1. I/We have received a copy of the Policy Terms and Conditions.
2. I/We declare that all answers and statements made in the application are true, correct and complete in every respect.
3. I/We authorise QBE Insurance (Australia) Limited ABN 78 003 191 035 to give to or obtain from other insurers or insurance reference bureaus or credit reporting agencies, any information about this insurance or any other insurance of mine including this completed application and my insurance claims history and my credit history.

Name of Business

Signed: Partner,  
Principal or Director

Date

**Please return the completed form to your Financial Services Provider.**



