



**INSURANCE FOR TECHNOLOGY COMPANIES**

# Esurance™ TECH Application Form

Esurance™ TECH is an insurance package designed specifically for the technology sector. The policy includes professional indemnity, products liability, intellectual property rights infringement, directors' and officers' liability, general liability and property. Every aspect of cover has been specifically tailored to meet the needs of the technology industry.



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# TECH

## INSURANCE FOR TECHNOLOGY COMPANIES

### APPLICATION FORM

#### INTRODUCTION

The purpose of this application form is for us to find out who you are and to obtain information relevant to the cover provided by the Esurance™ TECH policy. Completion of this application form does not oblige either party to enter into a contract of insurance.

Insurance is a contract of utmost good faith. This means that the information you provide in this application form must be complete, accurate and not misleading. It also means that you must tell us about all facts and matters which may be relevant to our consideration of your application for insurance. Any failure by you in this regard may entitle us to treat this insurance as if it never existed. If a contract of insurance is agreed between you and us this application form will form the basis of the contract.

Important: This Policy provides Professional Indemnity insurance on a claims made basis. A claim must be first made against the Insured and notified to us during the period of the policy to be covered. This Policy does not cover any professional indemnity claim arising out of any actual or alleged wrongful act occurring before the Retroactive Date.

#### HOW TO COMPLETE THIS FORM

Whoever fills out the form must be a principal, partner or director of the applicant firm and should make all the necessary enquiries of their fellow partners, directors and employees to enable all the questions to be answered.

If you require any extra space to complete the answers to questions contained within this application form please continue your response in the Additional Information section at the back of the form. Once you have completed the form please return directly to your insurance broker.

### SECTION I: COMPANY DETAILS

1.1 Please state the name and address of the principal Company for whom this insurance is required. Cover is also provided for the subsidiaries of the principal Company, but only if you include the data from all of these subsidiaries in your answers to all of the questions in this form.

Insured Company:	
Contact name:	
Address:	
Telephone:	Email address:
Fax:	Website:

1.2 Please state the number of employees:

1.3 Please tick here if you would like to receive the 'CFC Underwriting Technology Risk' email newsletter.   
*Please note that we will not use your email address for any purpose whatsoever, other than to send you this newsletter. You can unsubscribe at any time.*

Please enter the email address to send this to (if different from e-mail address given above):

1.4 Please state your revenue received in respect of the following years:

	Last complete financial year	Estimate for current financial year	Estimate for next financial year
Domestic revenue:	_____	_____	_____
USA revenue:	_____	_____	_____
Other territory revenue:	_____	_____	_____
Total revenue:	_____	_____	_____
Profit (Loss):	_____	_____	_____

Currency:

Date of Company financial year end:

1.5 For Stamp Duty purposes please provide a percentage breakdown of your estimated revenue by State or Territory:

NSW	%	VIC	%	QLD	%	SA	%	WA	%
TAS	%	NT	%	ACT	%	O'Seas	%	Total	%

## SECTION 2: ACTIVITIES

2.1 Please briefly describe below the nature of your business activities.  
If you have a brochure, or company literature, please attach to this form.

2.2 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 your work undertaken for this contract	Your annual income from this contract	Start date	Completion date
_____	_____	_____	_____	MM / YY	MM / YY
_____	_____	_____	_____	MM / YY	MM / YY
_____	_____	_____	_____	MM / YY	MM / YY
_____	_____	_____	_____	MM / YY	MM / YY
_____	_____	_____	_____	MM / YY	MM / YY

2.3 Approximately how many customers do you have?

2.4 Are you involved in medical, aviation, financial, or telecommunications software?  Yes  No

If Yes, please provide full details:

2.5 Please provide a full breakdown of your total revenue by activity.

a) Hardware

- i. Manufacture and / or sale of own hardware:  %
- ii. Distribution / re-sale of third party branded hardware:  %
- iii. Installation:  %
- iv. Maintenance:  %

b) Software product sales

- i. Sales of own brand shrink wrapped / off the shelf software:  %
- ii. Distribution of other brand shrink wrapped / off the shelf software:  %
- iii. Customisable software:  %

c) Software services

- i. Installation, including configuration (no coding involved):  %
- ii. Customisation (including coding changes):  %
- iii. Maintenance:  %
- iv. Systems integration:  %
- v. End user applications:  %

d) Services

- i. Consultancy:  %
- ii. Contract staff:  %
- iii. Support services:  %
- iv. Project management:  %
- v. Training:  %
- vi. Data processing:  %
- vii. Data communication services:  %
- viii. Internet service provision or hosting provided by you:  %
- ix. Internet service provision or hosting provided by a third party:  %
- x. Application service provision:  %

e) Other (Please detail below):  %

Description of other work:

	%
	%

### SECTION 3: CONTRACT & RISK MANAGEMENT INFORMATION

3.1 Do you carry out work only under a written contract signed by every client?  Yes  No

If Yes then please supply a copy of your standard form of contract, or typical examples of contracts used.  
If No then please explain in what circumstances, and why.

