Proposal Form

Information Technology Combined Professional and Public & Technology Products Liability

AIG Bring on tomorrow
### Proposal Form

#### Information Technology Combined Professional and Public & Technology Products Liability

#### IMPORTANT NOTICE

<table>
<thead>
<tr>
<th>Claims-Made and Notified Insurance</th>
<th>Subrogation</th>
<th>To whom we disclose your personal information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section 1 (Professional Liability) of this policy is issued by AIG Australia 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. Section 1 (Professional Liability) of 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.</td>
<td>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.</td>
<td>In the course of underwriting and administering your policy we may disclose your information to:</td>
</tr>
<tr>
<td>Section 40(3) of the Insurance Contracts Act 1984 provides that where you give notice in writing to the insurer of facts that might give rise to a Claim against you as soon as is reasonably practicable after you become aware of those facts but during the Policy Period, the insurer cannot refuse to pay a Claim which arises out of those facts, when made, because it is made after the Policy Period has expired.</td>
<td>Privacy Notice</td>
<td>• entities to which AIG is related, reinsurers, contractors or third party providers providing services related to the administration of your policy;</td>
</tr>
<tr>
<td>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.</td>
<td>This notice sets out how AIG Australia Limited (AIG) collects, uses and discloses personal information about: you, if an individual; and other individuals you provide information about.</td>
<td>banks and financial institutions for policy payments;</td>
</tr>
<tr>
<td>This policy does not provide cover for Claims arising from any Wrongful Acts which take place before the Retroactive Date.</td>
<td>Further information about our Privacy Policy is available at <a href="http://www.aig.com.au">www.aig.com.au</a> or by contacting us at <a href="mailto:australia.privacy.manager@aig.com">australia.privacy.manager@aig.com</a> or on 1300 030 886.</td>
<td>assessors, third party administrators, emergency providers, retailers, medical providers, travel carriers, in the event of a claim;</td>
</tr>
<tr>
<td>Your Duty of Disclosure</td>
<td>How we collect your personal information</td>
<td>other entities to enable them to offer their products or services to you; and</td>
</tr>
<tr>
<td>Before you enter into an insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure you and on what terms.</td>
<td>AIG usually collects personal information from you or your agents.</td>
<td>government, law enforcement, dispute resolution, statutory or regulatory bodies, or as required by law.</td>
</tr>
<tr>
<td>You have this duty until we agree to insure you.</td>
<td>AIG may also collect personal information from:</td>
<td>AIG is likely to disclose information to some of these entities located overseas, including in the following countries: United States of America, United Kingdom, Singapore, Malaysia, the Philippines, India, Hong Kong, New Zealand as well as any country in which you have a claim and such other countries as may be notified in our Privacy Policy from time to time.</td>
</tr>
<tr>
<td>You have the same duty before you renew, extend, vary or reinstate an insurance contract.</td>
<td>• Our agents and service providers;</td>
<td>You may request not to receive direct marketing communications from AIG.</td>
</tr>
<tr>
<td>You do not need to tell us anything that:</td>
<td>• other insurers;</td>
<td>Access to your personal information</td>
</tr>
<tr>
<td>• reduces the risk we insure you for; or</td>
<td>• people who are involved in a claim or assist us in investigating or processing claims, including third parties claiming under your policy, witnesses and medical practitioners;</td>
<td>Our Privacy Policy contains information about how you may access and seek correction of personal information we hold about you. In summary, you may gain access to your personal information by submitting a written request to AIG.</td>
</tr>
<tr>
<td>• is common knowledge; or</td>
<td>• third parties who may be arranging insurance cover for a group that you are a part of;</td>
<td>In some circumstances permitted under the Privacy Act 1988, AIG may not permit access to your personal information. Circumstances where access may be denied include where it would have an unreasonable impact on the privacy of other individuals, or where it would be unlawful.</td>
</tr>
<tr>
<td>• we know or should know as an insurer; or</td>
<td>• providers of marketing lists and industry databases; and</td>
<td>Complaints</td>
</tr>
<tr>
<td>• we waive your duty to tell us about.</td>
<td>• publically available sources.</td>
<td>Our Privacy Policy also contains information about how you may complain about a breach of the applicable privacy principles and how we will deal with such a complaint.</td>
</tr>
<tr>
<td>If you do not tell us something</td>
<td>Why we collect your personal information</td>
<td>Consent</td>
</tr>
<tr>
<td>If you do not tell us anything you are required to, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both.</td>
<td>AIG collects information necessary to:</td>
<td>If applicable, your application includes a consent that you and any other individuals you provide information about consent to the collection, use and disclosure of personal information as set out in this notice.</td>
</tr>
<tr>
<td>If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.</td>
<td>• underwrite and administer your insurance cover;</td>
<td></td>
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</table>
Details of Proposer

