

Technology Liability Insurance Proposal Form – Combined Professional Indemnity and General Liability

Important Notices

Understanding the Policy

You should read the entire **Policy** carefully, including the definitions and the exclusions to ensure that it meets your requirements. We recommend that you consult an insurance adviser to ensure a clear understanding of your rights and obligations under this insurance contract.

Claims Made and Notified Policy

Some covers under Sections 1 and 3 of this Policy are on a claims made and notified basis. We shall only cover you for claims made against you during the **Policy Period** and notified to us as soon as practicable during the **Policy Period** or any applicable **Extended Reporting Period**. Except as may be provided under Standard Extension 1.4 (Continuity of Cover), the **Policy** does not provide cover in relation to facts or circumstances known to you before the commencement of the **Policy**.

Your duty of disclosure

When you are completing the **Proposal** it is important that you understand you are answering questions for yourself and anyone else that you want to be covered by the **Policy**.

Before you enter into the **Policy**, you have a duty to tell us anything that you know, or could reasonably be expected to know, which may affect our decision to insure you and on what terms. You have this duty until we agree to insure you.

You have the same duty before you renew, extend, vary or reinstate the **Policy**. You do not need to tell us anything that:

- reduces the risk we insure you for;
- is common knowledge;
- we know or should know as an insurer; or
- we waive your duty to tell us about.

If you do not tell us something

If you do not tell us anything you are required to, we may cancel your contract or reduce the amount we shall pay you if you make a claim, or both.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

Notification of Facts that might give rise to a claim

Section 40(3) of the Insurance Contracts Act 1984 (Cth) provides that if you give notice in writing to us of facts that might give rise to a claim against you as soon as reasonably practicable after you become aware of such facts but before the insurance cover provided by the **Policy** expires, then we are not relieved of liability under the **Policy** in respect of the claim, when made, by reason only that it was made after the expiration of the period of the insurance cover provided by the **Policy**.

Privacy Statement – Privacy Information

We are bound by the Australian Privacy Principles set out under the *Privacy Act 1988 (Cth)* when we collect and handle your personal and or sensitive information. We shall only collect personal and or sensitive information that is necessary in order for us to process and administer the Policy and any claims made under the Policy. Where possible, we shall collect personal information directly from you or, where that is not reasonably practical, from other sources. We may also use your personal and or sensitive information for the purpose of designing or underwriting new insurance products, for research and analytical purposes, to perform administrative functions, and to comply with our legal obligations.

We may disclose your personal and or sensitive information to third parties for the purposes described above, including insurers, reinsurers, reinsurance brokers, loss adjusters, external claims data collectors, investigators and others involved in the claims handling process, agents and service providers and related entities some of whom may be located in overseas countries, including Hong Kong, India, Singapore, Switzerland, the United States of America and the Slovak Republic.

In providing personal and or sensitive information, you consent to the collection, use and disclosure, including overseas disclosure of your personal and or sensitive information for the purposes described above. Where you provide us with personal and or sensitive information about others, you represent to us that you have made them aware of that disclosure and of our privacy policy and that you have obtained their consent.

If you do not consent to provide us with the personal and or sensitive information that we request, or withdraw your consent to the use and disclosure of your personal and or sensitive information at any stage, we may not be able to offer or continue to offer you the products or provide the services that you seek including claims assessment and handling.

We realise that this information is often very sensitive in nature and shall treat it with the utmost care and security. Information on how we handle your personal and or sensitive information is explained in our privacy policy, including:

- What information we collect and how we use it;
- When do we disclose your information overseas;
- How do we hold and protect your information;
- How we disclose the information;
- How you can check, update or change the information we are holding;
- What happens if you wish to complain.

A copy of our privacy policy is available by contacting your broker or available on our website: www.corporatesolutions.swissre.com

Contact Details

You may seek access to, and correction of, the personal information we hold about you by contacting our Privacy Compliance Officer on (02) 8295 9500 or by writing to:

Privacy Compliance Officer

Swiss Re International SE Australia Branch
Level 36, Tower Two, International Towers Sydney
200 Barangaroo Avenue, Sydney NSW 2000
Email: complaints_anz@swissre.com

We shall respond to your request within a reasonable time after we receive it.

Complaint & Dispute Resolution Process

We have Complaints Handling and Dispute Resolution processes in place. We aim to respond to a complaint or to a dispute within 15 business days once we have all necessary information and have completed any investigation that may be needed.

If we cannot respond within 15 business days, we shall let you know as soon as practicable within the 15 business day time frame, and nominate a reasonable alternative time. When doing this we shall attempt where possible to meet any reasonable time requirements you express.