3.2 Do you ever accept contracts with your customers in which you accept liability for consequential loss or financial damages greater than the value of the contract?  Yes  No

If Yes, explain what percentage of your contracts this is applicable to and what these are capped at:

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3.3 Do any of your contracts contain a service credit or liquidated damages regime (if Yes please attach sample)?  Yes  No

3.4 Are all your contracts reviewed by an appropriately qualified legal advisor prior to signature?  Yes  No

3.5 Is the delivery of any of your projects / contracts time critical (e.g. tied to a specific external event, on the critical path for a larger project, tied to a major sporting event, etc.)?  Yes  No

If Yes, please explain:

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3.6 Could the failure of your product / services result in the loss of life or injury to a person?  Yes  No

If Yes, please explain:

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3.7 Could the failure of your product / services result in damage or destruction to any physical property?  Yes  No

If Yes please explain:

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3.8 In the event that your product / service failed or delivery was delayed please select the response which best describes the worst case scenario:

- |  |                          |                                |                          |
|--|--------------------------|--------------------------------|--------------------------|
| Immediate and significant financial loss | <input type="checkbox"/> | Immediate minor financial loss | <input type="checkbox"/> |
| Financial loss (not immediate)           | <input type="checkbox"/> | Insignificant financial loss   | <input type="checkbox"/> |
| No financial impact                      | <input type="checkbox"/> |                                |                          |

If anything other than "No financial impact", please explain:

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3.9 What approximate percentage of revenue, in your current financial year will be paid to sub-contractors?  %

3.10 Do you ensure that sub-contractors have their own professional indemnity and public liability insurance?  Yes  No

## SECTION 4: PROPERTY AND BUSINESS INTERRUPTION INSURANCE

Only complete this section if you require this cover.

4.1 Please state the address of the premises to be insured (if different from the address given earlier):

<p><b>PREMISES 1</b></p> <p>Address: _____</p> <p>_____</p> <p>_____</p> <p><b>PREMISES 2</b></p> <p>Address: _____</p> <p>_____</p> <p>_____</p>
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Please continue on a separate sheet if more than 2 premises are to be insured.

4.2 Please detail below any other party (such as a bank) whose financial interest in the premises should be noted on the policy.

<p>Name of party: _____</p> <p>Interest of party: _____</p> <p>Address: _____</p> <p>_____</p>
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4.3 Are all of the premises:

- a) Constructed with external walls of brick, stone or concrete and roofed with slate, tiles, concrete, metal, asbestos or any other non-combustible material?  Yes  No
- b) Free from cracks or other signs of damage that may be due to subsidence, landslip or heave and have not previously suffered damage by any of these causes?  Yes  No
- c) In a good state of repair and occupied solely as offices?  Yes  No
- d) Self contained with a lockable entrance door?  Yes  No
- e) Protected by an intruder alarm that is subject to an annual maintenance contract?  Yes  No

*NOTE: We may refuse to pay a claim if all of the devices for the security of your premises (including locks and the intruder alarm) are not put into full and effective operation whenever the premises are closed for business or left unattended.*

- f) Heated by a conventional electric, gas, oil or solid fuel heating system?  Yes  No
- g) Fitted with electrical installations which are inspected at least every 5 years by a qualified electrician and any defect remedied?  Yes  No
- h) Lifts, boilers, steam and pressure vessels inspected and approved to comply with all of the statutory requirements?  Yes  No
- i) Fitted with sprinklers either fully or partially?  Yes  No

*NOTE: Assuming you have answered Yes to questions g) and h) above, it is important to keep records of all relevant inspections as we may ask for evidence of these before paying a claim.*

If you have answered No to any of the above questions then please give further details:

<p>_____</p> <p>_____</p> <p>_____</p>
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4.4 Please detail the amounts to be insured below for each premises.

