



## PROPOSAL FORM: INFORMATION TECHNOLOGY LIABILITY INSURANCE

### IMPORTANT NOTICE

PLEASE READ THE FOLLOWING ADVICE BEFORE COMPLETING THIS PROPOSAL FORM

#### Your Duty of Disclosure

Before you enter into a contract of general insurance with an Insurer, you have a duty to disclose to the Insurer every matter that you know, or could reasonably be expected to know about yourself and others to be insured, is relevant to the Insurer's decision whether to accept the risk of the insurance and, if so, upon what terms. You have the same duty to disclose those matters to the Insurer before you renew, extend, vary or reinstate a contract of general insurance. Your duty however does not require disclosure of matter:

- That diminishes the risk to be undertaken by the Insurer;
- That is of common knowledge;
- That your Insurer knows or, in the ordinary course of its business, ought to know; or
- As to which compliance with your duty is waived by their Insurer.

(It should be noted that this duty continues after the proposal form has been completed up until the time the policy is entered into.)

#### Non-Disclosure

If you fail to comply with your duty of disclosure, the Insurer may be entitled to reduce their liability under the contract in respect of a Claim or may cancel the contract. If your non-disclosure is fraudulent, the Insurer may also have the option of avoiding the contract from its beginning. It is therefore vital that you make sufficient enquiries BEFORE you complete your proposal form and BEFORE you sign any declaration that there has been no change in the information proposed.

If you fail to comply with your duty of disclosure, we may be entitled to avoid the contract altogether, and so decline to pay any claim. We will respond reasonably in relation to what you did not disclose.

#### Jurisdiction

Except to the extent otherwise provided in any subsequently issued policy, the content and use of this form and any agreement entered into pursuant to this form or any dealing in relation to or arising from this are governed by the laws of New Zealand and in relation to those matters, the parties submit to the jurisdiction of the courts of New Zealand

#### Surrender or Waiver of any Right of Contribution or Indemnity

Where another person or company would be liable to compensate you or hold you harmless for part or all or any loss or damage otherwise covered by the policy, but you have agreed with that person either before or after the inception of the policy that you would not seek to recover any loss or damage from that person, you are NOT covered under the policy for any such loss or damage.

#### Notice of Occurrences or Events

If during the period of this policy, the Insured shall become aware of any occurrence which may give rise to a Claim under the policy and shall during the period of this insurance given written notice to the Insurer of such occurrence, any Claim which

may be subsequently made arising out of the occurrence of which notification has been given shall be deemed to be a Claim made during the period of this policy whenever such Claim may actually be made.

### Contract by the Insured Affecting Rights of Subrogation

If the proposed contract of insurance includes a provision which excludes or limits the Insurer's liability in respect of any loss because you are a party to an agreement which excludes or limits your rights to recover damages from a third party in respect of that loss, you are hereby notified that signing any such agreement may place your indemnity under the proposed contract of insurance at risk.

### When completing this Proposal Form

- Please answer all questions giving full and complete answers.
- It is the duty of the Proposer to provide all information that is requested in the proposal form as well as to add additional relevant facts. A relevant fact is such known fact and/or circumstance that may influence in the evaluation of the risk by the insurer. If you have any doubts about what a relevant fact is, please do not hesitate to contact your broker or insurer.
- If the space provided on the Proposal Form is insufficient, please use a separate signed and dated sheet in order to provide a complete answer to any question.
- The proposal form must be completed, signed and dated by a person, who must be of legal capacity and authorised for the purpose of requesting professional Indemnity insurance for the firm who acts as a Proposer.
- You or your insurance broker must tell us about any changes to your contact details.

**This proposal form DOES NOT BIND the Proposer or the Insurer to complete the insurance but will form part of any insurance.**

### Privacy Statement

DUAL New Zealand Ltd is bound by the obligations of the Privacy Act 1993 regarding the collection, use, disclosure and handling of personal information.

We will protect the privacy of your personal information. We will use the information you provide in this Proposal Form (including any supplementary documentation) to consider your application for insurance, to determine policy terms, to assess a claim, etc.

We may disclose your personal information to third parties who we believe are necessary to assist us. These third parties will only use your personal information for the purposes we provided it to them (or if required by law). We may also be required to disclose your personal information to others for the purposes of public safety and/or law enforcement.

If you provide us with personal information about other individuals you must ensure that you obtain consent from those individuals to disclose that information to us. You are entitled to access your personal information and request any correction if required.

