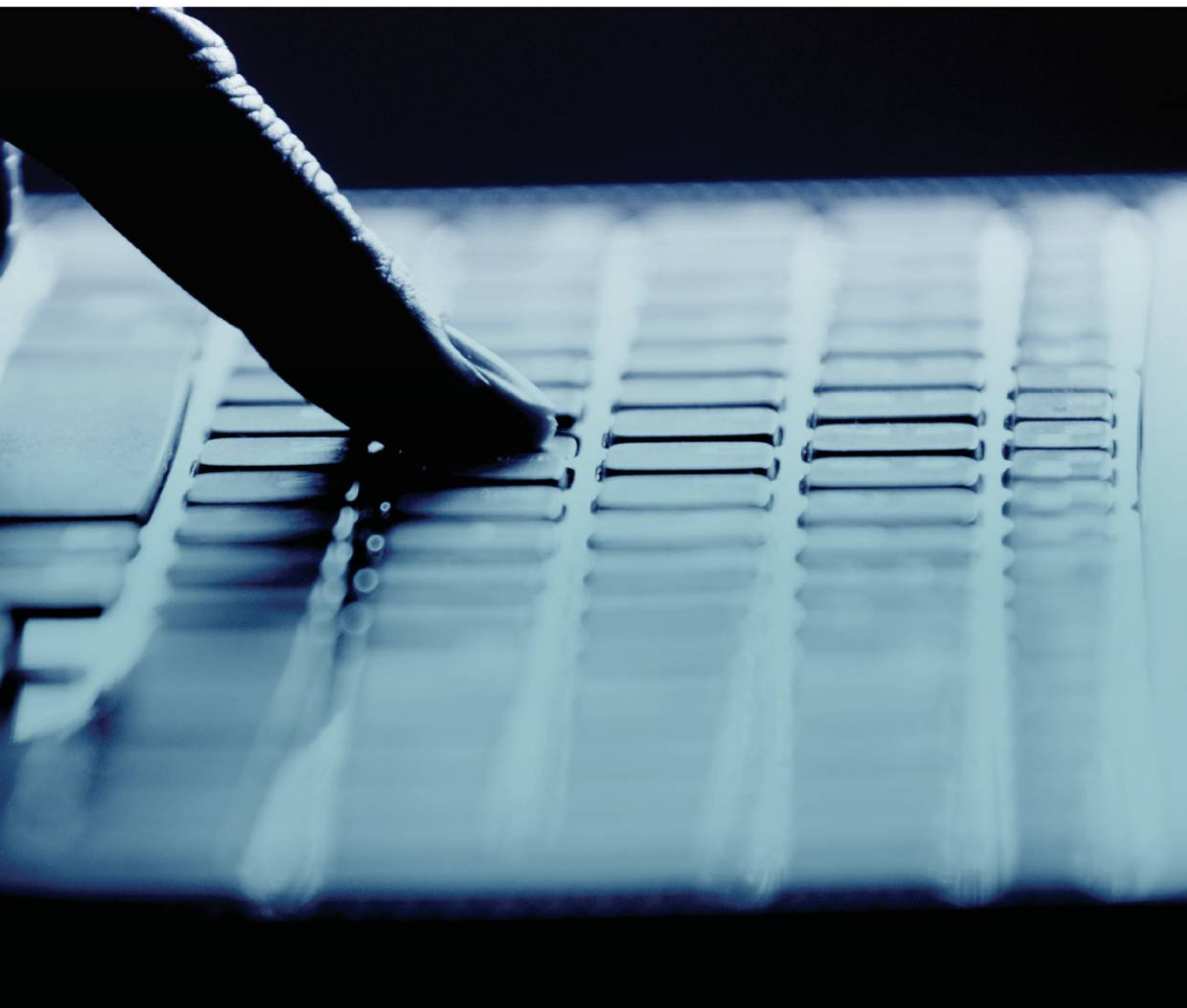


The logo for 'about' is written in a lowercase, sans-serif font. The letters are colored in a gradient: 'a' is green, 'b' is yellow, 'o' is orange, and 'u' is red.

