



Professional Indemnity Insurance

Technology Professions

The PI Desk Limited
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Tel: 0114 242 1176 Fax: 0114 242 2372
Email: enquiries@thepidesk.co.uk – web: www.thepidesk.co.uk
Authorised and Regulated by the Financial Conduct Authority

Presentation

If this is the first time you (the proposer) have submitted a proposal form to The PI Desk please make sure you answer all questions fully leaving no blank spaces (if necessary comment as N/A, 'not applicable' or 'none'). If the form is not satisfactorily completed we will not provide any terms but may make further enquiries of you or automatically decline.

If there is insufficient space to complete all answers, please continue at the end of the form or provide additional information on the firms headed paper. Providing as much information as possible will help underwriters to understand the business and enable Insurers to offer terms quickly. Failure to provide underwriters with relevant information in an appropriate manner may adversely influence the ability of Insurers to offer suitable terms.

The form must be signed and dated by a Director, Partner or Principal or an identified Officer of the proposing entity.

Insurance cover is not effective until the underwriters and/or Insurers have accepted a proposal form and any terms and payment method offered to the proposer have been accepted in writing.

If the proposer has not been trading for at least 3 years in this profession, please enclose CV's of all Directors, Partners and/or Principals. If the proposer is a new start-up please provide full details of past experience, qualifications along with the CV's.

Where available, email addresses, web site addresses, brochures, the proposer's standard contract conditions and/or agreements should be provided to assist the underwriting process.

Claims and/or Claims Circumstances

If the proposing firm has received any complaint(s) or claim(s) or is aware of any circumstance(s) that may give rise to a claim please provide full details and forward a complaints/claims log in a durable format which has been fully completed; is up to date and which should incorporate all complaints/claims from inception of the business. Please also include any complaints/claims notified to any predecessor firm and/or whilst conducting business for or on behalf of any other firm.

Professional Indemnity (PI) policies respond on a claims-made basis, which means that cover is only provided for matters arising where Professional Indemnity Insurance is in force at the time of the notification of a complaint or claim to Insurers. Where a retroactive date is noted on the policy certificate/schedule, then no cover is provided for any matter arising from business conducted prior to the retroactive date. If a PI policy is allowed to lapse at renewal or mid-term due to unpaid premiums then cover is automatically cancelled and no cover is provided in any event.

Please note that Professional Indemnity Insurance schedules/certificates are issued as annual contracts and you cannot cancel the Insurance mid-term unless specifically agreed by Underwriters.

Disclosure

All information that is material to the firms coverage requirements (which might influence Insurers in deciding whether or not to accept an insurance risk, or which may affect the terms and conditions that they offer and/or may directly impact the cost of cover) must be disclosed. The onus is on the proposer to decide what information may be material and there is no duty on Insurers to make additional enquiries of the proposer in respect of any proposal. Failure to disclose material facts may allow Insurers to avoid the policy and/or decline any claim made under it. The duty of disclosure applies equally on taking out a new insurance policy, at renewal and throughout the duration of the insurance.

If you are in doubt whether or not any fact is material, you should disclose the information to Insurers.

If you require any assistance in completing this form please contact your Insurance Broker or The PI Desk Ltd.

Please note that we will communicate with you preferably by email so please provide a valid and regularly used email address.

The PI Desk Contact Details

Email the completed form to us on: enquiries@thepidesk.co.uk

alternatively Fax to: 0114 242 2372 or

Post to: The PI Desk Ltd, Suite B, Sheffield Business Centre, Europa Link, Sheffield, South Yorkshire, S9 1XZ

For all General Underwriting queries 0114 242 1176

Larger cases, claims or technical queries contact: Roger Crowther

Email: roger.crowther@thepidesk.co.uk

Professional Indemnity Proposal Form Technology Professions

Please print your answers clearly to assist the Insurers' consideration of the proposal

1 – General Information

Contact Name			
Name of Proposer/Firm to be Insured			
Trading Address			
Date firm established			
email:			
Telephone:		Mobile:	
Web Site:		Fax	

This insurance can be extended to include associated, subsidiary and predecessor businesses, or the previous Business activities of any Principal, provided that they are listed below or on a separates sheet and all the Information you give in this proposal form relates to all the companies named:

Name of Business	Location (City/Town)	Nature or Operation of Business	Dates Trading from / to

2 – Details of Principals / Staff

Full Names of Sole Trader / Directors / Partners	D.O.B	Qualifications	Number of years in this capacity (in this firm)

Does the firm have at least 3 years experience trading in this profession Yes No

If this is a new start up business and/or where any Principal has less than 3 years experience please attach full CV's

Please state the total number of: (including part time workers)

Total number of Principals, Partners, Directors	
Technical / Sales Staff / Consultants (excluding Administration staff)	
Administrative and all other staff	

3 – Professional Associations

Is the firm authorised by any Regulator, linked to or a member of any Trade Association or Professional body? Yes No

Name of Regulator or Professional Organisation(s)	Date Joined	Authorisation Number