### Fair Insurance Code

Our policies are Insurance Council of New Zealand's Fair Insurance Code of Practice compliant, apart from any claims adjusted outside New Zealand. Underwriters at Lloyds and DUAL New Zealand proudly support the Fair Insurance Code. The purpose of the Code is to raise standards of practice and service in the general insurance industry. A copy of this Code is available by contacting DUAL New Zealand or from the Insurance Council of New Zealand's website at [www.icnz.org.nz](http://www.icnz.org.nz).

## SECTION 1: DETAILS OF THE PROPOSER

Insured Name: \_\_\_\_\_

Address of Head Office: \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Web Address: \_\_\_\_\_

Date Established:                    /                    /

Telephone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

Country/State of Registration: \_\_\_\_\_ NZBN/NZCN: \_\_\_\_\_

Address of all other locations (if any) from which the insured operates:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## SECTION 2: DETAILS OF THE BUSINESS

1. Please provide a detailed description of your information technology services or information technology products provided, including primary purpose of software/systems licensed or supplied by you including details of any advice provided.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has the name of the Business ever been changed? Yes [ ] No [ ]

Have you sold, purchased or merged with any other Business? Yes [ ] No [ ]

Is any Principal, Partner or Director connected or associated (financially or otherwise) with any other Business?  
Yes [ ] No [ ]

If YES, to any of the above please provide further details:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### SECTION 3: EMPLOYEE INFORMATION

1. Please state the total number of the following:

Principals, Partners, Directors		Administration staff	
Professionally qualified staff		Other (please specify)	
Trainee staff			
Sales staff		Total	

2. Please provide the following details for each of the insured's principals, partners, directors and key technical staff:

Name	Age	Qualifications	Date Qualified	No. Years of this Practise	Total Years Practising

3. Please provide details of annual gross wages for:

Current Year: \_\_\_\_\_ Estimate Next Year: \_\_\_\_\_

### SECTION 4: TURNOVER DETAILS

1. Please provide a percentage breakdown of your gross turnover by activity for the current year.

Activity	Percentage Breakdown %	Activity	Percentage Breakdown %
Reseller of Third Party Software		Maintenance and Repair	
Reseller of Third Party Hardware		Data Processing/Warehousing Services	
Software Sales (own developed)		General Consultancy	
Hardware Sales (own developed)		Education and Training	
ISP/Web/Internet Services		IT Recruitment and Placement Services	
Telecommunication Services		Facilities Management and Outsourcing	
Systems Integration		Other (please specify)	

2. Please provide a breakdown of turnover for the current financial year and an estimate for the next year.

Territory	Current Year	Estimate Next Year
Australia and New Zealand		
Asia		
UK		
USA/Canada		
Total		

3. Are any of your products/services intended for use in any of the following?

- Medical/Surgical applications Yes [ ] No [ ]
- Aerospace/Radar/Navigation Systems Yes [ ] No [ ]
- Military/Defence Systems Yes [ ] No [ ]
- Oil/Gas/Power/Nuclear Energy applications Yes [ ] No [ ]
- Financial or Banking Systems Yes [ ] No [ ]
- Manufacturing Process Control Systems Yes [ ] No [ ]
- Security Systems Yes [ ] No [ ]

If YES to any of the above please provide further details:

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**SECTION 5: GENERAL INFORMATION**

1. Are you, have you, or do you plan to be a part of a joint venture, partnership or consortium?

- Yes [ ] No [ ]

If YES, please provide further details:

Joint Venture Partner	Details

2. Do you use a standard contract or agreement for all the work you perform? Yes [ ] No [ ]

If YES, please **attach** a copy.

a. What percentage of the time do customers agree to the Proposer’s standard contract or agreement?

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Please **attach** a copy of the largest non-standard contract.

b. Who must approve any variations in the Proposer’s standard contracts?

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3. Do you ever negotiate contracts or agreements in which you:

a. Limit your liability in all contracts to the cost of services or products provided? Yes [ ] No [ ]

If NO, how do you limit your liability?

b. Agree to limit the other parties’ liability? Yes [ ] No [ ]

If YES, in what circumstances? And what are the limitation amounts?

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c. Accept liability for consequential damages? Yes [ ] No [ ]

If YES, in what circumstances?

