



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	
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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. 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	
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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



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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