1.  a) Company Name __________________________________________
    b) Trading Name __________________________________________
    c) ABN __________________________________________________
    d) Contact Person __________________________________________
    e) Dun and Bradstreet Number ________________________________
    f) 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: %
    g) How long has the Company continually carried on business? ____________________________
    h) Company’s main office:
       Street Address ____________________________________________
       Suburb __________________________ State ______ Postcode ______
       Telephone __________________________ Facsimile ______________
       Website __________________________ Email ____________________

2.  a) During the past 3 years has the:
    i) Name of the Company 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 paper if insufficient room below), including confirmation of the position relating to past liabilities assumed by either party / company(s).

3.  Please provide details of the current partners/principals/directors of the Company:

<table>
<thead>
<tr>
<th>Name of Partner/Principal/Director</th>
<th>Qualification(s)</th>
<th>Year Qualified</th>
<th>How many years as a Partner/Principal/Director</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td>This Practice</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Prev. Practice</td>
</tr>
</tbody>
</table>

Use a separate sheet of your letter head paper if insufficient room above.

4.  To what professional associations does the Company belong?

________________________________________________________________________
________________________________________________________________________
5. Please provide details of current staff numbers:
   a) Partners/principals/directors
   b) Qualified technical staff
   c) Other technical staff
   d) Administration & clerical personnel
   Total

6. Is any Partner, Principal or Director of the Company connected or associated (financially or otherwise) with any other practice or business?
   Yes ☐ No ☐
   If "Yes", please give details of the nature of the connection/association (use a separate sheet of your letter head paper if insufficient room below).

Details of Business

7. Please provide the following information:
   a) 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

8. a) Please describe in detail the business activities of the Company including full details of the nature of advice given: (please use a separate sheet of your letter headed paper if insufficient room below)

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

<table>
<thead>
<tr>
<th>Business Discipline</th>
<th>%</th>
<th>Business Discipline</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bespoke software (1st party developed)</td>
<td></td>
<td>Project management</td>
<td></td>
</tr>
<tr>
<td>Data processing</td>
<td></td>
<td>Sale and supply of 3rd party hardware</td>
<td></td>
</tr>
<tr>
<td>Education &amp; training</td>
<td></td>
<td>Sale of customisable software (3rd party developed, 1st party customised)</td>
<td></td>
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<tr>
<td>Facilities management / outsourcing</td>
<td></td>
<td>Sale of packaged software (3rd party developed)</td>
<td></td>
</tr>
<tr>
<td>General IT advice / consulting</td>
<td></td>
<td>Software maintenance</td>
<td></td>
</tr>
<tr>
<td>Hardware design / manufacture / installation</td>
<td></td>
<td>Systems integration</td>
<td></td>
</tr>
<tr>
<td>Internet service provider</td>
<td></td>
<td>Web design</td>
<td></td>
</tr>
<tr>
<td>Other (please specify below)</td>
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<td></td>
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</tbody>
</table>
c) Please indicate the end user applications for your services:

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

d) Please state the percentage of gross income/fees for each industries set out below:

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

9. Are any substantial changes in the activities listed in Q.8 (a), (b), (c), or (d) above?  
   □ Yes  □ No  
   If “Yes”, please give full details of the anticipated changes (use a separate sheet of your letter head paper if insufficient room below).

