

# IT CONSULTANTS PROPOSAL FORM



**HOLMAN**  
PROFESSIONAL INDEMNITY

SINCE 1832

## **IMPORTANT POINTS**

Please ensure all questions are answered fully, where there is insufficient space please supply information on a separate sheet.

The questions must be answered to the best of your knowledge and belief.

This form must be signed and dated.

Please provide a brochure, if available, and sight of any standard contract terms & conditions used.

It is your continuing duty to disclose all material facts during the policy period which may influence underwriters assessment of your business. Failure to make such disclosures may prejudice your rights in the event of a claim or render the policy void.

**1. DETAILS OF PROPOSER**

Name:	
Address:	
Postcode:	
Telephone:	Fax:
Web Site Address:	

When was your business established?

**2. ASSOCIATED AND SUBSIDIARY COMPANIES**

We can extend this insurance to include associated and subsidiary companies 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.

Name:	
Address:	
Postcode:	
Telephone:	Fax:
E-mail:	

Name:	
Address:	
Postcode:	
Telephone:	Fax:
E-mail:	

Do you have any overseas offices?

Yes

No

If YES, please provide the following details:

Country	Nature of Operation	Turnover

**3. PARTNERS & DIRECTORS**

Please list below your details if you are a sole trader or those of the Managing Director of the company and the senior technical manager:

Name	Qualifications	Years in Industry

Where any of the above have been working in the industry for less than 5 years please send us their brief CV along with this proposal form.

**4. OTHER EMPLOYEES**

a) Please provide the total number of staff in the following categories:

Directors	<input type="text"/>	Support Personnel	<input type="text"/>
Managers	<input type="text"/>	Sales and Marketing	<input type="text"/>
Technical Personnel	<input type="text"/>		

**5. SUB CONTRACTORS**

Do you use independent sub-contractors? Yes  No

If YES:

a) What approximate percentage of your turnover, in your current financial year, will be paid to sub-contractors?  %

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

c) Do you ensure they have their own P.I. insurance? Yes  No

## 6. FINANCIAL ANALYSIS

- a) We need to know your turnover including fee income and where it comes from.  
Please fill out the table below:

	Past Year ending / /	Estimate for whole current Year	Estimate for 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 USA/Canadian clients not subject to USA/Canadian law	%	%	%
Work carried out for USA/Canadian clients subject to USA/Canadian laws	%	%	%
Work carried out for clients anywhere else in the World	%	%	%

- b)

Operating Profit	£	£	£
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**7. CONTRACTS**

Please give details of the five largest contracts you have carried out in the past three years:

Name of Client	Business of Client	Nature of Contract	Total Value	Income to You

How many current customers do you have?

**8. BUSINESS ACTIVITY**

Your turnover including fee income must be separated approximately into the activities listed below so that we can understand what you are doing and because we only cover you for the work which you declare:

**a) Hardware**

	£
i) Sales of own brand	
ii) Distribution of other brands	
iii) Installation	
iv) Maintenance	

**b) Software product sales**

i) Shrink wrapped/Off the shelf software	
ii) Customisable software	

**c) Software services**

i) Installation including configuration (No code)	
ii) Customisation (including code changes)	
iii) Developing bespoke applications	
iv) Maintenance	

**d) Services**

i) Consultancy	
ii) Contract staff	
iii) Facilities Management	
iv) Training	
v) Date recognition work	

e) Others. Please specify:

Does the above split accurately reflect:

- i) Your business activities in the past?      Yes     No
- ii) Your estimated business activities during the coming year?      Yes     No

If **NO** to either of the above, please explain the differences:

Please give a brief description of what you regard as your speciality within this industry. If you are a new firm give details of what you regard as your anticipated specialisation:

PLEASE ENCLOSE EXAMPLE BROCHURES WHICH YOU ISSUE

IF YOU HAVE INDICATED THAT YOU CARRY OUT ANY OF YOUR BUSINESS ACTIVITIES IN THE FOLLOWING AREAS THEN PLEASE GIVE THE ADDITIONAL DETAILS EQUESTED BELOW:

9. **Software installation**, including configuration and customisation services (including code changes)

a) How long is a typical installation?

b) How frequently do your clients not have their own in house IT expertise?  
Usually  Often  Sometimes  Never

c) Do you both specify the business requirements for the client and also implement your solutions?  
Usually  Often  Sometimes  Never

**Bespoke Development services and Consultancy services**

a) Do you both specify the business requirements for the client and also implement your solution?  
Usually  Often  Sometimes  Never

b) Are you given authority to manage projects on behalf of your clients?  
Usually  Often  Sometimes  Never



10. Is the failure of any of your products or services liable to result in any of the following outcomes:

- |      |  |     |                          |    |                          |
|------|--|-----|--------------------------|----|--------------------------|
| i)   | Loss of life or injury to a person?                | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ii)  | Destruction or damage to physical property?        | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| iii) | Immediate and large financial loss?                | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| iv)  | Significant cumulative financial loss?             | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| v)   | Insignificant financial loss (more of a nuisance)? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

If you have answered **YES** to any of the above then please explain below:

### 11. MILLENNIUM

For all your **software** supplied, installed, maintained and consultancy services given since 1990:

- a) Please state the number of sites which have a 'millennium problem':
- b) How many of these still require the 'millennium problem to be rectified:

For all your **hardware** supplied, installed, maintained and consultancy services given since 1990:

- a) Please state the number of sites which have a 'millennium problem':
- b) How many of these still require the 'millennium problem to be rectified:

### 12. CONTRACT AGREEMENTS

Do carry out work *only* under a standard contract signed by every client? Yes  No

PLEASE SUPPLY A COPY OF YOUR STANDARD FORM OF CONTRACT, IF RELEVANT, OR OTHERWISE A TYPICAL EXAMPLE OF CONTRACTS USED

### 13. CURRENT INSURANCE

Do you currently have Professional Indemnity Insurance? Yes  No

If **YES**, what is the renewal date?

/ /

If you currently have Professional Indemnity Insurance please answer the following:

Name of Insurer:

Limit of indemnity:
Excess:
Premium:

**14. CLAIMS DECLARATION**

- 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? Yes  No

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.

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

- c) Have you suffered any loss from the dishonesty or malice of any partner, director, employee or self-employed freelance? Yes  No

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:

## MATERIAL INFORMATION

Please provide us with details of any other information which may be relevant to our consideration of your proposal for insurance. If you have any doubt over whether something is relevant, please let us have details:

## DECLARATION

1. I/We declare that (a) this proposal form has been completed after proper enquiry; (b) its contents are complete, accurate and not misleading and (c) all facts and matters which may be relevant to the consideration of our proposal for insurance have been disclosed.
2. I/We undertake to inform you before any contract of insurance is concluded, if there is any material change to the information already provided or any new fact or matter arises which may be relevant to the consideration of our proposal for insurance.
3. I/We agree that this proposal form and all other written information which is provided are incorporated into and form the basis of any contract if insurance.

Signature of  
Principal/Partner/Director

Date

**A copy of this proposal form should be retained for your records.**