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d. Do not include a Force Majeure Clause? Yes [ ] No [ ]

4. Are all contracts legally reviewed prior to signing? Yes [ ] No [ ]

5. Do you ever agree to indemnify or hold harmless any third party for claims arising out of your services or products? Yes [ ] No [ ]

If YES, please provide details:

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6. Do you enter into contracts for a specified dollar value? (i.e. Fixed price contracts) Yes [ ] No [ ]

Indicate % of time: \_\_\_\_\_

7. Do you provide contractual indemnities to anyone in respect of intellectual property licensed, sold or shared?

If YES, please supply a copy of your standard indemnity. Yes [ ] No [ ]

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8. Do you have sole legal rights to the intellectual property/licensed/sold/shared? Yes [ ] No [ ]

If NO, please supply details:

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9. Do you act as an agent for any company(s)? Yes [ ] No [ ]

If YES, please provide details:

Company	Software/Hardware/Services provided in accordance with the agency	Percentage of agency sales To total turnover

10. Please provide a brief description and contract value for the five (5) largest contracts undertaken over the past five (5) years.

Brief Description	Contract Value (\$)

11. a. What is the value of your average contract? \$ \_\_\_\_\_

b. What is the duration of your average contract? \_\_\_\_\_

c. Do all customers sign a written agreement, contract or purchase order? Yes [ ] No [ ]

12. Do you use the services of consultants, contractors or agents? Yes [ ] No [ ]

If YES:

a. What percentage of IT services or IT products are provided by sub-contractors? \_\_\_\_\_%

b. Please specify what IT services or IT products are sub contracted?  
\_\_\_\_\_

c. Do you have specific written contracts with these sub-contractors? Yes [ ] No [ ]

d. Do you insist they carry their own Information Technology Liability Insurance? Yes [ ] No [ ]

e. Do you require proof of IT Liability Insurance from sub-contractors? Yes [ ] No [ ]

f. Do you enter into any hold-harmless agreements or otherwise waive any legal rights or entitlements which you may have against such consultants, sub-contractors or agents? Yes [ ] No [ ]

g. Do you require cover for consultants, contractors or agents? Yes [ ] No [ ]

If YES, please provide:

i) A list of consultants, contractors, or agents

ii) Total payments to such persons in the current year

iii) Copy of your standard Contractors Agreement

13. Do you have all employees, consultants and contractors assign you their intellectual property rights? Yes [ ] No [ ]

If YES, please provide a copy of standard Agreement.

14. Do you envisage any substantial changes in your activities or are there any major new operations contemplated during the next twelve (12) months? Yes [ ] No [ ]

If YES, please provide further details:

15. Do you perform work outside New Zealand, or work for clients located overseas? Yes [ ] No [ ]

If YES, please provide an approximate percentage breakdown by country.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SECTION 6: RISK MANAGEMENT

1. Do you require written acceptance from the customer on delivery of services or products? Yes [ ] No [ ]

2. Do you have a Total Quality Management (TQM) strategy in place? Yes [ ] No [ ]

If YES, please provide details.  
\_\_\_\_\_  
\_\_\_\_\_

3. Do you have a formal product recall plan in place? Yes [ ] No [ ]

4. Do your product or systems development procedures include the following:

- |   |         |        |
|---|---------|--------|
| a. Systems development methodology in writing   | Yes [ ] | No [ ] |
| b. A written proposal in order to determine customer performance expectations in required | Yes [ ] | No [ ] |
| c. A written contract of specifications of products and services signed by the customer   | Yes [ ] | No [ ] |
| d. A written agreement outlining the scope of the project or services                     | Yes [ ] | No [ ] |
| e. Contract outlining responsibility of all parties                                       | Yes [ ] | No [ ] |

5. Do your sign-off procedures include the following:

- |   |         |        |
|---|---------|--------|
| a. Interim changes documented with customer sign off required                                 | Yes [ ] | No [ ] |
| b. Performance milestones acknowledged and accepted with customer sign-off when achieved      | Yes [ ] | No [ ] |
| c. Final test made with the customer and sign-off is required                                 | Yes [ ] | No [ ] |
| d. A final acceptance letter or sign off agreement from the customer is required              | Yes [ ] | No [ ] |
| e. Formal policy for documenting/responding to customer complaints/requests for changes/fixes | Yes [ ] | No [ ] |

6. Do you obtain legal advice from advisers specialising in intellectual property law before releasing new software or products? Yes [ ] No [ ]

7. If you use in house legal counsel for due diligence and clearance of new software or products, please attach details of the due diligence checklist for intellectual property clearances.