10. Does any one contract or client represent more than 50% of the Company’s gross annual income/fees?  
    □ Yes  □ No  
    If “Yes”, please give full details of the client and the services provided (use a separate sheet of your letter head paper if insufficient room below).
11. Please provide a brief description of the Company’s five (5) largest clients or contracts during the last 3 years:

<table>
<thead>
<tr>
<th>Client Name</th>
<th>Business of Client</th>
<th>Nature of Contract</th>
<th>Contract Value</th>
<th>Income/Fees</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

12. a) Are any of the Company’s business activities performed outside of Australia or provided to clients based outside of Australia? 
   ![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 letter head paper if insufficient room below).

b) 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 letter head paper if insufficient room below).

c) 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 letter head paper if insufficient room below).

13. Is the Company involved in any joint ventures? 
   ![Yes] ![No]
   
   If “Yes”, please give full details (use a separate sheet of your letter head paper if insufficient room below).

14. Does the Company issue any brochures, or other similar promotional material? 
   ![Yes] ![No]
   
   If “Yes”, please attach copies of each.
Risk Management

15. Does the Company’s Contractual Management Processes and Protocols include the following elements:
   a) Change orders integrated into the final contracts?  ❑ Yes  ❑ No
   b) Legal review of all product and promotional material?  ❑ Yes  ❑ No
   c) Proposals without complete request for tenders?  ❑ Yes  ❑ No
   d) Dispute / arbitration resolution?  ❑ Yes  ❑ No
   e) Acceptance of customer contracts?  ❑ Yes  ❑ No
   f) Dollar value size of contracts?  ❑ Yes  ❑ No
   g) Length of duration of contract term?  ❑ Yes  ❑ No
   h) Use of non-standard or customised contracts?  ❑ Yes  ❑ No

16. Does the Company ever negotiate contracts in which the Company:
   a) Accepts liability for consequential damage?  ❑ Yes  ❑ No
   b) Does not include a limitation of liability for consequential damages?  ❑ Yes  ❑ No
   c) Waive rights of recovery against any other party?  ❑ Yes  ❑ No
   d) Agree to indemnify other parties?  ❑ Yes  ❑ No

If "Yes", to 16 (a), (b), (c) and (d) above, please provide additional details below (use a separate sheet of your letter head paper if insufficient room below).

17. 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

18. Does the Company maintain a register of all contracts?  ❑ Yes  ❑ No

19. a) Does the Company always use standard written contracts with clients?  ❑ Yes  ❑ No
   b) If “No” to 17 (a), 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 letter head paper if insufficient room below).
20. a) Does the Company have any contracts in excess of one-year duration?  
   ☐ Yes  ☐ No

   b) If “Yes”, please advise if you have written procedures and guidelines for milestone management?  
   ☐ Yes  ☐ No

   If "No", please provide details below.

21. a) 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 letter head paper if insufficient room below).

b) If “Yes” to the above, 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

c) If “Yes” to (a) 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 (c), 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 letter head paper if insufficient room below).

22. Are any installation activities including hot works and/or welding conducted as a part of your business activities?  
   ☐ Yes  ☐ No

   If “Yes” please provide full details (use a separate sheet of your letter head paper if insufficient room below).
Quality Control

23. 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 process ☐ Yes ☐ No
   g) Total quality management ☐ Yes ☐ No
   h) Written and formalised quality control program ☐ Yes ☐ No

Claims Information

24. After enquiry of the Partners/Principals/Directors and employees, has there been ☐ Yes ☐ No 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 and/or public and products liability?
   If “Yes”, please provide full details below and list each claim separately (use a separate sheet of your letter head paper if insufficient room below).

25. After enquiry of the Partners/Principals/Directors and employees is the Company ☐ Yes ☐ No aware of any circumstance or incident which may give rise to a claim against the Company or its Partners/Principals/Directors or employees?
   If “Yes”, please provide full details below (use a separate sheet of your letter head paper if insufficient room below).