4 – Division of Work

Please provide percentage split of the types of activities undertaken and/or services provided for the following industries in the last 3 years:

	Percentage last 3 years
Aerospace	%
Communications	%
Healthcare / Medical Services	%
Trade Retail / Wholesale	%
Engineering / Architecture	%
Bank / Financial Institutions	%
Other activities or work (please specify)	%
The above work must total 100 %	

Please provide the percentage split of the activities of the Insured Firm(s) undertaken in the last 12 months:

	Percentage in last Complete Financial year
a) Hardware	
Manufacture & sale of own hardware	%
Distribution / resale of third party branded hardware	%
Installation	%
Maintenance	%
b) Software Product Sales	
Sales of own brand shrink wrapped / off the shelf software	%
Distribution of other brand shrink wrapped / off the shelf software	%
Customisable software	%
c) Software Services	
Installation, including configuration (no coding involved):	%
Customisation (including coding changes):	%
Maintenance	%
Systems configuration	%
End user applications	%
d) Services	
Consultancy	%
Contract Staff	%
Support Services	%
Project Management	%
Training	%
Data Processing	%
Data communication services	%
Application service provision	%
Other services	%
e) Web	
Internet service provision or hosting provided by you (no e-commerce)	%
Internet service provision or hosting provided by a third party (no e-commerce)	%
Website building/construction to clients own specification & design (no e-commerce)	%
Design or hosting of any e-commerce websites, trading websites, adult websites, file sharing websites or supplying the website content (i.e. text, graphics, music)?	%
f) Other activities or work – please specify:	
The above work must total 100 %	

In respect of section e) (Web) above, do you design specific software or build e-commerce websites that handle payments? If Yes please answer a. & b. below

Yes No

a. are these payments processed by your software and/or e-commerce website/system?; or Yes No

b. are these payments diverted to and processed by a third party (e.g. worldpay/paypal/sagepay)? Yes No

5 – Gross Income/Fees – Financial Information

What date is your Financial Year end (day/month/year):

Please give the amount of known Gross Income / Fees received for the last 3 financial years, and also an estimate for the current financial year in respect of fees received from business conducted in the following territories

		UK	USA/Canada	Elsewhere	Total
Current year/projected ending	2	£	£	£	£
Last full Financial Year ending	2	£	£	£	£
Previous Financial Year ending	2	£	£	£	£
Prior Financial Year ending	2	£	£	£	£

Please list your three largest contracts in the last 3 years:

Start Date	Name of Client	Nature of Contract	Total Contract Value	Period
			£	
			£	
			£	

What is the largest fee earned from a single client in the last twelve months?

£

Please list your three largest contracts/projects planned for the next 12 months:

Start Date	Name of Client	Nature of Contract	Total Value	Period
			£	
			£	
			£	

Changes to Business:

Do you or have you ever undertaken any work overseas - If yes please provide details below noting the Country, Type of Work, Total Contract Value, Period

Yes No

Have any major changes in the Proposer's activities / structure taken place in the past twelve months?

Yes No

Are any major changes in the Proposer's activities / structure/fee growth expected in the next twelve months?

Yes No

Is cover required for any previous activity, now ceased, which is different from that declared within the Proposal Form?

Yes No

If Yes to any of the above please provide further information here or at the end of the form

6 – Risk Management

If you are a sole trader Please give details of the arrangements made in the event of sickness or holiday

Do you take adequate steps to ensure that you adequately understand your client's requirements? Yes No

When engaging with customers, do you issue standard terms of business, form of contract or engagement agreement in every case? (Please provide a copy with this proposal) Yes No

Do you always obtain full references when engaging new partners, directors, employees or agents? Yes No

If No to any question in this section please provide details here or at the end of the form

Has any Partner, Principal or Director ever been made personally bankrupt? Yes No

Has the Proposer or any Partner, Principal or Director been a Partner, Principal or Director or been associated with any business which has ceased trading either voluntarily or compulsorily? Yes No

In respect of this or any other company, has the business discharged any employee or severed any relationships with any partner or director within the last 10 years? Yes No

If yes to any of the above please provide details here or at the end of the form.

7 – Associated Companies

Does the Proposer undertake work for any Partnership, Company or Organisation in which he/she or any Partner, Principal, Director or Employee holds a position whereby he/she is able to make major decisions on behalf of such Partnership, Company or Organisation? Yes No

Is the individual Firm or any Partner, Principal or Director connected or associated (financially or otherwise) with any other Practice, Company or Organisation? Yes No

Has the Proposer or any Partner, Principal or Director been a Partner, Principal or Director or been associated with any business which has ceased trading either voluntarily or compulsorily? Yes No

If Yes to any of the above please provide details

What percentage of income (in any) is derived from Associated Companies as detailed above? %

Is cover required for any work for Associated Companies? (Cover is restricted to claims made by independent third parties) Yes No

8 – Sub Contractors

Does the firm engage or use independent specialist consultants or sub contractors? Yes No
If No proceed to next section

If Yes please confirm the level of indemnity you require them to hold.