# TECHNOLOGY PROFESSIONALS

COMBINED LIABILITY INSURANCE PACKAGE PROPOSAL



**IMPORTANT INFORMATION: PLEASE READ THE FOLLOWING INFORMATION BEFORE COMPLETING THIS PROPOSAL**

**Obtaining a Quotation**

To minimise delays in obtaining a quotation please provide complete answers to all questions in this proposal and attach relevant brochures, CVs, etc. that you believe will help us understand your business.

**Your Duty of Disclosure**

The requirement of full and frank disclosure of anything which may be material to the risk for which you seek cover (for example, claims, whether founded or unfounded), is of the utmost importance with this type of insurance.

Before you enter into an insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, that may affect our decision to insure you and on what terms.

You have this duty until we agree to insure you.

You have the same duty before you renew, extend, vary or reinstate an insurance contract.

You do not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

**Non-disclosure (if you do not tell us something)**

If you do not tell us anything you are required to, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

**Defence Costs & Averaging Provision**

General Conditions within the policy provides that if your liability for any Claim is for an amount in excess of the amount of the limit of liability, then we, where applicable shall only cover the same proportion of such defence costs as the limit of liability bears to the total amount to be paid dispose of the claim (exclusive of defence costs).

**Claims Made and Notified Policy**

The cover provided under this policy may include insurance that operates on a 'Claims Made and Notified' basis. This means that the policy will only cover you for claims made against you and notified to us in writing during the period of insurance.

Where a 'Retroactive Date' is specified in your policy schedule, your policy only covers any claim made against you during the period of insurance that arises from any conduct, act, error or omission that occurred on or after the Retroactive Date.

Section 40(3) of the *Insurance Contracts Act 1984* (Cth) provides that where an insured gives notice in writing to the insurer of facts that might give rise to a claim against the insured as soon as reasonably practicable after the insured became aware of those facts but before the period of expiry, the insurer is not relieved of liability under the insurance contract in respect of the claim, by reason only that it was made after the expiration of the period of insurance.

The above right arises solely under Section 40(3) of the *Insurance Contracts 1984* (Cth) and not under your insurance policy.

**Liability assumed by you under a contract or agreement**

It is not possible for you to transfer to us the entire spectrum of legal liabilities which you may be compelled to bear under the terms of a wide variety of Indemnity and/or Hold Harmless Clauses frequently inserted into commercial business contracts by principals, lessors or other parties.

Liability assumed by you under contract or agreement is only covered to the extent described in your insurance policy.

Prior to accepting legal liability for loss, destruction, damage or injury, which would not otherwise have attached to you at law, you should contact your insurance broker to enquire whether your insurance policy covers such liability or, if not, whether it may be so extended.

### **Subrogation Agreements**

Where another person would be liable to compensate you for any legal liability for loss, destruction, damage or injury otherwise covered by this insurance, but you have agreed with that person either before or after the loss, destruction, damage or injury occurred that you would not seek to recover any monies from that person, we will not cover you under this insurance for such legal liability for loss, destruction, damage or injury.

### **Privacy**

About Underwriting value the privacy of your personal information and we will ensure the handling of your personal information is dealt with in accordance with the *Privacy Act 1988* (Cth) (the Act) and the relevant Australian Privacy Principles. Our full privacy policy can be accessed at [aboutunderwriting.com.au](http://aboutunderwriting.com.au)

When we provide insurance products and/or services, we ask you for the personal information we need to assess applications for insurance policies, to administer and manage insurance policies and to investigate and handle claims. This can include a broad range of information ranging from your name, date of birth, address and contact details to other information about your personal affairs including your profession, financial affairs including financial statements, any criminal convictions or claims.

