



# HERA INDEMNITY

MAKING A DIFFERENCE

IT CONSULTANTS  
PROFESSIONAL INDEMNITY  
PROPOSAL FORM 2023

# IT Consultants Professional Indemnity Proposal Form

## Instructions

- This proposal form must be completed by a Principal, Director or Partner of the Proposer. The person completing and signing the form should be authorized by the Proposer to do so and should make all reasonable enquiries to enable all the questions to be answered.
- All questions must be answered to enable a quotation to be given.
- Completing and signing this proposal form does not bind the Proposer or Insurers to enter a contract of insurance.

## 1. Company details (Including all trading names and subsidiaries)

Name	Date of establishment
Website address	

## 2. Address details (Including all subsidiaries)


## 3. If cover is required for Your previous business (predecessor practices), please provide full details below

Name(s)	Start Date	End Date	Reason for winding up/leaving

## 4. If any Principal / Partner / Director requires cover for any previous professional business activity not covered elsewhere, please provide details below

Name of Principal to be covered				
Name of previous Firm				
Period at previous Firm	From		To	
Fees for last 3 years of trading	Year		Total	
	Year		Total	
	Year		Total	
Position held at previous Firm				
Reason for leaving				
Period at previous Firm	From		To	
Fees for last 3 years of trading	Year		Total	
	Year		Total	
	Year		Total	
Position held at previous Firm				
Reason for leaving				
Period at previous Firm	From		To	
Fees for last 3 years of trading	Year		Total	
	Year		Total	
	Year		Total	
Position held at previous Firm				
Reason for leaving				

**5. Does any Principal / Partner / Director have any association or financial interest in any other company?**

Yes  If Yes, please provide information below

No

If YES, please provide full details below of the nature association and YES, please provide full details below of the nature of the association and the name and business of the third party


**6. Principals / Partners / Directors**

Name	Age	Qualifications	Date Qualified	Date of Engagement

**7. Total number of staff**

Principals	Qualified Staff	Unqualified Staff	Others

**8. Has any Principal / Partner / Director ever been convicted of a criminal offence or are any charges/prosecutions pending (excluding minor motoring offences), or been investigated/reprimanded/disqualified by their professional body?**

Yes  If Yes, please provide information below

No


**9. Has any Principal / Partner / Director been made personally bankrupt or has been associated with any business which has ceased trading, either voluntarily or compulsorily**


**10. Please provide details of the Company's current Professional Indemnity insurance policy**

Current Insurer	
Current Broker	
Policy Renewal Date	
Limit of Indemnity	
Excess	
Premium	
Renewal Date	

**11. Please provide a breakdown of client turnover / fees generated for each of the last 5 financial years and an estimate for the current / next financial year.**

Work for clients who are:	dd-mm-yyyy	dd-mm-yyyy	dd-mm-yyyy	dd-mm-yyyy	Current year	Next financial year
Domiciled in the UK						
Domiciled in the EU						
Domiciled in USA/Canada						
Domiciled Elsewhere						

**If you have stated that you have clients outside the UK, is all such work undertaken from the UK or do you travel outside the UK to undertake some or all such work?**

Yes <input type="checkbox"/>	If Yes, please provide information below	No <input type="checkbox"/>

**12. Please provide a breakdown of activities and percentage of income generated for each discipline**

(A) Hardware - Sale of own brand		%	(H) Software Services - Developing bespoke apps		%
(B) Hardware - Distribution of other brands		%	(I) Software Services - Maintenance		%
(C) Hardware - Installation/Maintenance		%	(J) Consultancy		%
(D) Software Sales - Shrink wrapped		%	(K) Provision of Contract Staff		%
(E) Software Sales - Own written/customisable		%	(L) Provision of Outsourced/Managed Services		%
(F) Software Services - Installation incl. configuration		%	(M) Training		%
(G) Software Services - Customisation		%	(N) Other work (please provide full details below)		%
<b>Total</b>			%		

**13. If You have declared any income in Question 12 E, F,G or H please provide details below of the software provided and its use**

Details of Software	End Use

**14. Is the Company aware of any of the following?**

If any of Your services or products should fail, could there be a loss of life or injury?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If any of Your services or products should fail, could there be destruction or damage to physical property?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If any of Your services or products should fail, could there be an immediate and large financial loss?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If any of Your services or products should fail, could there be a significant cumulative financial loss?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do You always use a standard written contract for each client?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do all contracts include an outline of the scope of services to be provided?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do all contracts include a limitation of liability?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do all contracts include a consequential and economic loss exclusion?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**If You have answered YES to any of the questions above please provide details below**


