

EXCESS FOLLOW FORM

PROPOSAL FORM

GUIDELINES FOR COMPLETION OF THE PROPOSAL FORM

1. Please fill the proposal form in BLOCK LETTERS. All details with * are mandatory.
2. The Liability of the Company in relation to the subject matter of this Proposal does not commence until this Proposal has been accepted by the Company through the issuance of the Policy Document/Cover Note and subject to the receipt by the Company of the premium paid.
3. This Proposal will be the basis of any subsequent policy that we issue to you. It is therefore essential that you provide all the information in this Proposal FULLY, ACCURATELY AND CORRECTLY and that you provide us with any and all additional information relevant to risk to be insured or our decision as to acceptance of the risk or the terms upon which it should be accepted.
4. The Policy shall become voidable at the option of the Company, in the event of any untrue or incorrect or incomplete statement, misrepresentation, non-description or on non-disclosure in any material particular in the Proposal Form /personal statement, declaration and connected documents, or any material information having been withheld by the proposed policyholder or any one acting on its behalf to obtain any benefit under this Policy.
5. If you require additional space to answer any question on this Proposal Form, please attach additional sheets of paper and indicate on the additional sheet the question number to which the information being provided pertains. (Information given herein will be treated in strict confidence).

Policy issuing office:

Policy servicing office:

Intermediary/Agent Name:

Intermediary License no /Agent code.:

Intermediary/Agent Contact No.:

1. Name of Proposer: _____

Street Address: _____

City: _____

Website: _____

2. Country of Registration: _____

3. Date of incorporation/formation: _____

Additional Details:

Nationality: Indian Non – Indian

If Non-Indian, please specify Country:

Type of Organization

Corporations Governments Non Governmental Organizations Society
International Organization Trust Partnership Cooperatives Section 25 Company

Sources of funds: Please tick appropriate box
Salary Business Others (please specify)

4. Name of each entity to be included as an insured _____

How are these entities related to your business? _____

Proposer is: Corporation Partnership Individual

5. a. Is the proposer firm owned by, controlled by or associated with, or does the proposer firm own or control, any other partnership, corporation or firm?

If “yes” please provide the details _____

b. Are professional services provided to this entity? Yes No

6. Year full time operation began: _____

7. Limit(s) of Liability & Jurisdiction(s) being requested:

8. Applicable Law:

9. Policy Period:

10. Territorial Scope of Cover required:

11. Retention (each Wrongful Act) :

12. Describe in detail the nature of services and/or products provided : _____

13. Does proposer engage in any other business or profession other than stated above? Yes No
If yes, please explain _____

14. Indicate the exposure for which you require coverage. (What type of claims may be possible?) _____

15. Describe the procedures the proposer uses to avoid such losses _____

16. Does any regulatory authority license the Applicant? Yes No

If yes, please list the regulatory authority(ies):

17. a. Has there been acquisition or merger activity in the past 5 years? Yes No

If yes, please explain _____

If yes, does this company assume all liability past and present of the acquired company? Yes No

b. Are there future acquisitions or mergers planned? Yes No

If yes, please explain _____

18. Is the Proposer presently involved in or considering any merger, acquisition or change in control?

Yes

No

If yes, please provide full details. _____

19. Has the Proposer changed its name in the past five (5) years?

Yes

No

If yes, please provide full details. _____

20. a. Estimate revenue for the next 12 months. U.S. and Canada Rs. _____ India Rs. _____
 Foreign Rs. _____

b. Show actual revenue and number of clients for the past 3 years.

Year	U.S. / Canada Revenue (Rs.)	No. of Clients	India Revenue (Rs.)	No. of Clients	Foreign Revenue (Rs.)	No. of clients

21. List your five largest projects during the past three years.

Client	Services Provided for The Client	Revenue
a. _____		
b. _____		
c. _____		
d. _____		
e. _____		

22. What percentage of your business comes from repeat customers? _____ %

23. What is the average length of time of a contract? _____

24. Indicate the percentage of receipts attributed to the following services:

	Receipts %
<input type="checkbox"/> Turnkey Systems	_____
<input type="checkbox"/> Packaged Software Sales	_____
<input type="checkbox"/> Custom Software Development	_____
<input type="checkbox"/> Hardware Sales	_____
<input type="checkbox"/> Systems Analysis	_____
<input type="checkbox"/> Software Design	_____
<input type="checkbox"/> Programming / Maintenance	_____
<input type="checkbox"/> Data Entry/ Processing	_____
<input type="checkbox"/> Time Sharing	_____
<input type="checkbox"/> Other _____ (please specify)	_____
TOTAL	100%

