

RAHEJA QBE GENERAL INSURANCE COMPANY LIMITED Commerz, 10th Floor, International Business Park, Oberoi Garden City Western Highway, Goregaon East, Mumbai 400 063, India Tel: +91 22 42313888 Fax: +91 22 42313777 www.rahejagbe.com

INFORMATION AND COMMUNICATION TECHNOLOGY LIABILITY INSURANCE PROPOSAL FORM

Intermediary: _

This is your proposal for insurance. It will be the basis of any subsequent insurance policy that Raheja QBE may issue to you. You are obliged to provide Raheja QBE with a full and frank disclosure of any and all facts that may be material to Raheja QBE's decision to grant a policy or the terms upon which it should be granted. It is therefore important that on behalf of all proposed insureds you answer fully and accurately all of the questions contained in this proposal, that you provide Raheja QBE with any and all information that may be relevant, and you inform Raheja QBE in writing if there is a change in the information provided in this proposal or otherwise between now and the date the Policy is granted.

Your failure to comply with the obligation may result in the rejection of a claim and/or the avoidance of the Policy. If you are in any doubt about the information to be given, please seek the advice and guidance of your insurance advisor or agent. If there is insufficient space in this proposal for you to provide relevant information, whether as requested or otherwise, please attach a separate sheet to this proposal and return it to Raheja QBE.

Raheja QBE is under no obligation to accept any proposal for insurance. If Raheja QBE accepts a proposal for insurance, it shall be subject to the policy terms, conditions and exclusions.

THE APPLICANT/S

Name(s) in full of all entities to be insured	
including	Phone No.
subsidiaries	Fax No.Web Address: www.
Address of Head/ Principal Office	
r nncipal Onice	Postcode
	Are you the owner of these premises
Address(es) of branch office or	Postcode
other locations	Postcode
	Are you the owner of these premises
When was the business established?	/ Period on Insurance: From/to/ athrs.

DETAILS OF BUSINESS

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1.	Name of all Partners/	Age	Qualifications	Date Qualified	Period Partner/P	Practicing as rincipal/Director
	Principals/Directors				This Practice	Previous Practices



DETAILS OF BUSINESS (continued)

2.	Plea	ase supply total numbers of:			
	(i)	Partners/Principals/Directors	(v)	Non-technical administrative staff	
	(ii)	Professional qualified staff	(vi)	Clerical Staff - typists, receptionist etc.	
	(iii)	Other technical staff	(vii)	Other staff (please specify)	
	(iv)	Trainee Staff		Total all Partners/Principals/ Directors and staff	

If not contained on your website, Please enclose curriculum vitaes, or resumes for all Partners/Principals/Directors detailing qualifications and a summary of career experience.

3.	Has the name of the Business ever been changed?	Yes 🗌	No
4.	Has any other business amalgamated or merged with you?	Yes 🗌	No
5.	Have you purchased any other business?	Yes 🗌	No
6.	Is any Partner, Principal or Director connected or associated (financially or otherwise) with any other business?	Yes 🗌	No 🗌
	If you have answered "Yes", to any of the above, please supply details.		

- 7. Please provide details of:
 - a) the precise nature of the activities of the Business, including primary purpose of software/systems provided, sold or licensed.

b) any advice given in relation to the activities of the Business.

c) the approximate percentage of your gross income derived from the following business activities.

Hardware Sales	%
Hardware Sales (Own Developed)*	%
Third Party Software Sales	%
Software Sales (Own Developed)*	%
Data Communication Services (ISP)*	%
Telecommunication Services*	%
Integration Services	%
Maintenance Services	%
Data Processing/Warehousing Services	%
Bureau Services	%
General Consultancy	%
Other (Please Describe)	%
Total	100%

*Addendum form to be completed.



DETAILS OF BUSINESS (continued)

8. Have you previously been, or are you currently, or do you intend to be, within the Yes No Period of Insurance, a part of a joint venture, partnership or consortium?

If "Yes", please supply details.

Joint Venturer	Details

- Do you provide, to any third party, any indemnity against infringement of another third party's intellectual property?
 If "Yes", please provide copy of the indemnity clause.
- 10.
 Do you have sole legal rights to the intellectual property licensed/sold/shared?
 Yes I No I

 11.
 If "No", please provide details.
 Yes I No I
- 11. Do you act as an agent for any company(s)? *If "Yes", please provide details.*

Company	Software/Hardware/Services provided in accordance with the agency	Percentage of agency sales to total turnover

12. Are yon involved in system integration/outsourcing contract(s)?

Yes 🗌 No 🗌

Yes 🗌 No 🗍

Yes 🗌 No 🗌

- If "Yes", what is the typical project size?
 - □ Single user location with less than 25 users/sites
 - □ Multi-user locations with less than 75 users/sites
 - \Box Multi-user location in excess of 76 users/sites
- 13. Please provide brief description and contract value for the five (5) largest contracts undertaken over the past five (5) years.

Brief Description	Contract Value (S\$)



DETAILS OF BUSINESS (continued)

14.	Does any contract or client represent more than 50% of your annual work or fees?	Yes 🗌 No 🗌
	If "Yes", please supply details.	