We may need to disclose personal information that you provide us to contractors, coinsureds, insurers and underwriters (who may be located overseas), lawyers, claims adjusters and others engaged by About Underwriting to enable them to administer policies or handle claims. Regardless of the information shared, we will take all reasonable steps to ensure that the above parties protect your information in the same way that we do.

Our Privacy Policy shown in the above link contains information about how you can access the information we hold about you, ask us to correct it, or make a privacy related complaint. You can obtain a copy from our Privacy Officer by emailing to [privacy@aboutunderwriting.com.au](mailto:privacy@aboutunderwriting.com.au)

### **Consent**

By visiting any of our websites, online quotation systems, applying for, renewing or using any of our products or services you agree to your information being collected, held, used and disclosed as set out in our Privacy Policy.

### **Claims Conditions**

#### Reporting and Notice

Every claim made against you (the insured) shall be notified to us as soon as practicable, and in any event, prior to the expiry of the Period of Insurance or Extended Reporting Period (if applicable), and all documentation and correspondence pertaining to such claim shall be forwarded to us as soon as practicable after receipt.

All notifications of claims must be sent to:

[claims@aboutunderwriting.com.au](mailto:claims@aboutunderwriting.com.au)

Attention: Claims Manager

About Underwriting Pty Ltd

PO Box 16106

Collins Street West, Melbourne, VIC 8007

#### Summary

You agree:

- at your expense, to give us all information that will assist us, our investigators and legal representatives, cooperate fully with us and do all things reasonably practicable to avoid or diminish any claim.
- to waive any claim for legal professional privilege to the extent only that the privilege would otherwise prevent any investigator or legal representative from disclosing information to us.
- not to admit liability, settle or incur any costs for a claim without our prior written consent.
- that we shall be entitled to have the conduct of any claim and may do so in your name.

The claims conditions are more fully described in the "claims conditions" sections of the accompanying policy.

**Complaints, Disputes or Feedback**

If you wish to make a complaint or provide feedback about our products or services, or a Privacy breach, you can contact us at [complaints@aboutunderwriting.com.au](mailto:complaints@aboutunderwriting.com.au) or [privacy@aboutunderwriting.com.au](mailto:privacy@aboutunderwriting.com.au) Please refer to our complaints & disputes process detailed at [aboutunderwriting.com.au](http://aboutunderwriting.com.au)

If this does not resolve the matter or you are not satisfied with the way a complaint has been dealt with, you should contact:

Lloyd's Underwriters' General Representative in Australia  
Suite 1603 Level 16, 1 Macquarie Place  
Sydney NSW 2000  
Telephone Number: (02) 8298 0783  
Email: [ldraustralia@lloyds.com](mailto:ldraustralia@lloyds.com)

Complaints that cannot be resolved can be escalated to an independent dispute resolution body; Australian Financial Complaints Authority (AFCA). This external dispute resolution body has the ability to make decisions of which About Underwriting are obliged to comply. Contact details are:

Australian Financial Complaints Authority  
Phone: 1800 931 678  
Fax: (03) 9613 6399  
Email: [info@afca.org.au](mailto:info@afca.org.au)  
Internet: <https://www.afca.org.au>  
GPO Box 3, Melbourne, VIC 3001

## Technology Professionals Package Proposal

This Proposal is for Professional Indemnity and General and Products Liability; specific to Technology Professionals.

“You/your” in this Proposal means the “Named Insured”.

### About you

1. Named insured(s):

2. Trading name(s):

3. ABN:

Are you registered for GST?

Yes  No

4. Web address(es):

5. Principal business address:

6. Other business locations:

### About the business

7. Please detail the nature of the Information Technology services and products provided:

Please attach any relevant brochures or other documentation.