25. Identify major software applications and receipts attributable

	Receipts %
<input type="checkbox"/> Administrative	_____
<input type="checkbox"/> Accounting/Financial (Non fund Transfer)	_____

<input type="checkbox"/>	Architectural (Model building/projection)	_____
<input type="checkbox"/>	CAD/CAM: Manufacturing/Engineering tools	_____
<input type="checkbox"/>	CASE: Application development tools	_____
<input type="checkbox"/>	Communications: Utilities/Info Services	_____
<input type="checkbox"/>	Data Base Management Systems/4GL	_____
<input type="checkbox"/>	Educational	_____
<input type="checkbox"/>	Fund Transfer	_____
<input type="checkbox"/>	Imaging	_____
<input type="checkbox"/>	LAN/Network Management	_____
<input type="checkbox"/>	Medical Management	_____
<input type="checkbox"/>	Office Automation (Word processing/E-Mail)	_____
<input type="checkbox"/>	Scientific/ Mathematical	_____
<input type="checkbox"/>	Other _____	_____
	(please specify)	TOTAL
		100%

26. Indicate the market (s) for your products/services

<input type="checkbox"/>	Aerospace	Receipts %
<input type="checkbox"/>	Communications/Transportation	_____
<input type="checkbox"/>	Construction/Mining/Agriculture	_____
<input type="checkbox"/>	Education	_____
<input type="checkbox"/>	Financial Institutions	_____
<input type="checkbox"/>	Government (non military)	_____
<input type="checkbox"/>	Health Care/Medical Services	_____
<input type="checkbox"/>	Home use	_____
<input type="checkbox"/>	Manufacturing/Industrial	_____
<input type="checkbox"/>	Trade: Retail/Wholesale	_____

Other _____
(please specify) TOTAL 100%

27. What percentage of the Proposer Firm's business involves subcontracting of work to others? ____%

If subcontracting exists, please note the purpose _____

If subcontracting exists do you have a subcontract agreement in writing ? Yes No

28. Does proposer have a written contract with clients ?

In all cases Sometimes Never

29. Do the proposer's contracts contain:

a. Hold harmless or indemnity agreements inuring to the proposer's benefit? Yes No

b. Hold harmless or indemnity agreements inuring to the proposer's client's benefits? Yes No

c. A specific description of the services proposer will provide to the client Yes No

d. Guarantees or warranties? Yes No

e. Limitation of liabilities? Yes No

f. Exclusion of indirect or consequential losses Yes No

30. In what professional organizations or trade associations does the proposer hold membership? _____

31. Briefly explain your product/service development methodology _____

32. a. Is system design work documented and tested? Yes No

b. Is documentation retained for the life of the system? Yes No

c. Is a test plan followed for all program modifications? Yes No

d. Are clients required to sign off on pilot tests run prior to regular production? Yes No

33. Do clients have responsibility for determining the accuracy of results? Yes No

If yes, is this in writing? Yes No

34. Does the proposer have a contingency plan in writing in the event of computer

Failure?

Yes No

35. Experience of personnel:

	Number of Employees	Average years experience with proposer	Average overall years experience
Management	_____	_____	_____
Systems Designers	_____	_____	_____
Systems Analysts	_____	_____	_____
Programmers	_____	_____	_____
Operators/Clerical	_____	_____	_____
Other	_____	_____	_____
TOTAL	_____	_____	_____

Are training programs provided for the above categories?

Yes No

36. Is similar insurance currently in force?

Yes No

If yes, indicate Carrier _____

Expiration date _____ How long in force _____

Limit _____ Deductible _____ Premium _____

37. Have any claims been submitted to the current carrier?

Yes No

38. Has any similar insurance been declined or cancelled?

Yes No

If yes, please attach details

39. Does any proposed insured have knowledge or information of any act, error or omission which might reasonably be expected to give rise to a claim?

Yes No

40. Attach a list and status of all errors and omissions claims made against any proposed insured during the past five years.