15.	Do you engage consultants, sub-contractors or agents? If "Yes"	Yes 🗌 No 🗌
	a) Do you insist they carry their own Information & Communication Technology Liability Insurance?	Yes 🗌 No 🗌
	b) Do you enter into any hold-harmless agreements or otherwise waive any legal rights or entitlements which you may have against such consultants, sub-contractors or agents?	Yes 🗌 No 🗌
16.	Do you have all employees, consultants and subcontractors assign you their intellectual property rights? (If "Yes", please provide copy of standard agreement.)	Yes 🗌 No 🗌
17.	Do you envisage any substantial changes in your activities or are there any major new operations contemplated during the next 12 months?	Yes 🗌 No 🗌
18.	Do you perform work outside India, or work for clients located overseas? If "Yes", to 17 or 18 please supply details.	Yes 🗌 No 🗌

FINANCIAL DETAILS

19. a) Annual gross wages

	India	Overseas
a) Annual gross wages	INR	INR
b) Annual gross turnover	INR	INR
c) Largest annual fee for any one client	INR	INR

d) Please provide the approximate percentage of your activities (based on turnover) applicable to each country.

Country	India	Asia	Europe	USA/Canada	Other
% of Income	%	%	%	%	%

CLAIM DETAILS

20. Has any Partner, Principal, Director or staff member ever been subject to disciplinary Yes 🗌 No 🗌 proceedings for professional misconduct?

If "Yes", please supply details.



CLAIM DETAILS (continued)

21.	a) Have any claims for negligence or breach of professional duty been made in	Yes 🗌 No 🗌
	the last ten (10) years against the Business or any of it's predecessors in	
	business or any prior business of any of it's present or former Partners,	
	Principals or Directors, or have circumstances been notified or should have	
	been notified to insurers that might give rise to a claim?	
	b) Have you had any claims made, threatened or intimidated against you for Information	

b) Have you had any claims made, threatened or intimidated against you for Information Yes No
 & Communication Technology Liability including Professional Indemnity & Product Liability?

If "Yes", to either a) or b) please provide the following details in respect to each matter.

c) Are there are any facts or circumstances which might give rise to a claim? Yes No If "Yes", to either a) or b) or c) please provide the following details in respect to each matter.

Date Matter Notified	Name of Insurer (if any)	Name of Claimant or Potential Claimant	Brief Description of Matter	Amount Paid or Estimate of Potential Liability	Is Matter Finalized or Outstanding

22. Are any of the Partners, Principals or Directors, **after enquiry**, aware of any claim Yes No Or circumstance that might give rise to a claim against the Business or any prior business or any of their present or former Partners, Principals or Directors, which matter is not referred to in Question 21 above?

If "Yes", please provide the following details in respect to each matter.

Name of Claimant or	Brief Description	Estimate of
Potential Claimant	of Matter	Potential Liability

DATE RECOGNITION

23. Are any of your services, software or hardware provided, sold, licensed, or shared, Yes No used or have been used to assist in meeting Date Recognition Conformity?

If "Yes", please fully describe and state the percentage of income received from these Service/software/hardware related to your total turnover. Percentage _

%



DETAILS OF INSURANCE COVER

24.	a)	Does the Business presently carry, or has it ever Communication Technology Liability Insurance? (Yes 🗌 No 🗌	
		Insurer:	Limit of Indemnity:	
		Expiry Date: / /	Premium:	
	b)	Has the Business or any Partner, Principal or Dir this type of insurance, or had similar insurance ca application of renewal declined, or had special te <i>If "Yes", please supply details.</i>	ancelled, or had an	Yes 🗌 No 🗌

COVER REQUIRED

		Limit of Liability	Deductible/Excess	
26.	Section A – Errors or Omission:	INR	INR	
	Section B – Bodily Injury/Property Damage:	INR	INR	
	Increased Aggregate Liability (Reinstatement)			

Third Party Intellectual Property Coverage



DECLARATION

I hereby declare and warrant that to the best of my knowledge and belief that the answers given above are complete and accurate in all respects and represent the true position and that I have not withheld any information material to this proposal. I agree that this proposal, the declarations and accompanying documents or papers and any information provided hereafter shall form the basis of the contract proposed with Raheja QBE.

Name of Business:

Signed ____

Partner, Principal or Director

Date: / /

Claims Made Policy (Section A only)

The application for Errors or Omission cover is for a "claims made" policy of insurance. This means that the policy covers you for claims made against you and notified to the insurer during the period of cover. This policy does not provide cover in relation to:

- events that occurred prior to the retroactive date of the policy (if such a date is specified);
- claims made after the expiry of the period of cover even though the event giving rise to the claim may have occurred during the period of cover;
- claims notified or arising out of facts or circumstances notified (or which ought reasonably to have been notified) under any previous policy;
- · claims made, threatened or intimated against you prior to the commencement of the period of cover;
- facts or circumstances which you first became aware prior to the period of cover, and which you knew or ought reasonably to have known had the potential to give rise to a claim under this policy;
- claims arising out of circumstances noted on the proposal/ application form for the current period of cover or on any previous proposal/application form.

However, where you give notice in writing to the insurer of any facts that might give rise to a claim against you as soon as reasonably practicable after you become aware of those facts but before the expiry of the period of cover, the policy will, subject to the terms and conditions, cover you notwithstanding that a claim is only made after the expiry of the period of cover.

Section 41 of Insurance Act 1938 - PROHIBITION OF REBATES

No person shall allow or offer to allow, either directly or indirectly as an inducement to any person to take out renew or continue an insurance in respect of any kind of risks relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy; nor shall any person taking out or renewing or continuing a Policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the Insurer.

Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to five hundred rupees

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