



Technology Professional Liability Proposal Form

I. Applicant Details

Name of Insured:	
Address(es):	
Web Site Address:	
Establishment Date:	

II. Business Activities

2. Please state the following details:

Number of Partners/Directors/Principals: _____

Number of Professional Employees: _____

Number of Other Technical Staff: _____

Number of Trainee Staff: _____

Number of Non-Technical Staff (i.e. administration, clerical, typists etc.): _____

3. Please give the following details of all Partners/Directors/Principals:

Name	Qualifications	Years in Industry	Years as Partner /Director/Principal

If a Partner/Director/Principal has been working in the relevant industry for less than 3 years, we will require a brief resume outlining career details.

4. Please provide a full description of the activities of Insured:

5. Please provide a clear description of nature of software provided and its end use:

6. During the past 5 years,

(a) has the name of the Insured(s) been changed? Yes No

(b) has any other business been purchased, merged or consolidated with the Insured? Yes No

If "yes", please provide details on a separate sheet.

7. Please provide details of any major new operations undertaken during the last 12 months or planned for the next 12 months.

8. Please give the following details for your last complete financial year:

Gross Fees/ Turnover	Hong Kong/China	Europe and UK	USA/ Canada	Elsewhere in World
Package Software	\$	\$	\$	\$
Customized Software	\$	\$	\$	\$
Bespoken Software	\$	\$	\$	\$
System Analysis	\$	\$	\$	\$
Data Processing	\$	\$	\$	\$
Facilities Management	\$	\$	\$	\$
Sale/Supple of Hardware	\$	\$	\$	\$
Hardware Maintenance/ Installation	\$	\$	\$	\$
Software Maintenance/Installation	\$	\$	\$	\$
General Computer Advice	\$	\$	\$	\$
Strategic Planning	\$	\$	\$	\$
Procurement Consultancy	\$	\$	\$	\$
Training Services	\$	\$	\$	\$
Trouble Shooting	\$	\$	\$	\$
Project Management	\$	\$	\$	\$
System Audit	\$	\$	\$	\$
Others – Please Specify	\$	\$	\$	\$
TOTAL	\$	\$	\$	\$

9. Please split the Insured's business between the following market sectors:

Industry Sector	Current Year
Government Work	%
Finance Houses	%
Commercial Firms	%
Manufacturing/ Industrial Firms	%
Construction/ Engineering	%
Trade Wholesale/ Retail	%
Healthcare/ Medical	%
Aerospace/ Defense	%
Other – Please Specify	%

10. Please give names of any professional organisations or associations of which the Insured or principals are members:

11. Please provide details of the 5 largest contracts you have carried out in the past five years:

Client Name	Services Provided	Annual Revenue

12. Do you have standard procedures for regular review of ongoing contracts internally and with clients?
 Yes No

If "yes", please specify

13. Does the Insured have written contracts or agreements with each client? Yes No

If "yes", please attach copy of standard contract terms

14. Subcontracting Work

(a) Please state the amount of Insured's involvement in subcontracting work to others? _____%

(b) If subcontracting work exists, please describe the services undertaken and provide a specimen of the contract terms applicable to this work.

(c) Are subcontractors required to carry their own Professional Liability insurance? Yes No

III. Fraud & Dishonesty Coverage

15. If the Insured wishes to have coverage for Fraud/ Dishonesty, please complete the following:

(a) Has the Insured(s) sustained any loss or claim through the fraud or dishonesty of any person?

Yes No

If "yes", please specify

(b) Is the Insured(s) aware of any allegation or occurrence of fraud or dishonesty at any time committed by any past or present partner, director or employee?

Yes No

If "yes", please give details and state precautions taken to prevent a reoccurrence.

(c) Does the Insured(s) always require satisfactory references or only when engaging senior employees?

Always Senior Appointments Only

Nature of Reference

Written Verbal

(d) Is any employee allowed to sign cheques on his/her signature alone for values exceeding US\$50,000?

Yes No

If "yes", please give details on a separate sheet.

(e) How frequently are checks carried out on all entries in the cash book with paying-books, receipts, counterfoils and vouchers and reconciled with bank statements including the balance of cash and unrepresented cheques, independently of employees receiving or banking monies, in respect of monies belonging to the Insured as well as in trust on behalf of others?

Weekly Monthly Quarterly Other (please specify)

(f) Are client funds kept in a properly designated client account which is separate from the bank account of the Insured?

Yes No

IV. Insurance & Loss History

16. Is any partner, director or principal after inquiry aware of any claims ever been made against the Insured(s) or their predecessors in business or any of the present or former partners, directors or principals?

Yes No

17. Is any partner, director or principal after inquiry, aware of any circumstances or occurrences which may give rise to a claim against the Insured or their predecessors in business or any of the present or former partners, directors or principals?

Yes No

If you have answered "YES" to questions 16 or 17, then full details of each matter must be advised before quotation can be considered. We must remind you that it is imperative to answer these questions correctly. **FAILURE TO DO SO COULD WELL PREJUDICE YOUR RIGHTS**, if a subsequently a claim should arise.

18. (a) Please list out details of previous Professional Liability Insurance carried during the past 3 years.

If none, then please check here

Period	Insurer	Limit	Excess	Premium
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(b) Has any proposal for Professional Liability Insurance made on behalf of the Insured(s) or any predecessors in the business, or present partners/directors or principals ever been declined or has such insurance ever been cancelled or renewal refused or special terms imposed?

Yes No

If "yes", please advise reason(s).

19. (a) Please specify Limit of Liability desired:

\$ _____ \$ _____ \$ _____ \$ _____ \$ _____

(b) Deductible desired:

\$ _____ \$ _____ \$ _____ \$ _____ \$ _____

SIGNING THIS PROPOSAL DOES NOT BIND THE PROPOSER TO COMPLETE THIS INSURANCE

V. Declaration

I/We declare that the statements and particulars in this application/ proposal are true and that no material facts have misstated, misrepresented or suppressed after enquiry. I/ We agree that this application/ proposal, together with any other information supplied by me/ us shall form the basis of any contract of insurance effected between the Insurer and me/ us. I/ We undertake to inform the Insurer of any material alteration to those facts occurring before the renewal / completion of the contract of insurance.

Signed

Title
(to be signed by Partner/Director or Principal or equivalent)

Insured(s)

Date

VI. Please Enclose With This Proposal Form

- A Brochure (if available)
- Copy of Standard Contract Terms (if available)

AIG Insurance Hong Kong Limited

46/F, One Island East
18 Westlands Road
Island East, Hong Kong

Tel: +852 3555 0000

Fax: +852 2147 1450