8. Business commencement date:

9. Principals, Partners or Directors details:

Name of Principals, Partners or Directors	Age	Qualifications	Date Qualified (DD/MM/YYYY)	Years Practising as Principal	
				This Practice	Previous Practice

**10. a) Employees**

	Number of Staff
Directors/Partners/Principals	<input type="text"/>
Professional Staff	<input type="text"/>
Administrative/Clerical	<input type="text"/>
Sales Staff	<input type="text"/>
Other (Specify) <input type="text"/>	<input type="text"/>
<b>Total</b>	<input type="text"/>

**b) Total Payroll**

Payments to Consultants/Contractors

Payments to Labour Hire Workers

11. Please list your professional memberships:

12. Gross Turnover:

Past financial year:

Next financial year:

13. What are your estimated annual wages for the next 12 months?

14. Please state the percentage of turnover derived from each of the following activities in the past financial year:

Activities	Percentage of turnover
<b>Hardware Services</b>	
Hardware Installation / Maintenance	
Sale and Supply of Hardware	
Telecommunication and Network Services	
<b>Software Services</b>	
App Development	
Games Development	
Internet Services Provider	
Software Development	
Software Installation	
Software Integration	
Payment Processing Systems	
Software Maintenance	
Software Sales – Own Shrink Wrap	
Software Sales – Own Customisable	
Software Sales – Third Party Customisable	
Software Sales – Third Party Shrink Wrap	
Website Design	
<b>Consultancy Services</b>	
Application Service Provision	
Data Processing	
General IT Consultancy	
Cloud Services	
Website Hosting	
IT Project Management	
Education and Training	
Provision of IT Contractors	
Other – please specify: <input type="text"/>	
<b>Total</b>	

15. Do you expect these percentages to change in the next financial year?  Yes  No

If Yes, please provide details:

16. Are any of your products or services intended for use in any of the following:

- a) Aerospace / Navigation Systems  Yes  No
- b) Defence / Military  Yes  No
- c) Financial / Banking Systems  Yes  No
- d) Gambling and/or Gaming  Yes  No
- e) Manufacturing Process Control Systems  Yes  No
- f) Medical / Surgical Applications  Yes  No
- g) Oil / Gas / Power  Yes  No
- h) Nuclear Energy Applications  Yes  No
- i) Security Systems  Yes  No

If Yes to any of above, please provide details:

17. Please provide a brief description of the 5 largest contracts or projects undertaken during the last 5 years:

Date Completed	Project Description / Contract	Project Value \$	Fees / Income \$

18. What is the value of your average contract?

19. What is the duration of your average contract?

**Contractual Liability**

20. Do you carry out all work under a standard written contract?

- Yes  No

If No, please provide details:

21. Do you accept contracts where the liability for loss or financial damage is greater than the value of the contract?

- Yes  No

If Yes, please provide details:



22. Do you assume any liability under contract or hold harmless other parties under contract?

If Yes, please provide details:  Yes  No

23. Do you engage any in-house legal counsel and/or external legal providers to review contractual agreements?

If Yes, please provide details:  Yes  No

24. Could the failure of your product / services result in any of the following:

- a) Damage or destruction to any physical property?  Yes  No
- b) Result in the loss of a life or injury to a person?  Yes  No

If Yes to any of the above, please provide details:

25. Please provide a percentage split of the states in which you generate your income:

ACT: <input type="text"/>	NSW: <input type="text"/>	NT: <input type="text"/>	QLD: <input type="text"/>	SA: <input type="text"/>
TAS: <input type="text"/>	VIC: <input type="text"/>	WA: <input type="text"/>	O/S: <input type="text"/>	Total: <input type="text"/>

26. Do you conduct business overseas? If Yes, please provide details:  Yes  No

27. Has the name of your business ever changed or have you ever operated your business under a different corporate entity? If Yes, please provide additional information:  Yes  No

28. Has your business amalgamated, merged or acquired any other business or practice?

If Yes, please provide additional information:  Yes  No

29. Is any Principal/Partner/Director associated or connected with any other business?

If Yes, please provide details:  Yes  No

**Contractors Exposure**

30. Please provide the estimated payroll (wages) for contractors, subcontractors and/or labour hire for the upcoming period of insurance:

**White Collar:**

Contractors  Subcontractors  Labour hire

**Blue Collar:**

Contractors  Subcontractors  Labour hire

31. Please state nature of work carried out by subcontractors, contractors and/or labour hire:

32. Do all contractors carry their own Professional Indemnity and General and Products Liability Insurance?

Yes  No

33. Do you require cover for goods in care, custody or control in excess of \$100,000?

Yes  No

a) If Yes, what amount:

b) What is it for?