**15. Please provide details of the Company's 5 largest contracts that have been completed in the past 6 years**

Client	Start Date	Description of Work	Total Contract Value £	Your Contract Fee £	Estimated Completion Date

**16. Please provide details of the Company's 5 largest contracts currently in hand**

Client	Start Date	Description of Work	Total Contract Value £	Your Contract Fee £	Estimated Completion Date

**17. Does the Company engage the services of sub-contractors?**

Yes <input type="checkbox"/>	If Yes, please provide information below	No <input type="checkbox"/>
What percentage of fees / turnover was paid to sub-contractors during the last financial year?		%
Do You always require Your sub-contractors to hold their own Professional Indemnity Insurance overage and verify that it is in force?		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If YES, please confirm the minimum limit You require them to maintain		£

**18. Other than by Sub-contracting, have You ever entered into contracts where You may incur liability for the services provided by others (such as a consortium involving joint and several liability)?**

Yes <input type="checkbox"/>	If Yes, please provide information below	No <input type="checkbox"/>

**19. Does the Company undertake any projects where work is outside the United Kingdom?**

Yes <input type="checkbox"/>	If Yes, please provide information below		No <input type="checkbox"/>			
Country	Client	Start Date	Description of Work	Contract Value £	Contract Fee £	Estimated Completion Date

**20. Has the Company at any time entered into a contract that is subject to the law of countries other than the United Kingdom?**

Yes <input type="checkbox"/> If Yes, please provide information below			No <input type="checkbox"/>			
Country	Client	Start Date	Description of Work	Contract Value £	Contract Fee £	Estimated Completion Date

**21. Has the Company at all times used written agreements for each contract undertaken which clearly outline the services to be provided and have all changes always been confirmed in writing?**

Yes <input type="checkbox"/> If Yes, please provide information below	No <input type="checkbox"/>

**22. Has the Company ever entered into contracts on behalf of clients?**

Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have procedures in place for each job including volume, timings and sign-off?	
Yes <input type="checkbox"/>	No <input type="checkbox"/>

**23. Please select the Limit of Liability the Company requires quotations for**

<input type="checkbox"/> £250,000	<input type="checkbox"/> £500,000	<input type="checkbox"/> £1,000,000
<input type="checkbox"/> £2,000,000	<input type="checkbox"/> £3,000,000	<input type="checkbox"/> £4,000,000
<input type="checkbox"/> Other Limit of Liability £		

**24. What Level of Excess does the Company require?**


**25. Has any claim been made or loss suffered by the Company, whether insured or not, in respect of any of the risks to which this proposal for insurance relates?**

Yes <input type="checkbox"/> If Yes, please provide information below			No <input type="checkbox"/>	
Date of Claim / Loss	Details of Claim / Loss	Amount Paid £	Date Settled	Outstanding Reserve £

**26. Is the Company aware of any of the following?**

Any circumstances which might lead to a claim against You, whether insured or not, in respect of any of the risks to which this proposal for insurance relates?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Any matter which might otherwise affect the consideration of this proposal?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has any application for similar insurance made on Your behalf or on behalf of any past or present Principal ever been declined, refused renewal, cancelled or accepted only on special terms?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, to any of the above, please provide details		

**Disclosure**

It is your duty to disclose all material facts to the Company. A material fact is one that may influence an underwriter's judgement in the consideration of your proposal. If your proposal is a renewal, it is likely that any change in facts previously advised to the Company will be material and such changes should be highlighted. If you are in any doubt as to whether a fact is material you should disclose it. I/We declare that the statements and particulars contained in the proposal are true and that I/we have not misstated or suppressed any material facts. I/We agree that this questionnaire, together with any other information supplied by me/us, shall form the basis of any contract of insurance effected thereon. I/We undertake to inform the Company of any material alteration to these facts occurring before completion of the contract of insurance

**Declaration**

We declare that to the best of our knowledge or belief that the particulars and statements given in this application are true and complete and this application, declaration and information shall be the basis of the contract between ourselves and the Insurer.  
 We declare that we have informed the Insurer of all facts which are likely to influence the Insurer in the acceptance or assessment of the insurance.  
 We accept that if we are in doubt whether any fact may influence the Insurer, we should disclose it.  
 We agree that we have a continuing obligation to notify Insurers of any material matters during the currency of any policy.  
 We accept that any deliberate misrepresentation of facts declared on this proposal form may be referred to The Legal Complaints Service.  
 I consent to having Hera Indemnity collect my details to send me information and / or an insurance quotation

<b>Signature of Principal / Partner / Director</b>	
<b>Print Name</b>	
<b>Date</b>	

**Additional Information**


A copy of this questionnaire should be retained by you for your own records.



**HERA INDEMNITY**

Broker at **LLOYD'S**

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