We shall keep you informed about the progress of your complaint or dispute every 10 business days until we have responded to you on it.

Should you wish to make a complaint, you can contact our Complaints Officer on (02 8295 9500) or by writing to:

The Complaints Manager

Swiss Re International SE, Australia Branch
Level 36, Tower Two, International Towers Sydney
200 Barangaroo Avenue, Sydney NSW 2000
Email: complaints_anz@swissre.com

If you feel our response does not resolve your complaint you may tell us and ask us to treat it as a dispute. It will then be independently reviewed by our Internal Dispute Resolution Panel comprising employees with appropriate experience, knowledge and authority who have not been involved in the matter before.

The General Insurance Code of Practice

We abide by the General Insurance Code of Practice (Code). The Terms of the Code require us to be open, fair and honest in our dealings with you. The Code outlines the standards by which we have agreed to deal with you in relation to the standards for our employees, authorised representatives, financial hardship, information and education and access to information. The Code aims to:

- Commit us to high standards of service.
- Promote more informed relations between you and us.
- Promote trust and confidence in the insurance industry.

Proposed policyholder instructions

1. Prior to completing the below information, please read the important notices on the front page.
2. The proposal form must be completed, signed and dated by two people authorised by the Proposed Policyholder.
3. All questions MUST be answered. If a question does not apply, please input "N/A" in space provided.
4. Upon returning the signed Proposal form, Please enclose accompanying copies of;
 - the latest annual report;
 - any and all claims history reports;
 - standard contracts or service agreements with clients;
 - resumes/CV's of all principals, partners and directors; and
 - expiring policy schedule
5. Please seek to return this form no less than 1 month prior to the inception date of the Policy or proposed inception date of the Policy.

Section 1: Proposed policyholder details

- 1.1 **Name of Proposed Policyholder** (Full legal entity name required)
- 1.2 **Company Registration Number** (ABN/ACN)
- 1.3 **Address of Head Office** (See Annexure A for all Office Locations):
- 1.4 **Website URL:**
- 1.5 **Is the Proposed Policyholder registered for GST** (if yes, please confirm registration number)

Section 2: Details of business

- 2.1 **Establishment date of Proposed Policyholder:**
- 2.2 **Has the Proposed Policyholder ever done business under any other name(s)** (if yes, please confirm)

- 2.3 **Total turnover of the Proposed Policyholder (including Subsidiaries thereof) for the following periods:**

	Australia & New Zealand	USA & Canada	Other Overseas
Previous financial year			
Current financial year			
Coming financial year (estimate)			

2.4 **Breakdown of business activities provided by the Proposed Policyholder (including Subsidiaries):**
 (Please advise below or attach details)

Business Activities	%

2.5 **Please provide a breakdown of your revenue (gross of amounts paid to sub-contractors) between the following services:**

	Gross Revenue – \$AUD	Percentage of Total Revenue
Software Sales – Own Developed		
Software Sales – Third Party		
Hardware Sales – Own Developed		
Hardware Sales – Third Party		
Subscription, SaaS Or Cloud Computing		
Hardware Manufacture / Assembly		
Installation / Maintenance		
Design / Develop / Programming / Analysis		
Web Hosting		
Data Services (Storage, Warehousing, Processing, Transport)		
Internet Service Provider		
Systems Integration		
Helpdesk And IT Support		
General Consultancy		
IT Project Management		
Web Design		
Telecommunication / Network Services		
IT Education & Training		
Other (Please Provide Details)		

2.6 **Please provide a breakdown of your revenue (including gross of amounts paid to sub-contractors) between the following industries/ activities:**

	Gross Revenue – \$AUD	Percentage of Total Revenue
Aerospace incl. Avionics Systems, Control Systems, Aircraft, Drones, Satellites & Spacecraft		
Government – (Non-Military)		

Government – (Military) incl. Weapons systems, development, manufacture, deployment and/or control

Communications

Transportation

Healthcare/Medical Services incl. Medical Monitoring, Diagnostic, Analysis, Medicinal & Control Systems

Construction

Mining

Agriculture

Home Use

Education

Manufacturing

Industrial

Financial Institutions incl. Financial Trading Platforms & Financial Transaction Systems

Trade: Retail/Wholesale

SCADA/PLC

Digital Certificates / Public Key Infrastructure

Cyber Risk Management

On-line & Off-line Gambling Systems

Gene Technology Research & Applications

Motor Vehicle and/or Marine Craft control or Monitoring Systems

Other (please specify)

2.7 Does the proposed Insured (or any subsidiary thereof) manufacture, construct, assemble, repackaging or repair any products? (If yes, please advise details below or attach detailed addendum)

2.8 Does the proposed Insured (or any subsidiary thereof) export any products overseas? (If yes, please advise details below or attach detailed addendum)

2.9 Does the proposed Insured (or any subsidiary thereof) import any parts or products from overseas? (If yes, please advise details below or attach detailed addendum)

2.10 **Please advise the Product quality control procedures the proposed Insured (and any subsidiary thereof) has in place?**
(i.e. tests and checks, ISO, HACCP etc.)