**Duties**

34. a) Are duties segregated so that no one person can control signing cheques, preparing cheque requisitions, reconciling bank statements or issuing fund transfer instructions above \$5,000, from commencement to completion without referral to another party (i.e. financial controller or director)?  Yes  No

b) Are duties segregated so that no one person can control refund of monies or return of goods above \$5,000, from commencement to completion without referral to another party (i.e. financial controller or director)?  Yes  No

c) Are all employees required to take a minimum of two weeks uninterrupted annual leave per year?  Yes  No

d) When payments are made for invoices received are the payment details specified in the invoices (e.g. bank account details) confirmed by telephone with the payee prior to making payment?  Yes  No

35. Do you require Fidelity Cover?  Yes  No

If Yes, please select your preferred sub-limit:

\$50,000       \$100,000       \$250,000

## About your Claims

**NB. The following claims questions relate to all matters of all policy sections, ie: Professional Indemnity, General and Products Liability, Management Liability, Cyber Liability and Statutory Liability:**

36. After full enquiry of all your employees, has any insurance claim been made against you or your business or that of any principal, partner, director or employee in this or any other business?  Yes       No

If Yes, please provide details:

Date Notified (DD/MM/YYYY)	Insurer	Description	Amount Paid	Maximum Potential Loss	Finalised or Open	Claimant Name

37. Are you aware of any circumstances or incidents which may result in a claim being made against you or your business or the business of any principal, partner, director or employee?  Yes       No

If Yes, please provide details of circumstances or incidents:

38. Have you or any of your employees ever been the subject of any disciplinary proceedings or actions for misconduct in a professional respect whilst in this or any other business?  Yes       No

If Yes, please provide details of proceedings or actions:

39. Have you, your principals, partners, directors or predecessors in business had insurance declined, cancelled, refused or had any special terms imposed?  Yes       No

If Yes, please provide details:

40. In the last 5 years has any client stopped paying or requested a refund because your services or products did not meet their specifications?  Yes  No

If Yes, please provide details:

## About your cover

41. Do you currently have Professional Indemnity and General and Products Liability insurance in force for the activities for which cover is being proposed?  Yes  No

If Yes, please provide the following details:

	Insurer	Renewal Date	Limit of Indemnity	Deductible	Premium
Professional Indemnity	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
General & Products Liability	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

42. Please select your preferred Limits of Indemnity:

**Professional Indemnity:**

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

**General and Products Liability:**

\$5,000,000  \$10,000,000  \$20,000,000 Other

43. Please select your preferred Deductibles:

**Professional Indemnity:**

\$1,000  \$2,500  \$5,000  \$10,000  \$25,000 Other

**General and Products Liability:**

\$1,000  \$2,500  \$5,000  \$10,000  \$25,000 Other

### Additional Information

If insufficient space to complete questions, please provide at this section:

### Declaration

I acknowledge that I have read and understood the important notices and privacy statement contained in this proposal and addenda. Where I have provided information about another individual, I declare the individual has been made aware of the facts contained in the important notices and privacy statement.

I agree that this proposal and addenda together with any other information or documents supplied shall form the basis of the contract of insurance.

I declare that I am authorised to complete this proposal form and addenda on behalf of the Insured and that to the best of my knowledge the statements, particulars and information contained in this proposal and addenda and any other documents accompanying this proposal and addenda are true and correct in every detail and that no material facts have been misstated or omitted.

I undertake to inform about Underwriting of any material alteration to those facts before entering into a contract of insurance.

Date:	<input type="text"/>	Name:	<input type="text"/>
Position:	<input type="text"/>	Signature:	<input type="text"/>



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