

6	Please state, during the past 5 years:					
	(a) has the name of the Insured(s) been changed?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	(b) has any other business(es) of your been purchased, merged or consolidated with the Insured?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	If "yes", please provide details on a separate sheet.					
7	Please provide details of any major new operations undertaken during the last 12 months or planned for the next 12 months.					
8	Please approximate the business activities by percentage of fee income derived.					
	Brief Description of Work			Percentage (%)		
9	Please give names of any professional organisations or associations of which you or your Partners/ Directors/ Principals are members:					
10	Please give the following fee income details: (INR Crores)					
	Year	Domestic	US/Canada	OECD	Non-OECD	Total
	a) Previous Completed Financial Year					
	b) Current Financial Year					
	c) Estimate of Financial Year					
11	Please provide details of the 5 largest contracts you have carried out in the past five years:					
	Client Name	Product/Services Provided		Annual Revenue		
12	Contract related queries					
	a) What is the value of the Insured's average contract?			INR		
	b) What is the maximum contract, agreement or purchase order length? (of Whole or Partial Months)			In Years		
	c) Do the Insured perform legal review of all standard contracts & marketing materials prior to release ?			<input type="checkbox"/> Yes / <input type="checkbox"/> No		
	d) Does your Global contracts or agreements are written with the same provisions as Domestic contracts ?			<input type="checkbox"/> Yes / <input type="checkbox"/> No		
	e) Do all your contracts or agreements limit liability to the cost of Products and services provided by the Insured			<input type="checkbox"/> Yes / <input type="checkbox"/> No		
13	Subcontracting Work					
	(a) Please state the amount of Insured's involvement in subcontracting work to others?			%		
	(b) If subcontracting work exists, please describe the services undertaken and provide a specimen of the contract terms applicable to this work.					
	(c) Are subcontractors required to carry their own Professional Liability insurance?			<input type="checkbox"/> Yes / <input type="checkbox"/> No		
	If yes what is the average Limit of Liability required ?			INR		