2.11 **Does the proposed Insured's Products (and any subsidiary thereof) comply with Australian standards?**

2.12 **Does the proposed Insured (or any subsidiary thereof) provide advice, design or Product specification, information to clients and third parties?** (If yes, please advise details below and if a fee is charged)

2.13 **Do you have requirements in place to classify all your documents (physical and electronical documents)?**

2.14 **Do you have formal requirements on how to handle classified data?**

Do these requirements govern the following aspects:

- Distribution of documents
- Destruction of physical documents and secure deletion of electronical documents
- Requirements for shipping and transportation of documents
- Encryption requirements for electronical data on-transit and at-rest

2.15 **Do you regularly backup classified data?**

2.16 **Which technical and organizational controls do you have in place for protection against malware attack targeting to steal or encrypt your data?**

2.17 **Patents**

a. **Does the applicant have a procedure to safeguard against infringing patent rights of others?**

- ▶ *If yes, please attach a copy or written description of that procedure.*

b. **During the past ten years, has the applicant been involved as a defendant or counter-defendant in any legal action or proceeding involving patent infringement?**

- ▶ *If "yes", please provide the type, date and circumstances of each claim including damages awarded; any settlement amount; defence costs incurred to date; and for claims which are ongoing estimated loss amount and future defence costs.*
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- c. **During the past 3 years, has the applicant received any notice or warning or any offer of license from a third party, whether written or oral, negotiated with a third party for a license or cross-license?**
 ▶ *If the answer is "yes", please provide details, how the issues were resolved?*

- d. **Is any patent infringement litigation threatened or pending?**
 ▶ *If yes, provide details.*

- e. **Is there any circumstance of which the applicant is aware (e.g., any patent or application for a patent) that could be reasonably expected to give rise to a claim against the applicant alleging patent infringement whether based on past, current or future planned or continued manufacture, sale, use distribution or advertising by the applicant?**
 ▶ *If yes, provide details.*

2.18 **Employee Headcount of the Policyholder** (including Subsidiaries thereof):

NSW	VIC	QLD	WA	SA	TAS	ACT	NT	USA	Other O/S
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Breakdown of all employees:

Principals, partners or directors:

Other professionally qualified employees:

Administrative/Clerical employees:

2.19 **Please confirm all Principals, Partners, Directors and other key officers qualifications of the Proposed Policyholder:**
 (Please advise or attach details)

Name	Qualification(s)	Year Qualified	Years as a Principal, Partner or Director	
			Current Practice	Previous Practice

2.20 **Please confirm all professional memberships and associations of the Proposed Policyholder (including Subsidiaries thereof) and all**

Section 3: Business operations

3.1 **Does the Proposed Policyholder (including Subsidiaries thereof) execute non-standard written contracts and/or agreements for services provided to every client?**

▶ *If no, please confirm how contracts and/or agreements executed.*

3.2 **Are the Proposed Policyholder (including Subsidiaries thereof) contracts and/or agreements with clients reviewed by external legal counsel?**

▶ *If no, please confirm how client contracts are reviewed and approved*

3.3 **Does the Proposed Policyholder (or any Subsidiary thereof) intend to change their professional services or activities provided in the next 12 – 18 months?**

▶ *(if other, please specify)*

3.4 **Does the Proposed Policyholder (or any subsidiary thereof) engage sub-contractors, agents or consultants?**

▶ *(If yes, please answer below following questions or attach details)*

3.4.1 Does the Proposed Policyholder (including Subsidiaries thereof) agree to any hold-harmless agreements or otherwise waive all legal rights and entitlements of the Proposed Policyholder against such sub-contractors, agents or consultants?

3.4.2 Does the Proposed Policyholder confirm prior to commencement of business activities by the sub-contractors, agents or consultants that they carry their own adequate professional indemnity insurance?