£

9 – Previous Coverage – (do not complete if already insured with The PI Desk Ltd)

Has this business been previously insured for professional Indemnity? Yes No

How many years have you held continuous cover? Years

Please provide details of current insurer & cover below

Name of Insurer:	<input style="width: 100%;" type="text"/>
Limit of Indemnity (state whether aggregate or any one claim basis)	£ <input style="width: 80%;" type="text"/>
Self Insured Excess:	£ <input style="width: 80%;" type="text"/>
Retroactive Date:	<input style="width: 100%;" type="text"/>
Date of expiry of Cover:	<input style="width: 100%;" type="text"/>
Annual Premium paid:	£ <input style="width: 80%;" type="text"/>

Please attach a copy of your current schedule if this is easier

Has any similar insurance made on behalf of the firm, any predecessors in business or present Partners, Principals, or Directors ever been declined or has any such insurance ever been cancelled, renewal refused or any special terms imposed (other than market rate increases)? Yes No

If yes please provide details:

10 – Limit of Indemnity required for this Professional Indemnity insurance

Please select/tick the level of indemnity required:

£100,000 £250,000 £500,000 £1 million Other £

Please insert the level of excess you require – (this is the amount you pay on each claim) £

(Please note that Underwriters will require minimum limits and excesses, depending on size and type of work undertaken)

11 – Claims/Disciplinary History

Has any person in the firm/organisation or any Partner/Principal/Director been subject to Disciplinary proceedings, suspension or investigation by any Regulator, Trade Association or Professional Body? Yes No
 If Yes please provide full details at the end of the form or on a separate sheet

Has the business sustained any loss during the past 10 years as a result of the fraud or dishonesty of any partner, director or employee of the business? Yes No

Are you or any of the Partners, Principals, Directors or Employees, AFTER FULL ENQUIRY, aware of any circumstance which may result in any claim being made against the Proposer, its predecessors in business or any past or present Partner, Principal, Director or Employee? Yes No

Has any claim whether successful or not, ever been made against this firm/organisation or its predecessors in business or any past or present Partner, Principal, Director or Employee (whether previously Insured or not)? Yes No

If "Yes", please give full details at the end of the form (attach a schedule or spreadsheet if this is easier) including dates, amounts involved, brief details of the nature of the claim and whether settled or outstanding?

12 - When do you want this Insurance to start (Insert start date or tick one other box - do not backdate)

Start Date: Or on renewal date of your existing TPIDL PI Insurance Or T.B.A.

13 – Declaration

Please read the following carefully

Data Protection

By signing this proposal form you consent to The PI Desk Ltd using the information we hold about you for the purpose of providing insurance contracts and where appropriate, assistance in relation to handling claims, if any, and to process sensitive personal data about you where this is necessary (for example criminal convictions). This may mean that we have to give some details to third parties involved in providing insurance cover. These third parties may include insurance companies, third party claims adjusters, fraud detection and prevention service, reinsurance companies and regulatory authorities. In the course of performing our obligations to you, this information may be disclosed to agents, or service providers appointed by us, Insurers, (including their reinsurers, legal advisers, loss adjusters or agents). Where such information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and by its use by us as set out above. The information provided will be treated in the strictest confidence and where relevant, in compliance with the Data protection Act 1998. You have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.

Duty to disclose material facts:

Since an Insurance Contract is based upon the duty of utmost good faith, it is important that those seeking Insurance should provide full disclosure of all material facts to Insurers and that this information should be kept updated. The Courts will find a fact to be 'material' where it would affect the judgement of a prudent Insurer as to whether or not to accept the risk at the particular terms offered. You are reminded that if you are in doubt whether or not any fact is material we recommend that you disclose the information to Insurers.

Declaration

I hereby confirm that I am authorised to complete this Application Form on behalf of all parties entitled to coverage under this insurance and understand that signing this proposal form does not bind the Proposer or the Insurers to complete this insurance.

I declare that all Principals, Partners and/or Directors have read, understood and agreed that all the statements and particulars given, including those answers written for me by any other person and that to the best of my/our knowledge and belief, the contents of this proposal form, all attached additional information and other particulars which have been given separately to The PI Desk Ltd and/or Insurers by me or our agents are true and complete and that no material facts have been omitted, suppressed, misrepresented, or misstated.

I agree that this proposal form, any additional information supplied and this declaration shall be the basis of the contract between all parties entitled to coverage under this insurance and the Insurers and I undertake to pay the premium when asked to do so.

I undertake to inform the Insurers of any change to any material fact that occurs prior to the point at which this insurance contract has been agreed.

I agree that The PI Desk and/or Insurers may contact any previous Insurers for further information and/or clarification if required.

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

N.B. APPLICATIONS MUST BE SIGNED WITHIN 30 DAYS OF THE PROPOSED START DATE AND CANNOT BE BACK DATED

Please take a couple of minutes to check the information on the proposal form and always save a copy for your records

Please use this space for additional information