26. After enquiry of the Partners/Principals/Directors and employees is the Company ☐ Yes ☐ No aware of any prosecution or investigation (actual or pending) of the Company or any Partner/Principal/Director or employees under any International, Commonwealth, State or Local statute, legislation, regulation or by-law?
   If “Yes”, please provide full details below (use a separate sheet of your letter head paper if insufficient room below).
27. 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?

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

__________________________________________________________________________________________

__________________________________________________________________________________________

Optional Extension for Employment Practices Liability

28. a) Would you like a quotation for Employment Practices Liability coverage? □ Yes □ No

b) If “Yes” has any claim arising from employment practices liability ever been made against the Company or, after enquiry of the Partners/Principals/Directors, is the Company aware of any circumstances which may give rise to a claim against the Company or any of it’s Partners/Principals/Directors or employees?

If “Yes” please provide the relevant details and advise what precautions have been taken to prevent a recurrence (use a separate sheet of your letter head paper if insufficient room below).

__________________________________________________________________________________________

__________________________________________________________________________________________

Optional Extension for Fidelity

29. a) What Fidelity Cover sub-limit(s) do you require quotations for?

□ $50,000 □ $100,000 □ $250,000 □ No cover required

b) As at today’s date, does the Company currently have any fidelity guarantee/crime insurance? □ Yes □ No

If “Yes”, please state:

a) Insurer

b) Indemnity Limit

c) Expiry Date

d) Deductible

__________________________________________________________________________________________

__________________________________________________________________________________________

c) Has the Company ever sustained any loss through the fraud or dishonesty of any employee, or after enquiry of the Partners/Principals/Directors, is the Company aware of any circumstances which may give rise to a loss against the Company?

If “Yes” please provide the relevant details and advise what precautions have been taken to prevent a recurrence (use a separate sheet of your letter head paper if insufficient room below).

__________________________________________________________________________________________

__________________________________________________________________________________________
d) Are monies, securities and/or negotiable instruments subject to control by a Partner, Principal or Director, or by at least two employees?  ☐ Yes  ☐ No

e) Is bank reconciliation carried out by someone not authorised to deposit into or withdraw from the bank accounts?  ☐ Yes  ☐ No

f) When recruiting or promoting employees to positions of trust involving handling of stock, money, financial or treasury functions, does the Company undertake independent checks in their employment history?  ☐ Yes  ☐ No

Details of Insurance

30. As at today’s date does the Company have Professional Indemnity Insurance currently in force that has been paid for?  ☐ Yes  ☐ No

If “Yes”, please state:

a) Insurer

b) Indemnity Limit

c) Expiry Date

d) Deductible

31. Has the Company ever had any Insurer decline a proposal, imposed any, special terms cancelled or refused to renew a Professional Indemnity or Public & Products Liability Insurance Policy?  ☐ Yes  ☐ No

If “Yes” please provide the relevant details (use a separate sheet of your letter head paper if insufficient room below).

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

☐ $1 million  ☐ $2 million  ☐ $5 million

☐ $10 million  ☐ Other: ____________________________

33. What self insured retention is the Company prepared to carry?

☐ $1,000  ☐ $2,000  ☐ $5,000

☐ $10,000  ☐ Other: ____________________________

34. For the purpose of calculating applicable Stamp Duty please state the number of current staff (including directors/partners, full/part time and casual employees) located in each state:

<table>
<thead>
<tr>
<th>NSW</th>
<th>VIC</th>
<th>QLD</th>
<th>SA</th>
<th>WA</th>
<th>TAS</th>
<th>ACT</th>
<th>NT</th>
<th>Overseas</th>
</tr>
</thead>
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</table>
Declaration and Consent

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. 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, Privacy Notice and Disclosure information contained in this proposal and that I have read and understood the content of them.

I consent to AIG collecting, using and disclosing personal information as set out in AIG’s privacy notice in this proposal and policy.

If I have provided or will provide information to AIG about any other individuals, I confirm that I am authorised to disclose the other individual’s personal information to AIG and also to give the above consent on both my and their behalf.

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: _________________________________