*NOTE: The amounts insured you state below should be the full rebuilding or replacement cost in each of the categories. If you understate these amounts you will be under-insuring and we may not pay the full amount of your claim. It is therefore essential that these amounts are as close to the true values of the insured items as possible.*

ITEM	AMOUNT INSURED PREMISES 1	AMOUNT INSURED PREMISES 2
Main Building:	_____	_____
Landlord's fixtures & fittings and tenant improvements:	_____	_____
Personal computers, printers and ancillary computer equipment at the office:	_____	_____
All other contents at the office:	_____	_____
Portable computers and associated equipment at home / away from the office:	_____	_____
All other contents at home / away from the office:	_____	_____

4.5 Please state, in respect of portable computers and associated equipment at home / away from the office, the maximum value of any one item (not the total value of all items) of this type of property:

4.6 Please detail the amounts to be insured below for business interruption cover. Note that the maximum indemnity period available is 12 months. You should bear in mind how long it will take you to re-commence trading at another premises when stating the amount insured and indemnity period.

We provide our business interruption cover on a flexible first loss basis. This is an innovative form of cover designed specifically for technology companies. Simply tell us how long it will take you to recover from a serious business interruption event (e.g. fire, flood, etc.) and how much it will cost you (consider additional costs incurred to get back up and running, potential loss of revenue, cost of project delays, and lost expenditure on R&D work).

ITEM	AMOUNT INSURED	INDEMNITY PERIOD
Business Interruption Cover (loss of income, project delay, R&D expenditure, increased costs of working and outstanding debts combined):	_____	_____ MONTHS

## SECTION 5: PUBLIC / PRODUCTS / POLLUTION LIABILITY INSURANCE

Only complete this section if you require this cover.

5.1 Please state the following:

a) Your total estimated payroll for the next financial year:

b) Your payroll relating to non-manual work away from your premises (such as consulting, programming or similar):  
Please detail the nature of this work below.

  
  


c) Your payroll relating to manual work away from your premises:  
Please detail the nature of this work below.

  
  


d) Your payroll relating to hazardous work away from your premises:  
Please detail the nature of this work below.

  
  


5.2 In the course of an average working day are people, other than your employees, regularly present on your premises?

 Yes

 No

If yes, please describe the capacity in which these people are present below:

  
  


## SECTION 6: CLAIMS EXPERIENCE AND INSURANCE HISTORY

6.1 Please provide details of your current insurance policies (unless you are already insured with CFC):

Type of Insurance	Expiry Date	Limit	Deductible	Premium	Insurer
Professional Indemnity:	DD / MM / YY				
Directors' and Officers' Liability:	DD / MM / YY				
Public / Products Liability:	DD / MM / YY				
Property / Contents:	DD / MM / YY				
Business Interruption:	DD / MM / YY				

6.2 What is the retroactive date on your current professional indemnity insurance (if applicable)?

6.3 If you do not currently have professional indemnity insurance please state the following:

	Option 1	Option 2
Limit required:	<input type="text"/>	<input type="text"/>
Deductible preferred:	<input type="text"/>	<input type="text"/>

6.4 Regarding all of the types of insurance to which this proposal form relates **AFTER ENQUIRY:**

- a) are you aware of any loss or damage, whether insured or not, that has occurred to any of the Companies to be insured (or to any existing or previous business of the partners or directors of any of the Companies to be insured) within the last 5 (five) years, or
- b) are you aware of any circumstances which may give rise to a claim against any of the Companies to be insured or any partners or directors thereof, or
- c) have any claims or cease and desist orders been made against any of the Companies to be insured, or partners or directors thereof, or
- d) have any partners or directors of the Companies to be insured been found guilty of any criminal, dishonest or fraudulent activity or been investigated by any regulatory body?

With reference to questions a, b, c and d above:     Yes     No

If the answer to the above is 'Yes', then please attach full details including an explanation of the background of events, the maximum amount involved / claimed, the status of the claim(s) or circumstance(s) and any reserve(s) or payment(s) made by you and/or by Insurers, and the dates of all developments and payments.

**SECTION 7: DECLARATION**

- I / we declare that after proper enquiry the statements and particulars given above are true and that I/we have not mis-stated or suppressed any material fact.
- I / we agree that this Application Form, together with any other material information supplied by me / us shall form the basis of any contract of insurance effected thereon.
- I / we undertake to inform Underwriters of any material alteration to these facts occurring before the completion of the contract.

Signed: _____	Full Name: _____
Position held at Insured: _____	Date: <u>DD / MM / YY</u>

ADDITIONAL INFORMATION:

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