If you do not have due diligence and clearance procedures please provide comments.

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8. Do new employees involved in development work sign an agreement that they will not distribute or utilise previous employer's trade secrets? Yes [ ] No [ ]

9. If you use sub-contractors during the development process, do they sign copyright license agreements? Yes [ ] No [ ]

10. Do you have written procedures for handling intellectual property of others? Yes [ ] No [ ]

11. Have you ever filed for any patents? Yes [ ] No [ ]

If YES, how many patents do you currently own?

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## SECTION 7: CLAIMS DETAILS

1. After enquiry:

- a. Have any Claims been made against the Company for professional negligence, error or omission in the last 5 years? Yes [ ] No [ ]
- b. Have any Claims been made against you for Information Technology Liability Yes [ ] No [ ]

If YES, please provide further details of the Claim, the Claim amount and any payments:

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2. After enquiry is the Proposer or any of the Principals, Partners, Directors or Employees aware, of any circumstances or incident, which may give rise to a Claim against the Company or any present or former Principals, Partners, Directors or Employees? Yes [ ] No [ ]

If YES, please provide further details:

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3. After enquiry has any client disputed payment for products or services rendered? Yes [ ] No [ ]

If YES, please provide further details:

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4. After enquiry has any contract or project experienced cost overruns, delays, system failure or functionality problems? Yes [ ] No [ ]

If YES, please provide further details:

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## SECTION 8: DETAILS OF INSURANCE COVER

1. Do you have any Information Technology Liability, Professional Indemnity or Public/Products Liability Insurance Cover currently in place? Yes [ ] No [ ]

If YES, please state:

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2. Has the Company or any Principal, Partner or Director ever been refused or cancelled insurance, or had a renewal application denied, or had special terms imposed? Yes [ ] No [ ]

If YES, please provide further details:

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## SECTION 9: INDEMNITY LIMIT

1. Please complete indemnity limit and deductible required:

	INDEMNITY LIMIT	DEDUCTIBLE
PROFESSIONAL INDEMNITY	\$NZ	\$NZ
PUBLIC & PRODUCTS LIABILITY	\$NZ	\$NZ

2. OPTIONAL EXTENSIONS

Is cover required for:

USA/Canada Cover	Yes [ ]	No [ ]
Consultants, Subcontractors and Agents	Yes [ ]	No [ ]
Reinstatement of Indemnity Limit	Yes [ ]	No [ ]

## SECTION 10: DECLARATION

SIGNING THIS PROPOSAL FORM DOES NOT BIND THE PROPOSER OR THE INSURER TO COMPLETE THIS INSURANCE

The undersigned declares that the statement and particulars in this proposal form are true and that no material facts have been misstated or suppressed after enquiry. The undersigned agree that should any of the information given by us alter between the date of this proposal and the inception date of the insurance to which this proposal relates, the undersigned will give immediate notice thereof. The undersigned agrees that the Underwriters may use and disclose our personal information in accordance with the "Privacy Statement" at the beginning of this Proposal.

The undersigned agrees that this proposal, together with any other information supplied by us shall form the basis of any contract of insurance effected thereon.

TO BE SIGNED BY THE INSURED FOR WHOM THIS INSURANCE IS INTENDED FOR

SIGNATURE: \_\_\_\_\_ DATE:            /            /

NAME: \_\_\_\_\_

POSITION: \_\_\_\_\_

IT IS IMPORTANT THE UNDERSIGNED OF THE DECLARATION ABOVE IS FULLY AWARE OF THE SCOPE OF THIS INSURANCE SO THAT THESE QUESTIONS CAN BE ANSWERED CORRECTLY. IF IN DOUBT PLEASE CONTACT THE BROKER OR AGENT, SINCE NON-DISCLOSURE MAY AFFECT AN ASSURED'S RIGHT OF RECOVERY UNDER THE POLICY.



DUAL New Zealand recommends that you keep a record of all information supplied for the purpose of entering into an insurance contract (including copies of this Proposal Form and correspondence).

HOW TO CONTACT DUAL NEW ZEALAND PTY LTD:

Address: DUAL New Zealand Pty Ltd  
Level 20, 191 Queen Street  
Auckland 1010,  
New Zealand

Telephone: +64 09 973 0190

E-mail: [reception@dualnewzealand.co.nz](mailto:reception@dualnewzealand.co.nz)