ICICI Lombard
Nibhaye Vaade

PROPOSAL FORM
PROFESSIONAL INDEMNITY (TECHNOLOGY) INSURANCE

Intermediary Type Agent / Broker / Direct

Intermediary Name

Intermediary Code

MO Name

MO Employee ID

Branch Name

GUIDELINES FOR COMPLETION OF THE FORM

Please answer all questions in this proposal form completely and accurately on behalf of all persons to be insured. Where any question does not apply, please mention 'NA'. Insurance is a contract of Utmost Good Faith requiring the Insured not only to disclose all material facts but also not to suppress any material facts in response to the questions in the proposal form. If you think any fact is material, please disclose it.

- ICICI Lombard General Insurance Company Limited (ILGIC) is under no obligation to accept any proposal for insurance. If ILGIC accepts a proposal for insurance, it shall be subject to the policy terms, conditions and exclusions.
- Please note that the insurance is not effective until the proposal is accepted by ILGIC and premium received.
- If additional space is required to provide relevant information, whether as requested or otherwise in or along with this proposal form, please attach a separate sheet to this proposal form and return it to ILGIC.
- If there is any change in the information provided in the proposal form or otherwise before the date on which the policy is issued, please intimate ILGIC immediately.
- Please seek the advice of your insurance advisor or agent if you are unclear about any of the policy terms and conditions.

It is agreed and understood that information provided in this proposal form and documents submitted along with the proposal form will be the basis of any subsequent insurance policy that may be issued to you by ILGIC. You shall provide ILGIC with a full and frank disclosure of any and all facts that may be material to ILGIC's decision to grant a policy or the terms upon which it should be granted. If you fail to do so, it may result in the rejection of a claim and/or the avoidance of the policy.

CLIENT INFORMATION

Name of the proposer

Name of the policyholder

Address

City / Town / Village

State Pin Code

Phone No. Fax Number

E-Mail Address

Website

Contact Person

Proposed Limit of Liability

Proposed Policy Period

Details of any existing Cyber insurance covers

Insurer

Limit of Liability

Policy Period

Are you or any of the proposed applicants/beneficial owner a PEP* or a close relative of a PEP*? ☐ Yes ☐ No

If yes, please give details:.....

**Politically Exposed Persons (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States/ Governments, senior politicians, senior government/judicial/military officers, senior executives of state-owned corporations, important political party officials, etc.*

PROFESSIONAL SERVICES

Please provide in detail the Professional services of the Policyholder

Sr. No.	Name of Subsidiary	Country of Incorporation	Policyholder's shareholding in the subsidiary(%)
1			
2			
3			

Please append an additional sheet if required

Have the policyholder or any subsidiary's professional services changed in the past 3 years or do you anticipate any major changes in these services in the forthcoming twelve months YES NO

If 'Yes' please provide full details

Please provide the following details of the five largest projects undertaken in the past three years:

Client	Professional Services Rendered	Total Contract Value	Start Date	Completion / Estimated Completion Date
			D D / M M / Y Y Y Y	
			D D / M M / Y Y Y Y	
			D D / M M / Y Y Y Y	

Please provide the policyholder and subsidiary's consolidated revenues (excluding other income) by geographical segments

	Last Completed Year	Current Year Estimate	Forthcoming Year Estimate
Year End			
India			
Europe			
USA / Canada			
Rest of the World			
Total			

Please provide the following Industry wise split of the policyholder or subsidiary's consolidated revenues

	Percentage		Percentage
Aviation		Media	
BFSI		Retail	
Education		Telecommunications	
Energy & Utilities		Transportation & Logistics	
Health Care		Others	
Manufacturing		**Total**	**100%**

Please provide the following Activity -wise split of the Company's consolidated revenues (excluding other income)

	Percentage		Percentage
Application Maintenance		Hardware Sales	
Application Development		Systems Installation	
BPO		Systems Maintenance	
Data Processing and Entry		Training	
Custom Software Development		Other (Please explain)	
Consultancy		**Total**	**100%**

Please provide the following details of the clients that represent more than five percent (5%) of revenues

Client	Professional Service		Revenue

What percentage of the policyholder and subsidiary's business comes from repeat clients?

Do the policyholder and subsidiary have written contracts with all clients?	☐ YES ☐ NO
If 'No', does legal counsel review all customized contracts or agreements & marketing materials prior to release?	☐ YES ☐ NO
Do all contracts with customers fully describe the scope of services to be provided?	☐ YES ☐ NO
Do all contracts include how any disputes between the policyholder/subsidiary and the clients will be handled?	☐ YES ☐ NO

Please ✓ the correct option form below for the policyholder and subsidiary's Hold harmless or indemnity agreements:

They inure to the policyholder/subsidiary's benefit

They inure to the client's benefits

They are mutual

Do all the policyholder and subsidiary's contracts carry a Limitation of Liability clause?	☐ YES ☐ NO
Do all the policyholder and subsidiary's contracts carry Guaranties or Warranties?	☐ YES ☐ NO
Does the Company negotiate contracts or agreements in which it accepts liability for consequential damages?	☐ YES ☐ NO

What is the value of average contract or agreement?

