

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	

Do you wish to avail policy documents in physical form ☐ Yes ☐ No

Nominee Name

Relationship with the Insured

Mobile No. Email ID

Present & Permanent Address

Authorized person for Minor Nominee

Bank Details

Details of Multiple/Other insurance covering same risks with any other Insurance Company:

Type of Proposer ☐ Individual ☐ MSME/SME ☐ Partnership firm ☐ Company ☐ Govt. ☐ Others

Are you or any of the proposed applicants/beneficial owner a PEP* or Family member/ Close relatives/Associates of PEPs*?

☐ Yes ☐ No

If yes, please give details (Nature of relationship and position held by PEP):

*Politically Exposed Persons (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Government, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials.

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
			/ /	
			/ /	
			/ /	

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			

ICICI Lombard General Insurance Company Limited

IRDA Reg. No. 115

Mailing Address:

601 / 602, 6th Floor, Interface Building No. 16,
New Link Road, Malad (West),
Mumbai - 400 064.

CIN : L67200MH2000PLC129408

Registered Office Address:

ICICI Lombard House, 414, Veer Savarkar Marg,
Near Siddhivinayak Temple, Prabhadevi,
Mumbai 400 025.

PROPOSAL FORM PROFESSIONAL INDEMNITY (TECHNOLOGY) INSURANCE

Toll free no : 1800 2666

Alternate no : 865522666 (Chargeable)

E-mail : customersupport@icicilombard.com

Website : www.icicilombard.com

UIN: IRDAN115CP0012V01200607 (Commercial)

CIN : L67200MH2000PLC129408

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
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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

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

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

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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
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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

BANK DETAILS**Refund of Premium (Policyholder/Proposer)**

Account Holder Name

Bank Name

Account No. IFSC Code

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DECLARATION WHEN THE PROPOSAL FORM IS FILLED BY A PERSON OTHER THAN THE PROPOSER/ THE PROPOSER SIGNS IN A VERNACULAR LANGUAGE/ PROPOSER IS ILLITERATE

- I hereby declare that I have read out and explained the content of this proposal form and all other connected documents incidental to availing the insurance policy from ICICI Lombard GIC Ltd. to the proposer and that he/she confirmed that he/she has understood the same and he/she agrees to abide by all terms and conditions of the same.
- I hereby declare that I have fully explained to the proposer the answers to the questions that form the basis of the contract of insurance have also explained the contents in this form to the proposer in _____ language, that I have truly correctly recorded the answers given by the proposer and that the proposer has fixed his/her thumb impression on the proposal form in my presence, after fully understanding the contents thereof. Further, this declaration does not confirm issuance of policy or assumption of risk thereof.
- I hereby state that the contents of the form and documents have been fully explained to me and that I have fully understood the significance of the proposed contract.

Name of the Proposer _____

Name of the Witness _____

Signature of Proposer

Signature of Witness

Place: _____

Date DDMMYYYY

Relationship with Proposer _____

Address of Witness _____

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.

I/We understand that the Company has right to call for documents to establish source of funds

I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately, not later than 30 days.

In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/we are aware that I/we may be held liable for it.

Place : _____

Date : DD / MM / YYYY

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 of 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 published prospectuses or tables of the insurer:

(Provided that acceptance by an insurance agent of commission in connection with a policy of any class of insurance business taken out by himself in relation to risks associated with his own life, health or property shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub-section if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bona fide insurance agent employed by the insurer.)

(2) Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

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