14	Quality Control Measures			
	a)	Does the Insured have a formal customer or vendor selection process?		<input type="checkbox"/> Yes / <input type="checkbox"/> No
	b)	Does the Insured require written acceptance from the customer on delivery of services or products?		<input type="checkbox"/> Yes / <input type="checkbox"/> No
	c)	Does the Insured have a Total Quality Management (TQM) strategy in place?		<input type="checkbox"/> Yes / <input type="checkbox"/> No
	d)	Does the Insured have a formal product recall plan in place?		<input type="checkbox"/> Yes / <input type="checkbox"/> No
	e)	Is final testing carried out with the customer and customer sign-off required?		<input type="checkbox"/> Yes / <input type="checkbox"/> No
	f)	Does the Insured hold ISO or any other third party accreditation for the risk management procedures utilized?		<input type="checkbox"/> Yes / <input type="checkbox"/> No
	If yes please give complete details			<input type="checkbox"/> Yes / <input type="checkbox"/> No
15	IPR related details			
	a)	Does the Insured obtain legal advice from specialists familiar with intellectual property law before releasing new software or products?		<input type="checkbox"/> Yes / <input type="checkbox"/> No
	b)	Have you ever released software or products where you have received advice that an intellectual property dispute exists?		<input type="checkbox"/> Yes / <input type="checkbox"/> No
	c)	Do you have written procedures for handling intellectual property of others?		<input type="checkbox"/> Yes / <input type="checkbox"/> No
	d)	Have you ever filed for any patents? If so, how many patents does the Insured currently own?		<input type="checkbox"/> Yes / <input type="checkbox"/> No
e)	Have you ever received a notice of possible infringement of another patent?		<input type="checkbox"/> Yes / <input type="checkbox"/> No	
III. FRAUD & DISHONESTY COVERAGE				
16	For the coverage of Fraud/ Dishonesty, please complete the following:			
	a)	Have you sustained any loss or claim through the fraud or dishonesty of any person?		<input type="checkbox"/> Yes / <input type="checkbox"/> No
		If "yes", please specify		
	b)	Are you aware of any allegation or occurrence of fraud or dishonesty at any time committed by any past or present partner/director/principal or employee?		<input type="checkbox"/> Yes / <input type="checkbox"/> No
		If "yes", please give details and state precautions taken to prevent a reoccurrence.		
c)	Do you always require satisfactory references or only when engaging senior employees?	Always		Senior Appointments Only
d)	Is any employee allowed to sign cheques on his/her signature alone for values exceeding INR 50,000?			<input type="checkbox"/> Yes / <input type="checkbox"/> No
	If "yes", please give details on a separate sheet.			
e)	How frequently are checks carried out on all entries in the cash book with paying-books, receipts, counterfoils and vouchers and reconciled with bank statements including the balance of cash and unpresented cheques, independently of employees receiving or banking monies, in respect of monies belonging to the Insured as well as in trust on behalf of others?			Weekly Monthly Quarterly Other (please specify)
f)	Are client funds kept in a properly designated client account which is separate from the bank account of the Insured?			<input type="checkbox"/> Yes / <input type="checkbox"/> No
IV. HISTORICAL INFORMATION				
17	In the past three years, has the Insured or their subcontractors experienced any of the following:			
	a)	Product Recall		<input type="checkbox"/> Yes / <input type="checkbox"/> No
	b)	Delayed or past due contract		<input type="checkbox"/> Yes / <input type="checkbox"/> No
18	Within the past three years, have any customers withheld payment or requested a refund because your products or services:			
	a)	Did not meet the customer's performance expectations		<input type="checkbox"/> Yes / <input type="checkbox"/> No
	b)	Did not perform in compliance with your warranties or representations		<input type="checkbox"/> Yes / <input type="checkbox"/> No
	Please explain			
V. INSURANCE & LOSS HISTORY				
19	Is any partner/director/principal or the Insured after inquiry aware of any act, error or omission, unresolved contract dispute or any other circumstances, which may reasonably be expected to result in a claim?			<input type="checkbox"/> Yes / <input type="checkbox"/> No
20	Is any partner/director/principal or the Insured after inquiry, aware of any circumstances or occurrences which may give rise to a claim against the Insured or their predecessors in business or any of the present or former partners/directors/principals?			<input type="checkbox"/> Yes / <input type="checkbox"/> No

21 Within the past three years, have you sued any customers for non-payment of contracts? Yes / No

If you have answered "YES" to questions 19, 20 or 21, then full details of each matter must be advised before quotation can be considered. We must remind you that it is imperative to answer these questions correctly. FAILURE TO DO SO COULD WELL PREJUDICE YOUR RIGHTS, if subsequently a claim should arise.

Also, List and provide details on any suits, potential suits, complaint letters, disputes or any other circumstances alleging non-performance of contract or non- performance of your products or services:

22 (a) Please list out details of previous Professional Liability Insurance – Technology carried during the past 3 years.
If none, then please check here

Period	Insurer	Limit	Retention	Premium

(b) Has any proposal for Professional Liability Insurance – Technology made on behalf of the Insured(s) or any predecessors in the business, or present partners/directors/principals ever been declined or has such insurance ever been cancelled or renewal refused or special terms imposed? Yes / No

If "yes", please advise reason(s).

23 (a) Please specify Limit of Liability desired:

(b) Retention desired:

(c) Policy Period

(d) Retroactive date

Please specify standard extensions required

2.1 Automatic Acquisitions of New Subsidiaries _____ of the Asset Size of the Parent Entity (Non-US)

2.2 Court Attendance

2.3 Estates and legal representatives

2.4 Extended Reporting Period _____ days

2.5 Inquiry Costs

2.6 Legal Representation Expenses

2.7 Lost Computer Records

2.8 Outgoing Principals and Employees

2.9. Public Relations Expenses

2.10. Unauthorised Access

2.11. Vicarious Liability Extension

Any others - Please Specify

SIGNING THIS PROPOSAL DOES NOT BIND THE PROPOSER TO COMPLETE THIS INSURANCE

Please attach the following documents along with this proposal form (as applicable):

