



IT Combined Professional and Public & Technology Products Insurance

PROPOSAL FORM

Important Notice

Claims-Made and Notified Insurance

This policy is issued by Alpha Insurance Limited on a claims-made and notified basis. This means that the policy only covers Claims (as defined) first made against you during the Policy Period (as defined) and notified to the insurer in writing during the Policy Period. The policy does not provide cover for any Claims made against you during the Policy Period if at any time prior to the commencement of the Policy Period you became aware of facts which might give rise to those Claims being made against you.

This policy contains a "Prior Claims/Circumstances" Exclusion for loss in connection with any claim:

- a) made prior to or pending at the inception of this policy; or
- b) arising out of, based upon or attributable to any circumstance that, as of the inception of this policy, may reasonably have been expected by any Insured to give rise to a Claim.

This policy does not provide cover for Claims arising from any Wrongful Acts which take place before the Retroactive Date

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, 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.

However, your duty of disclosure does not require you to disclose matters:

- a) that diminish the risk to be undertaken by the insurer;
- b) that are of common knowledge;
- c) that your insurer knows, or in the ordinary course of its business, ought to know;
- d) as to which compliance with your duty of disclosure is waived by the insurer.

Your duty of disclosure continues after the proposal form has been completed up until the Policy Period commences.

Consequences of Non-Disclosure

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce its 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.

Subrogation

This policy contains provisions which have the effect of excluding or limiting the insurer's liability in respect of a loss where you have prejudiced the insurer's rights of subrogation where you are a party to an agreement which excludes or limits insurer's rights to recover the loss from another party. You are hereby notified of the effect of these provisions.

Details of Proposer

Company Name: _____

Trading Name: _____

Contact Person: _____

If you intend to claim an Input Tax Credit for the premium paid for this policy, please specify the percentage of the premium you will be claiming:

_____ %

How long has the Company continually carried on business? _____

Policyholder's main office:

Street Address: _____

Postal Address: _____

Suburb: _____ Province: _____

Telephone: _____ Facsimile: _____

Website: _____ Email Address: _____

- a) During the past 3 years has the:
- i) Name of the Practice changed? YES / NO
 - ii) Company acquired, merged or taken over any other Company(s), or been acquired, merged or taken over by any other Company(s)? YES / NO
- b) Is any acquisition, tender offer or merger pending or under consideration by the Company? YES / NO
- c) Is the Company aware of any proposal relating to its acquisition by another company? YES / NO

If "Yes" to any of the above, please provide full details (use a separate sheet of your letterhead if insufficient room below), including confirmation of the position relating to past liabilities assumed by either party/ Company(s).

Please provide details of the current partners/principals/directors of the Practice:

Name of Partner/Principal /Director	Professional Body/Society Name	Qualification(s)	Year Qualified	How many years as a Partner / Principal / Director	
				This Practice	Previous Practice

Use a separate sheet of your letterhead if insufficient room above.

What professional associations does the Company belong? _____

Please provide details of current staff numbers:

- a) Partners / principals / directors: _____
 - b) Qualified technical personnel: _____
 - c) Other technical staff _____
 - d) Administration & clerical personnel: _____
- Total:** _____

Is any Partner, Principal or Director of the Company connected or associated (financially or otherwise) with any other company or business? YES / NO

If "Yes", please give details of the nature of the connection/association (use a separate sheet of your letterhead if insufficient room below).

Details of the Business

Please provide the following information:

- a) Please provide the total amount of the Company's gross income/fees and turnover for the following periods:
 - i. Previous financial year: _____
 - ii. Current financial year: _____
 - iii. Coming financial year (estimate): _____
- b) Estimated annual payroll: _____

Please describe in detail the business activities of the Company including full details of the nature of advice given:

Please state the percentage of gross income/fees for each of the activities set out below:

Business Discipline	%	Business Discipline	%
Bespoke software (1st party developed)		Project management	
Data processing		Sale and supply of 3rd party hardware	
Education & training		Sale of customisable software (3rd party developed, 1st party customised)	
Facilities management / outsourcing		Sale of packaged software (3rd party developed)	
General IT advice / consulting		Software maintenance	
Hardware design / manufacture / installation		Systems integration	
Internet service provider		Web design	
Other (please specify below)			

Please indicate the end user application for our services:

End User	%	End User	%
Administrative		Imaging	
Accounting / Financial (Non Fund Transfer)		Inventory Control	
Architectural / Engineering		LAN / Network Management	
Communications: Utilities / Info Services		Medical Management	
Database Management Systems		Manufacturing Process Control Systems	
Educational		Scientific / Mathematical	
Fund Transfer		Security (firewalls etc.)	
Other (please specify below)			

Please state the percentage of gross income/fees for each industry set out below:

Industry	%	Industry	%
Aerospace		Government (non-military)	
Communications / Transportation		Health Care / Medical Services	
Construction / Mining / Agriculture		Home Use	
Education		Manufacturing / Industrial	
Financial Institutions		Trade: Retail / Wholesale	
Government (military)		Other (please specify below)	

Are any substantial changes in the activities listed in the above tables anticipated in the next 12 months?
 YES / NO

If "Yes", please give full details of the anticipated changes (use a separate sheet of your letterhead if insufficient room below).

Does any one contract or client represent more than 50% of the Company's gross annual income/fees?
 YES / NO

If "Yes", please give details of the name of the client and what service(s) are provided (use a separate sheet of your letterhead if insufficient room below).

Please provide a brief description of the Company's five (5) largest clients or contracts during the last 3 years:

Client Name	Business of Client	Nature of Contract	Contract Value	Income/Fees

Are any of the Company's business activities performed outside of Papua New Guinea or provided to clients based outside of Papua New Guinea? YES / NO

If "Yes", please give full details of the client(s), the country they are located within, the fees/turnover, number of employees and what service(s) are provided (use a separate sheet of your letterhead if insufficient room below).

Does the Company have any subsidiary, assets or employees located within the USA or Canada? YES / NO

If "Yes", please give full details of the client(s), the country they are located within, the fees/turnover, number of employees and what service(s) are provided (use a separate sheet of your letterhead if insufficient room below).

Does the Company export any products to North America? YES / NO

If "Yes", please give full details of the specific products exported and the annual turnover from each of these products (use a separate sheet of your letterhead if insufficient room below).

Is the Company involved in any joint ventures? YES / NO

If "Yes", please give full details (use a separate sheet of your letterhead if insufficient room below).

Does the Company issue any brochures, or other similar promotional material? YES / NO
If 'Yes', please attach copies of each.

Risk Management

Does the Company's Contractual Management Processes and Protocols include the following elements:

Change orders integrated into the final contracts? YES / NO

Legal review of all product and promotional material? YES / NO

Proposals without complete request for tenders? YES / NO

Dispute / arbitration resolution? YES / NO
Acceptance of customer contracts? YES / NO
Dollar value size of contracts? YES / NO
Length of duration of contract term? YES / NO
Use of non-standard or customised contracts? YES / NO

Does the Company ever negotiate contracts in which the Company:
Accepts liability for consequential damage? YES / NO
Does not include a limitation of liability for consequential damages? YES / NO
Waive rights of recovery against any other party? YES / NO
Agree to indemnify other parties? YES / NO

If "Yes", to the above, please provide additional details below (use a separate sheet of your letterhead if insufficient room below).

Does the Company ever agree to hold harmless any Original Equipment Manufacturer, sales intermediary or system integrator for claims arising out of your products or services? YES / NO
Does the Company maintain a register of all contracts? YES / NO
Does the Company always use standard written contracts with clients? YES / NO
Does the Company always use external legal counsel to review non-standard contracts with clients YES / NO

If 'No', please advise below in what circumstances are non-standard contracts used without external legal counsel review (use a separate sheet of your letterhead if insufficient room below)

Does the Company have any contracts in excess of one-year duration? YES / NO

If "Yes", please advise if you have written procedures and guidelines for milestone management?
YES / NO

If "No", please provide details below.

Does the Company engage any consultants, agents, sub-contractors or labour hire personnel?

YES / NO

If "Yes", please provide details of activities performed and annual payments made to each of these parties (use a separate sheet of your letterhead if insufficient room below).

If yes to the above question:

a) Does the Company enter into any hold-harmless agreements or otherwise waive any legal rights or entitlements which the Company may have against such consultants, sub-contractors or agents?

YES / NO

b) Does the Company always insist and confirm that the consultants, sub-contractors or agents carry their own professional indemnity insurance?