What is the average tenure of contract or agreement?

Is client sign off required on pilot tests run prior to regular production?	☐ YES ☐ NO
Are performance milestones acknowledged with client sign off?	☐ YES ☐ NO
Are interim changes documented with client sign off?	☐ YES ☐ NO
Do clients have responsibility for determining the accuracy of results?	☐ YES ☐ NO

SUB-CONTRACTING

Does the Company sub-contract any Professional Services?	☐ YES ☐ NO

If 'Yes':

What type of work is sub-contracted? ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

What percentage of total work is subcontracted? ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

NETWORK PROTECTION

Do the policyholder and subsidiaries have a written and formalized network security policy statement in place?	☐ YES ☐ NO
Are all security threats and incidents logged and investigated?	☐ YES ☐ NO
Is the disaster recovery program and business continuity plan formalized and tested?	☐ YES ☐ NO
Do the policyholder and subsidiaries have antivirus software on all computer devices, servers and networks which are updated in accordance with the software providers' recommendations?	☐ YES ☐ NO
Do the policyholder and subsidiaries have firewalls and intrusion monitoring detection in force to prevent unauthorized access?	☐ YES ☐ NO
Are all employees assigned specified rights, privileges and unique user ID and passwords, which are changed periodically?	☐ YES ☐ NO
Do the policyholder or subsidiary provide remote access to its Computer Systems?	☐ YES ☐ NO

If 'Yes', how many users have remote access? ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Is all valuable/sensitive data backed-up by the policyholder subsidiaries every day?	☐ YES ☐ NO

NETWORK PROTECTION (Contd.)

If 'No', please describe exceptions:

How long are back-up tapes stored before being overwritten?

Has the policyholder or any subsidiary suffered unauthorized access of its Computer Systems in the past twelve (12) months?	YES NO

If 'Yes', how many intrusions occurred?

Do policyholder and subsidiaries conduct training for every employee user of the information systems security issues and procedures for its Computer Systems?	YES NO

PRIVACY EXPOSURES

Do the policyholder or subsidiaries collect, maintain or process personal information of clients?	YES NO

If 'Yes', please indicate the type of information which is collected and stored?

Do the policyholder and subsidiaries have legally reviewed privacy policy in place to comply with laws governing the handling and/or disclosure of such information?	YES NO
Does the policyholder have a designated privacy officer who has responsibility for meeting the policyholder and subsidiary's worldwide obligation under privacy and data protection laws?	YES NO
Does the Company share private or personal information gathered from customers with Consultants or third parties?	YES NO

MEDIA

Do the policyholder and subsidiaries have a designated officer who has responsibility for monitoring the content of the website from a legal perspective?	YES NO
Do the policyholder and subsidiaries have a formal procedure for editing/removing controversial, offensive / infringing material?	YES NO
Do the policyholder or subsidiaries offer chat room or user group discussion facilities through their website?	YES NO

INTELLECTUAL PROPERTY RIGHTS

Do the policyholder and subsidiaries have any formal policies and procedures in place to safeguard against infringing the intellectual property rights of others?	YES NO
Are licenses obtained for all software programs used?	YES NO
In respect of bespoke software designed by you, do you register the intellectual property rights as your own?	YES NO

CLAIMS INFORMATION

Has any claim or demand of a type being the subject of this insurance been made against the policyholder, any subsidiary or any or any employee in the past 3 years?	YES NO

Nature of Claim	Amount of Loss	Current Status	Remedial Measures

If 'yes' please provide details

Please provide details of settlement (if any, in the past 3 years)

Is any person proposed for cover aware of any facts or circumstances which might afford grounds for any future claim(s) that would fall within the scope of the proposed coverage or indicate the probability of any future claim(s) YES NO

It is agreed that if known facts or circumstances exist any claim or action arising from them is excluded from this proposed coverage.

DOCUMENTS REQUIRED

Please provide copies of the following documents to ICICI Lombard General Insurance Company

- Expiring Professional Indemnity Policy Copy (If it is not ILGIC policy)
- Network Security Policy

DECLARATION

I/We hereby give my/our consent to the Company to verify and obtain my/our identity/address proof as well as the identity /address proof of the insured through Central KYC Registry or UIDAI or through any other modes for the purpose of undertaking KYC.

I/We hereby declare and confirm that the premium has been paid out of legally acquired sources of income and the subsequent premiums if any, will continue to be paid out of legally declared and assessed source of income.

I hereby declare and warrant that to the best of my knowledge and belief the answers given above and documentation submitted are true, complete and accurate and that I have not withheld any information material to this proposal. I agree that the information in this proposal form and the accompanying documentation submitted shall form the basis of the contract proposed between me and ICICI Lombard General Insurance Company Limited.

Place :

Date : D D / M M / Y Y Y Y

Designation

Authorized Signatory Signature & Stamp

STATUTORY WARNING

PROHIBITION OF REBATES

(Under Section 41 of Insurance Act 1938)

1. No person shall allow or offer to allow, either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind or risk 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 prospectus or tables of the Insurer.
2. Any person making default in complying with the provision/s of this section shall be punishable with fine, which may extend to ten Lakh rupees.