PROPOSAL FORM
Professional Indemnity
Technology/Telecommunications

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 _____ Code _____
3. Vat Number _____
4. Company Website _____
5. Total gross income/Fees for the current and the past financial years
   i. Past Financial Year end:
      Date _____
      Domestic Fees R _____
      Sub-consulted Fees R _____
      International Fees R _____
      TOTAL ANNUAL FEES **R** _____
   ii. Current Financial Year end:
      Date _____
      Domestic Fees R _____
      Sub-consulted Fees R _____
      International Fees R _____
      TOTAL ANNUAL FEES **R** _____
   iii. Future Financial Year end (estimate):
      Date _____
      Domestic Fees R _____
      Sub-consulted Fees R _____
      International Fees R _____
      TOTAL ANNUAL FEES **R** _____
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 this practice
1.			
2.			
3.			
4.			
5.			

iTOO Special Risks (Pty) Ltd
Villa Arcadia, 22 Oxford Road, Parktown, Gauteng, 2193 | PO Box 87419, Houghton, 2041 | Tel: 0861 004 866 | Email: info@itoo.co.za | **www.itoo.co.za**

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9. Do you belong to any Professional Associations or Regulatory bodies? Yes ☐ No ☐
If **YES**, please provide details

Has any membership been cancelled, revoked, suspended or declined? Yes ☐ No ☐

10. Does the Proposer use a written contract with clients Yes ☐ No ☐
If **YES**, please attach 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 attach a copy of your standard contract

15. Is any work undertaken currently or planned to be undertaken outside of South Africa? Yes ☐ No ☐
If **YES**, please provide details

15.1 Jurisdiction

15.1.1 Work undertaken outside SA

Does the practice undertake any work outside of the borders of SA? Yes ☐ No ☐
If **YES**, please specify / attach

15.1.2 Offices domiciled outside SA Yes ☐ No ☐
List any offices established outside of SA, and registered within those jurisdictions:

15.1.3 North America

Does your company provide any services for your clients in Northern America or any other countries / states governed by their laws? Yes ☐ No ☐
If yes, please provide the following details:

a.) What percentage of your fees are attributable to these activities? _____ %

b.) Do you have physical offices in these areas? Yes ☐ No ☐

i. Under whose management and control are these offices? _____

ii. Is there any foreign shareholding in these offices? Yes ☐ No ☐

If so what percentage? _____ %

15.1.4 Do you give any advice relating to the Laws of these countries? Yes ☐ No ☐
If **YES**, please specify / attach

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 _____

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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 details

TECHNOLOGY ACTIVITIES

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

2. Split the business activity by revenue as a percentage

Activities	% of income / fees	
		%
		%
		%
		%
		%
		%
		%
		%
		%
		%
		%

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3. For the income/ fees listed in Question 5 please give the approximate percentage derived from each of the activities listed

Packaged Software	%
Customisable Software	%
Bespoke Software	%
Systems Analysis	%
Data Processing	%
Facilities Management	%
Sale/Supply Hardware	%
Hardware Maintenance/Installation	%
Software Installation	%
General IT Advice	%
Strategic Planning	%
Procurement	%
Training	%
Trouble Shooting	%
Project Management	%
Systems Audit	%
Other IT (please describe below)	%

4. Indicate the end user applications for your services

Administrative	%
Accounting/Financial (Non-Funds Transfer)	%
Architectural/Engineering	%
Communications	%
Database Management	%
Educational	%
Funds Transfer	%
Imaging	%
Inventory Control	%
LAN/Network Management	%
Medical Management	%
Manufacturing Control Process	%
Scientific/Mathematical	%
Security (Firewalls etc)	%
Other IT (please describe below)	%

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5. Indicate the market(s) for your services

Aerospace	%
Communications/Transport	%
Construction/Mining/Agriculture	%
Education	%
Financial Institutions	%
Government (Military)	%
Government (non-Military)	%
Healthcare/Medical	%
Home Use	%
Internet Service Providers	%
Manufacturing/Industrial	%
Trade Retail/Wholesale	%
Other (please describe below)	%

RISK MANAGEMENT / QUALITY MANAGEMENT

1. Does all of the Proposer's contracts contain an exclusion for all consequential or indirect losses? Yes ☐ No ☐
2. Is all system work documented and tested? Yes ☐ No ☐
3. Are clients required to sign off on pilot tests prior to regular production? Yes ☐ No ☐
4. Do the clients have responsibility for determining the accuracy of results in writing? Yes ☐ No ☐
5. Are the causes of contract delays examined and responded to? Yes ☐ No ☐
6. Briefly explain your product/service development methodology

ARTIFICIAL INTELLIGENCE (AI)

1. Do you make use of any Generative Artificial Intelligence / Machine Learning in your business, if yes; Yes ☐ No ☐
   - Please describe what and how it is used within your business.
   - Who has the authority to use such tools?

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- How do you monitor the usage of such tools?

- What percentage of your business is reliant on such tools?
- How do you as a business check and verify the output generated from such tools that it makes sense and is reliable?

- Who has the final say in utilizing such output into your business?

LIMIT OF INDEMNITY

	Option 1	Option 2	Option 3	Option 4
Quote				
Deductible				

PRIVACY

In accordance with the applicable laws, we may be required to share your personal information with other insurers, industry bodies, credit agencies and service providers. This includes information about your insurance, claims and premium payments. We do this to provide insurance services, prevent fraud, assess claims and conduct surveys. We will treat your personal information with caution and have put reasonable security measures in place to protect it. By signing this application for insurance, you agree to the processing and sharing of your personal information.

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

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