If none, please check here: None

41. Is commercial general liability insurance currently in force?

Yes No

If yes, Carrier _____ Limit _____ Deductible _____

42. In the next eighteen (18) months, does the Applicant anticipate any changes in the nature of the professional services described. Yes No

If yes, please provide full details. _____

43. For each of the following, please check YES or NO. Please attach descriptive documents or brochures.

SERVICE AGREEMENTS:

a. Are contract fees negotiated and agreed to in advance? Yes No
 b. Are written service agreements required for all clients? Yes No
 (If Yes, attach a sample)

c. Have the written service agreements been reviewed by a law firm experienced in the Applicant's field? Yes No
 d. Are all changes to service agreements confirmed in writing? Yes No
 e. Does the Applicant provide warranties or guarantees? Yes No
 f. Does the Applicant describe services in a brochure? Yes No
 (If Yes, attach a sample).

QUALITY CONTROL:

g. Is there a formal procedure for handling client complaints? Yes No
 h. Is ADR or mediation to resolve complaints part of the service agreement? Yes No
 i. Are audits or reviews of service performed by employees conducted? Yes No
 j. How often? Annually Semi-Annually Quarterly Other _____
 k. Does the Applicant ever assume liability for others by contract? Yes No
 (If yes, please attach a sample contract)

PROFESSIONAL CREDENTIALS:

l. Do employees hold professional licenses or certification? Yes No
 If Yes, please identify.

m. Does the Applicant pay for continuing education to maintain such professional licenses or certification? Yes No

CLIENT MANAGEMENT

n. Are there formal criteria for accepting new clients? Yes No
 o. Is there a formal policy for conflict of interest? Yes No
 p. Is there a formal policy for client confidentiality? Yes No
 q. Does the Applicant engage in any other professional activities not listed in question 5 above?
 Yes No

44. Where applicable, please attach the following documentation:

a. Latest audited annual report & accounts _____

- b. Latest interim report & accounts _____
- c. Brochures describing services or Products offered _____
- d. Sample service agreements _____

Other Information:

Do you wish to opt for Arbitration? Yes No

Venue for Arbitration (If Arbitration is opted): _____

45. PRIOR KNOWLEDGE/WARRANTY

- i. Has the Applicant, any partner, officer, director, or employee for whom coverage is being requested, ever been censured, fined, or had a professional license suspended or revoked?
 Yes No

(If yes, provide details.) _____

- ii. Does the Applicant, any partner, officer, director, or employee for whom coverage is being requested, know of any circumstances, acts, errors or omissions that could result in a professional liability claim against the Applicant, or any past or present partner, officer, director, or employee? Yes No

(If yes, provide details.) _____

- iii. Has any professional liability claim ever been made against the Applicant or any past or present partner, officer, director, or employee? Yes No

(If yes, provide details.) _____

- iv. Has the Applicant or any of its predecessor organizations in business or any partner, officer, director, or employee for whom coverage is being requested ever had any insurer cancel, refuse to renew or accept only on special terms any professional liability insurance?
 Yes No

(If yes, provide details.) _____

46. Company's CKYC Identifier / Number (Generated by CERSAI):

PAN (mandatory):

GSTIN:

47. Please share the below details for the Authorised Signatory:

Name:

Designation:

PAN:

CKYC Identifier / Number (Generated by CERSAI):

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 Excess Follow Form 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 realised. 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:

I / We hereby declare that the statements made by me / us in this Proposal Form are true to the best of my / our knowledge and belief and I / We hereby agree that this declaration shall form the basis of the contract between me / us and the "Zurich Kotak General Insurance Company (India) Limited"

Protect and contribute in conserving the environment, all your policy and service related communication would be sent in soft copy to the email id mentioned in the proposal form and it is valid for all regulatory /policy servicing requirements. I / We would still want to receive a physical copy of the policy.

I / We hereby give my/our consent to the Company to verify and obtain my/our identity/address proof through Central KYC Registry or Goods and Service Tax Portal or Ministry Of Corporate Affairs Portal or National Securities Depository Limited portal for the purpose of undertaking KYC.

AML DECLARATION

I / We hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been /will be paid out of proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act,2002. I / We understand that the Company has the right to call for document to establish sources of funds. The Insurance Company has right to cancel the insurance contract in case I am/have been found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in India.

In case of entity, Type of Organization making the payment:

Limited Company Government Organization Non-Government Organization (NGO) Society Trust Partnership International Organization Co-operatives Section 25 Company Others

Are You or any of the proposed applicants or close relatives is/are associated to Politically Exposed Person (PEP)?* Yes No

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

Are you a Non-Profit Organization?*(only in case of an entity) Yes No

“Non-profit organization” means any entity or organisation, constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), that is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013).”