YES / NO

If "No" to the above, please give details of the type of business activities provided by the consultants, agents or sub-contractors and what percentage of business is sub-contracted out to consultants, agents or sub-contractors (use a separate sheet of your letterhead if insufficient room below).

What activities does the Company generally sub-contract?

Are any installation activities including hot works and/or welding conducted as a part of your business activities?

YES / NO

If "Yes", please provide details below (use a separate sheet of your letterhead if insufficient room below).

Quality Control

Do your quality control procedures include the following:

- | | |
|--|----------|
| a) Alpha testing: | YES / NO |
| b) Beta testing: | YES / NO |
| c) Formal customer acceptance procedures: | YES / NO |
| d) Prototype development: | YES / NO |
| e) Statistical process control: | YES / NO |
| f) Vendor certification processes: | YES / NO |
| g) Total quality management: | YES / NO |
| h) Written and formalized quality control program: | YES / NO |

Claims Information

After enquiry of the Partners/Principals/Directors and employees, has there been or is there now pending a claim against the Company, its predecessors in business or its current or former Partners/ Principals/Directors or employees for a Breach of Professional Duty? YES / NO

If "Yes", please give details (use a separate sheet of your letterhead if insufficient room below).

After enquiry of the Partners/Principals/Directors and employees is the Company aware of any circumstance or incident which may give rise to a claim against the Company or its Partners/Principals/Directors or employees? YES / NO

If "Yes", please give details (use a separate sheet of your letterhead if insufficient room below).

After enquiry of the Partners/Principals/Directors and employees is the Company aware of any prosecution or investigation (actual or pending) of the Practice or any Partner / Principal/Director or employees under any International, State or Local statute, legislation, regulation or By Law? YES / NO

If "Yes", please give details (use a separate sheet of your letterhead if insufficient room below).

After enquiry of the Partners/Principals/Directors and employees, has the Company or any Partner/Principal/Director or employee ever been subject to any disciplinary action, been fined or penalised, or been the subject of an inquiry investigating or alleging professional misconduct? YES / NO

If "Yes", please give details (use a separate sheet of your letterhead if insufficient room below).

Optional Extension for Employment Practices Liability

Would you like a quotation for Employment Practices Liability coverage? YES / NO

If 'Yes' has any Claim arising from employment practices liability ever been made against the Insured or, after enquiry of the partners/principals/directors and employees, is the Company aware of any circumstances which may give rise to a Claim against the Company or any its Partners/Principals/Directors or employees?

YES / NO

If "Yes", please supply the relevant details and advise what precautions have been taken to prevent a recurrence (use a separate sheet of your letterhead if insufficient room below).

Optional Extension for Fidelity

What limit(s) of liability does the Company require quotations for?

- K 50,000
 - K 100,000
 - K 250,000
- No cover required

As at today's date, does the Company have any fidelity guarantee/crime insurance? YES / NO

If 'Yes' please supply details below:

Insurer: _____

Indemnity Limit: _____

Expiry Date: _____ / _____ / _____

Deductible: _____

Has the Practice ever sustained any loss through the fraud or dishonesty of any employee, or after enquiry of the Partners/Principals/Directors, and employees is the Company aware of any circumstances which may give rise to a loss against the Company? YES / NO

If "Yes", please supply the relevant details and advise what precautions have been taken to prevent a recurrence (use a separate sheet of your letterhead if insufficient room below).

Are monies, securities and/or negotiable instruments subject to control by at least one partner, principal or director, and one authorised signatory? YES / NO

Declaration

Please Note: Signing the Declaration does not bind the proposer or the Insurer to complete this insurance.

I declare that I have made all necessary inquiries into the accuracy of the responses given in this proposal and confirm that the statements and particulars given in this proposal are true and complete and that no material facts have been omitted, misstated or suppressed. All information affecting the fairness of the transaction currently known has been disclosed. I agree that should any of the information given by me alter between the date of this proposal and the inception date of the insurance to which this proposal relates, I will give immediate notice thereof to the insurer.

I acknowledge receipt of the Important Notice contained in this proposal and that I have read and understood the content of that Notice.

I confirm that I am authorised by the proposing Company (and its partners/principals/directors if applicable) to complete this proposal form and to accept the quotation terms for this insurance on behalf of the Company (and its partners/principals/directors if applicable).

Name: _____

Title: _____

Signature: _____

Date: _____