1. Most Recent Audited Financials

2. Copy of your standard and largest contract

3. Copy of your business plan if company is less than 3 years old

4. Copy of your contract with your subcontractors

Other Important Information

1. PAN Card number

2. GSTIN Number

IV. INSURED INFORMATION

Any one of the following can be covered – Proposer (Self), Proposer's spouse, Dependent Sibling (Unmarried & Financially Dependent), Dependent Child (Unmarried & Financially Dependent), Parents/ In Laws

INSURED DETAILS								
Name in Full*	Relation with the Proposer*	Date of Birth DD/MM /YYYY	Gender*	Height in (cm)*	Weight in (kg)*	Occupation*	Marital Status*	ABHA ID

NOMINEE DETAILS (Applicable for individual customers)								
Nominee Name*	Relationship of Nominee with Proposer*	Nominee Date of Birth DD/MM/YYYY*	Nominee Mobile Number	Nominee Email ID	Nominee Present Address	Nominee Permanent Address	Nominee Bank Name and Account Details	% of claim share*

***Total % share cannot exceed more than 10**

Where Nominee is a minor, give details of Appointee 0%

Name of the Nominee	Name of the Appointee	Date of Birth DD/MM/YYYY	Relationship with the Nominee

Note: Please provide an additional sheet if space is not sufficient to complete details.

BANK ACCOUNT DETAILS

PAYMENT DETAILS	REFUND / CLAIMS DETAIL
<input type="checkbox"/> Cheque <input type="checkbox"/> Demand Draft <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Online Payment	<input type="checkbox"/> Details as per premium cheque to be used for electronic fund transfer; <input type="checkbox"/> Cancelled cheque submitted of other bank
Cheque / D.D* <input type="text"/>	Account Number: <input type="text"/>
Drawn Amount <input type="text"/>	IFSC/MICR Code: <input type="text"/>
Drawn To <input type="text"/>	Bank Name: <input type="text"/>
Date <input type="text"/>	Account Holder name: <input type="text"/>
IFSC/MICR Code <input type="text"/>	Disclaimer: Zurich Kotak General Insurance Company (India) Limited shall not be liable to anybody, in any manner, whatsoever if the NEFT transaction does not complete
Bank and Branch Name: <input type="text"/>	
For Credit/Debit Card: <input type="text"/>	
Transaction Reference No: <input type="text"/>	
Transaction Date: <input type="text"/>	

ACKNOWLEDGEMENT

Received from Ms. /Mrs. / Mr.

a sum of Rs. Through Cheque/DD against your proposal for Maxima Professional Liability Insurance Technology.

Signature of Zurich Kotak General Insurance Company (India) Limited Official / Intermediary Date

Zurich Kotak General Insurance Company (India) Limited Official/Intermediary Name:

Time: : Place: _____

Note: Neither the submission of a completed proposal for insurance or any payment for any policy sought oblige the Company to agree to issue a policy, which decision is and always shall be in the Company's sole and absolute discretion. If Zurich Kotak General Insurance Company (India) Limited accepts a proposal for insurance, it shall be subject to the Board approved underwriting policy of Zurich Kotak General Insurance Company (India) Limited and the policy Terms and Conditions of Maxima Professional Liability Insurance - Technology and the Company shall have no liability to make any payment if premium is not received by Zurich Kotak General Insurance Company (India) Limited in full and in time, or is not realized. If a proposal is not accepted, Zurich Kotak General Insurance Company (India) Limited will inform you and refund any payment received from you without interest.

DECLARATION FOR AGENT

I hereby declare that, I have fully explained the features and terms & condition of the policy in detail to the Proposer and the Proposer has affixed the thumb impression / signature after fully understanding the features thereof.

Signature/Thumb impression of Proposer

Signature & Stamp as applicable of the Insurance Advisor/ Specified person of Corporate Agent/Authorised Employee of Broker/Sales person*

*Place: _____

*Date:

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.
- 2) Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to Ten Lakhs Rupees.