3.4.3 Please state percentage of revenue paid to sub-contractors or outsourced services providers in the last 12 months;

3.4.4 **What activities are sub-contracted or outsourced?**

3.5 **Please provide an overview of the Proposed Policyholder's (including Subsidiaries thereof) five (5) largest clients or contracts during the past 3 years:**

▶ (If yes, please advise or attach details if insufficient room below)

Client Name	Service Provided	Location	Income/Fees	Start/End Date

3.6 **Does the Proposed Policyholder (or any subsidiary thereof) conduct Business in the U.S.A/Canada?**

▶ (If yes, please answer below following questions or attach details and complete the table below)

(i) What percentage of total declared business activities of the Proposed Policyholder's (or any Subsidiaries thereof) does this represent? (Please advise)

(ii) What is the total revenue earned by the Proposed Policyholder (or any Subsidiaries thereof) for business activities in U.S.A and/or Canada? (Please advise)

(iii) Does the Proposed Policyholder (or any Subsidiaries thereof) have a company registered in U.S.A and/or Canada? (Please advise)

(iv) What are the total Assets of the Proposed Policyholder's (or any Subsidiaries thereof) U.S.A. and/or Canada subsidiaries or operations? (If yes, please advise or attach details)

(v) Does the Proposed Policyholder require jurisdictional cover for business activities in U.S.A. and/or Canada?

Section 4: Insurance history

4.1 **Does the Proposed Policyholder currently have any active Insurance policies with similar coverage in place?**

▶ (If yes, please complete the below)

4.2 **Has the Proposed Policyholder (or any Subsidiary thereof) ever had a policy refused or cancelled for professional indemnity or public liability Insurance?**

▶ *(If yes, please advise or attach details)*

4.3 **4.3 Has the Proposed Policyholder (or any Subsidiary thereof) ever had a policy voided or rescinded for professional indemnity or public liability Insurance?**

▶ *(If yes, please advise or attach details)*

Section 5: Prior knowledge and claims experience

5.1 **Is any principal, partner or director of the Proposed Policyholder associated or connected (financially or otherwise) with any other business or practice?**

▶ *(If yes, please advise or attach details)*

5.2 **Has there or is there now an open claim (and or notification of a circumstance which may lead to a claim) against the Proposed Policyholder (or any Subsidiary thereof) alleging breach of Professional Duty or breach of Intellectual Property?**

▶ *(If yes, please advise or attach details)*

5.3 **Has the Proposed Policyholder (or any Subsidiary thereof) given written notice under the provisions of any prior or current professional indemnity or public liability policy of specific facts or circumstances which might give rise to a claim being made against the Insured?**

▶ *(If yes, please advise or attach details)*

5.4 **Has the Proposed Policyholder (or any Subsidiary thereof) or past, present principal, partner or directors of the Proposed Policyholder ever been subject to any disciplinary action or investigation by an Official Body into their professional activities?**

▶ *(if other, please specify)*

Declaration

We declare that the information and particulars confirmed in the proposal and in any addendums attaching to the proposal are correct and true and that no material facts have been misstated, suppressed or withheld. We undertake to inform the Insurer (Swiss Re International SE, Australia Branch) should any information provided by or on behalf of the Proposed Policyholder alter between the signed date of the proposal and the proposed inception date of the Policy to which this proposal relates.

We acknowledge receipt and understanding of the **Important Notices** enclosed in the proposal and that the proposal, together with any other documents and/or information provided to the Insurer shall form the basis of any contract of insurance. The insurance applied for shall only take effect once the proposal has been approved by the Insurer.

By signing the proposal, we consent to the Insurer collecting, using and disclosing personal information in accordance with the Privacy Statement – Privacy Information notice enclosed in the proposal and the policy.

We hereby confirm that we

(print name)

and (print name)

are authorised by the Proposed Policyholder to complete, sign and submit this proposal on behalf of the Proposed Policyholder.

Signed:

Signed:

Job Title:

Job Title:

Date:

Date:

Annexure A: Premises

Please advise all Premises occupied by the proposed Insured for business activities? (including any premises overseas)

(If more than 3 locations, please attach further details)

Premises 1

Premises 2

Premises 3

Premises 4

Premises 5

Address of premises:

Description of business activities performed at premises:

Approximate age of premises:

Owner occupied or leased:

(if leased, please provide details of whom the premises is leased from)

Security Measures

(Fencing, CCTV, Alarms, Security Patrols etc.)

Swiss Re International SE
Australia Branch

Registered Office
Tower Two International Towers
Level 36
200 Barangaroo Avenue
Sydney NSW 2000
Australia ABN: 38 138 873 211