*Place: _____

*Date: / /

*Signature and Stamp of Proposer

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 signature after fully understanding the features thereof.

Signature of Proposer

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

*Place: _____

*Date: / /

VERNACULAR DECLARATION:

I hereby declare that, I have fully explained the contents of the proposal form and terms and conditions of the Policy to the Proposer in the language understood to him/her and that the Proposer has affixed the thumb impression / signature above after fully understanding the contents thereof.

Signature of Proposer

Signature of Intermediary/ Sales Person*

*Place: _____

*Date: / /

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.
- 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.

Software Copyright Infringement Supplemental Proposal

Name of Insurance Company to which Proposal is made
(herein called the Insurer)

NOTICE: THE ENDORSEMENT PROVIDES THAT THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGEMENTS OR SETTLEMENTS SHALL BE REDUCED BY AMOUNTS INCURRED FOR LEGAL DEFENSE. FURTHER NOTE THAT AMOUNTS INCURRED FOR LEGAL DEFENSE SHALL BE APPLIED AGAINST THE RETENTION AMOUNT. IF ANY ENDORSEMENT IS ISSUED, THE PROPOSAL WILL BE ATTACHED TO AND BECOME A PART OF POLICY. THEREFORE IT IS NECESSARY THAT ALL QUESTIONS BE ANSWERED ACCURATELY AND COMPLETELY.

IF AN ENDORSEMENT IS ISSUED, IT WILL BE ON A CLAIMS-MADE BASIS

1. Do you have written policies and procedures concerning the use of copyrighted software?
___ YES ___ NO (If yes, please attach a copy)
2. Do you conduct regular educational seminars, which all employees are required to attend, outlining appropriate software copyright procedures and the risks of infringement? ___ YES ___ NO
If so, how often are these held? _____
3. Do you have a person within your organization who is responsible for ensuring that copyright violations do not occur? ___ YES ___ NO
4. Are licenses obtained for all software programs used? ___ YES ___ NO
5. On average, how many new software programs do you launch in a year? _____
Of these, how many are custom? _____ Prepackaged? _____
6. What percentage of your annual revenue is derived from software or software related products and services? _____
7. Do you take steps to ensure that new employees do not infringe on former employers software copyrights? ___ YES ___ NO
8. Do you take steps to ensure that former employees do not assert copyright claims against the proposer?
? ___ YES ___ NO
9. During the past 5 years, with respect to any possible or actual copyright claim, have you received any notice or warning, whether written or oral or been involved in any legal action or proceeding?
___ YES ___ NO (If yes, attach details)
10. Are you aware of any circumstance that could give rise to a copyright claim?
___ YES ___ NO If yes, provide a detailed description of those circumstances.

It is agreed that if such knowledge or information exists, any claim or action arising therefrom is excluded from this proposed coverage.

THE UNDERSIGNED AUTHORISED REPRESENTATIVE OF THE PROPOSER DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE UNDERSIGNED AUTHORISED REPRESENTATIVE AGREES THAT IF THE INFORMATION SUPPLIED ON THIS PROPOSAL CHANGES BETWEEN THE DATE OF THIS PROPOSAL AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL , IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORISATIONS OR AGREEMENTS TO BIND THE INSURANCE. SIGNING OF THIS PROPOSAL DOES NOT BIND THE PROPOSER OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS PROPOSAL SHALL BE THE BASIS OF COVERAGE SHOULD COVERAGE BE GRANTED. COVERAGE, IF GRANTED, WILL BE GRANTED BY MEANS OF AN ENDORSEMENT TO THE INSURANCE POLICY. **THIS ENDORSEMENT DOES NOT GRANT AN ADDITIONAL LIMIT OF LIABILITY.** THE LIMIT OF LIABILITY FOR THE ENDORSEMENT IS PART OF THE LIMIT OF LIABILITY FOR THE ENTIRE INSURANCE POLICY. **DEFENSE COSTS FOR CLAIMS COVERED UNDER THE ENDORSEMENT AND UNDER THE POLICY ARE WITHIN THE LIMIT OF LIABILITY AND ARE APPLICABLE TO THE POLICY RETENTION AMOUNTS.** ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUCTION WITH THIS PROPOSAL ARE HEREBY INCORPORATED BY REFERENCE INTO THIS PROPOSAL AND MADE A PART HEREOF.

Signed _____ Date _____

Title _____

Producer _____ Date _____