



In association with **Hollard.**

PROPOSAL FORM Technology PI

Hollard.

Underwritten by The Hollard Insurance Co. Ltd,
an authorised Financial Services Provider

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ITOO is an Authorised Financial Services Provider. FSP No. 47230



Please answer **ALL** questions completely
 Should any question or part thereof not be applicable, please state "N/A"
 Should insufficient space be provided, please continue on your company letterhead

1. Name of Insured _____
2. Physical Address _____
3. VAT Number _____
4. Company Website _____

5. Total gross income/Fees for the current and the past 3 financial years

| | | | | | |
|--------------|--|----------------------------|--|--------|--|
| Year 1 | | Year 2 | | Year 3 | |
| Current year | | Date of financial year end | | | |

6. Is the Proposer controlled, owned or associated with any other firm, corporation or company

7. Number of principals, partners, officers and professionals

8. Number of non-professional employees

| Name of all partners / principals / key employees | Professional qualification | Date qualified | How long partner/ principal in practice |
|---|----------------------------|----------------|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

9. Does the Proposer belong to any professional association(s)

10. Does the Proposer use a written contract with clients

| | | | |
|-----|--|----|--|
| Yes | | No | |
|-----|--|----|--|

*If **YES**, please attached a copy of your standard contract*



11. Does the Proposer have any Risk Management Procedures in place to assist in preventing claims

| | | | |
|-----|--|----|--|
| Yes | | No | |
|-----|--|----|--|

*If **YES**, please provide details*

12. What percentage of the Proposer's business involves sub-contracting to others

13. Does the Proposer use a written contract with such sub-contractors

| | | | |
|-----|--|----|--|
| Yes | | No | |
|-----|--|----|--|

14. Do you limit your liability under contract

| | | | |
|-----|--|----|--|
| Yes | | No | |
|-----|--|----|--|

*If **YES**, please attached a copy of your standard contract*

15. Is any work undertaken currently or planned to be undertaken outside of South Africa

| | | | |
|-----|--|----|--|
| Yes | | No | |
|-----|--|----|--|

16. Does the Proposer currently have PI cover in place

| | | | |
|-----|--|----|--|
| Yes | | No | |
|-----|--|----|--|

*If **YES**, please provide details*

a. Name of Insurer

b. Expiry Date

c. Limit of Indemnity

d. Retroactive Date

e. Deductible

f. Premium

17. Has any similar insurance ever been declined or cancelled

| | | | |
|-----|--|----|--|
| Yes | | No | |
|-----|--|----|--|

*If **YES**, please provide details*

18. Does any person to be insured have knowledge or information of any act, error or omission which might reasonably be expected to give rise to a claim against him or the Proposer

| | | | |
|-----|--|----|--|
| Yes | | No | |
|-----|--|----|--|

*If **YES**, please provide details*



19. Please give details of all claims made against the Company over the last 5 years

| Date of claim | Description |
|---------------|-------------|
| | |
| | |
| | |
| | |
| | |

20. Is the Company, after enquiry, aware of any circumstances which may give rise to a claim under the proposed insurance

| | | | |
|-----|--|----|--|
| Yes | | No | |
|-----|--|----|--|

If **YES**, please provide full details

ACTIVITIES

1. Please describe in detail the professional activities for which coverage is required

2. Split the business activity by revenue as a percentage

| Activity | % of income / fees |
|----------|--------------------|
| | |
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LIMIT OF INDEMNITY

| | Option 1 | Option 2 | Option 3 | Option 4 |
|------------|----------|----------|----------|----------|
| Quote | | | | |
| Deductible | | | | |

DECLARATION

I/We, the undersigned, declare that the statements set forth in this proposal form together with any other information supplied are true and correct and that I/we have not misstated or suppressed any material facts.

I/We agree that this proposal form together with any other information supplied by me/us shall form the basis upon which the contract of insurance is concluded and shall be incorporated therein.

I/We further undertake that in the event that the information provided changes between the date of this application and inception of cover, I/We will notify ITOO of such changes as soon as reasonably possible.

Name (duly authorised)

Designation

Signature

Date

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|