



In association with **Hollard.**

PROPOSAL FORM Outsourcing 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	
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*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	
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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	
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14. Do you limit your liability under contract

Yes		No	
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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	
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16. Does the Proposer currently have PI cover in place

Yes		No	
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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	
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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	
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If YES, please provide details



19. Have any PI claims been made against any proposed Insured(s) during the past five years

Yes		No	
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If **YES**, please provide details

OUTSOURCING ACTIVITIES

1. Describe the outsourcing activities for which coverage is desired

2. Please detail what countries you provide outsourcing services in, where calls inbound and outbound calls are located and detail any overseas coverage you require

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

Activities	% of income / fees
Inbound/Outbound Telemarketing and Survey	
Telephone, Email or Online Support Services	
Marketing/Promotion of Third Party's' Products or Services	
Customer Relationship Management	
Data Handling and Processing	
Back Office (payroll, human resources, book-keeping, accounts payable, accounts receivable and travel support)	
Technology Services	
Telecommunication Services	
Other	



4. Indicate the market(s) for your outsourcing services

Market	% of income / fees
Aerospace	
Communications/Transport	
Construction/Mining/Agriculture	
Education	
Financial Institutions	
Government (Military)	
Government (non-Military)	
Healthcare/Medical	
Home Use	
Manufacturing/Industrial	
Trade: Retail/Wholesale	
Other	

CALL CENTRE SERVICES

1. What is the ratio of Customer Support Representatives to Trainers

2. Please provide brief details of training given to Customer Support Representatives

3. Are all calls recorded and how long are they retained for

4. Are all calls monitored on a random basis by experienced supervisors

 Yes No

5. Do the Customer Support Representatives have access to the client's server or database

 Yes No



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
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