

Professional Liability Insurance

Information Technology Proposal Form

The questions are to be answered truthfully and in full. In the event of the concealment or misrepresentation of any facts that are material to the risk assessment (non-disclosure), Zurich Insurance Company Ltd (Zurich) shall be entitled to terminate the contract (if agreed). In addition, Zurich's obligations to indemnify or defend claims already noticed become invalid insofar as the occurrence or scope of the claims is affected by the facts material to the risk assessment that were not or improperly disclosed (art. 6 ICA [Swiss Federal Law on Insurance Contracts])

For the purpose of this questionnaire, the term policyholder shall include the entire group of companies to be insured, including all subsidiaries. If answers apply only to parts of the group of companies to be insured, this must be noted accordingly.

Should you find insufficient space to answer a particular question, please use a separate sheet.

This questionnaire must be signed by a member of the board of directors or a member of the executive board.

I General Details

1. Policyholder

Name and address

Website

Year of establishment

Number of employees

Nature of organization

Nature of business

What are the professional qualifications/practice of the employees in key or management positions?

Please attach a CV for these employees.

2. List of subsidiaries to be insured including country of incorporation, date of incorporation, nature of business:

3. Annual turnover for the last three years with a percentage split by geographical areas:

II Activities

4. Please provide a breakdown of the Applicant's types of activities as follows:

Software

- Pure Third Party Supply
- Software Development/Bespoke Code
- Customising of existing code
- Maintenance/Recurring Revenue
- Website Design including Transactional but excluding hosting

Miscellaneous

- VAR (excluding code changes)
- Consultancy
- Training
- Contract Staff supply
- Sales Third Party Shrink Wrapped
- Web site design
- SCADA/PLC
- Process Control
- CAD/CAM
- Medical
- PKI

Service Providers

- Internet Service Providers
- Application Service Provider
- Management Service Provider
- Business Process Outsourcing

Others (please specify)

Data Hosting

- Hosting Data online/real time
- Hosting Website
- Data Storage/DRP/Escrow
- Co-locator

Telecoms

- VNO
- Data Integration VOIP
- LAN/WAN
- Fixed Line
- IP
- Mobile Voice

Hardware

- Hardware supply (no manufacturing)
- Infrastructure Cabling
- Break & Fix
- Hardware Manufacturing

5. Please provide a breakdown of the Applicant's turnover by software end users:

Software

<u> </u> %	Financial Banking	<u> </u> %	Health/Social
<u> </u> %	Financial Insurance	<u> </u> %	Leisure
<u> </u> %	Broadcasting	<u> </u> %	Primary food production
<u> </u> %	Transportation excluding aviation	<u> </u> %	Mining
<u> </u> %	Financial Stock broking	<u> </u> %	Manufacturing non-Mineral
<u> </u> %	Public Utilities excluding SCADA	<u> </u> %	Construction non-Civil
<u> </u> %	Defence/Military	<u> </u> %	Construction Civil
<u> </u> %	Gaming	<u> </u> %	Wholesale
<u> </u> %	Emergency Services	<u> </u> %	Medical

6. Do you use outside consultants/contractors?

Yes No

a. If yes, do you always use written contracts with all outside consultants/contractors?

Yes No

b. If subcontracting exists, please describe, in detail, the services undertaken, what percentage of the Applicant's latest annual turnover will be paid subcontracting and provide a specimen of the contract terms applicable to this work:

c. Do you require outside consultants/contractors to carry their own:

1. Professional liability insurance, with a minimum cover?

Yes No

2. General Liability insurance, with a minimum cover?

Yes No

If no, do you assume full responsibility for their work?

Yes No

d. Do you require proof of insurance from subcontractors/outside consultants?

Yes No

III Risk Management

7. If your service/software product fails what is the worst-case effect to your customers and how quickly would your customer suffer a financial loss?

8. Have any of your products or services been certified by a professional certification organisation or industry association?

Yes No

If yes, please identify those products and services and the certifying association/organisation

9. Please provide detailed information/documentation concerning your risk management program/internal guidelines/compliance directives/quality control program:

10. What security measures are taken to protect data?

11. Do you regularly monitor or update security systems?

12. How do you ensure that your services/products are free of legal defects (e.g. no copyright or trademark infringements)?

13. Do you conduct a formal acceptance procedure (including partial acceptance) with your customers for customized software developments?

IV Contracts

14. Do you have written standard contracts or agreements with every client?

Yes No

If no, please explain:

15. Are your contracts, terms and conditions reviewed by a lawyer who is experienced in the IT industry, or do you use association terms and conditions?

Yes No

If no, please explain:

16. Do all your contracts/licensing agreements with clients include the following?

- a. A detailed "scope of work", product specifications or other "performance expectations" Yes No
 - b. Disclaimer for loss of profit Yes No
 - c. Disclaimer of liability for damages as a consequence of the fulfillment of contracts (consequential damages) Yes No
 - d. Limitation of Liabilities Yes No
- If yes to what amount:

- e. Force Majeure Yes No
- f. Warranty Disclaimers Yes No
- g. Guarantees or warranty clauses Yes No
- h. Other disclaimers? Yes No

If yes, please explain:

V Claims

17. Has any claim been made against the Applicant within the last five years? Yes No

If yes, please enclose full details:

18. Is the Applicant aware of any event, which could lead to a claim under the insurance applying for? Yes No

If yes, please enclose further details:

19. Has any application ever been rejected for the risks to be insured or has acceptance or continuation of a policy been made subject to more restrictive conditions? Yes No

If yes, please enclose details.

VI Insurance Coverage

20. Are you presently insured for professional liability?

Yes No

If yes, please state:

Limit of liability and deductible

Premium

Expiry date

21. Limit of Liability

Limit of Liability requested

Aggregation of limit of liability

22. Deductible

Financial loss

Bodily injury/property damage

VII Enclosures

23. The undersigned on behalf of the Applicant hereby declares that he/she is authorised to make the following declarations and representations on behalf of the Applicant.

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Date

Place

Signature

Name and Title
