

## Computer Industry

SIGNING OF THIS PROPOSAL FORM DOES NOT BIND THE PROPOSER OR UNDERWRITERS TO COMPLETE A CONTRACT OF INSURANCE

PLEASE READ THESE GUIDANCE NOTES BEFORE COMPLETING THE PROPOSAL FORM.

PLEASE NOTE This Proposal Form is for a CLAIMS MADE policy. A CLAIMS MADE policy only responds to “claims” made against the Insured and notified to Underwriters during the period of insurance.

- Please answer every question fully, and state “NIL”, “N/A” or “NONE” as applicable.
- Please complete separate Proposal Forms for each Partner to be included in the quotation and attach a list of all Partners.
- Please submit any additional information you feel may be of assistance to Underwriters, such as Brochures etc.
- It is the duty of the Proposer to disclose all material facts to Underwriters. Where this is omitted, the Underwriters may avoid their obligation under the Policy.

For the purposes of the Proposal and for all purposes relating to any policy issued pursuant to this Proposal, a ‘material fact’ shall be deemed to be one that would be likely to influence an Underwriter’s judgment and acceptance of your Proposal.



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**Tailor-made Broker Solutions**

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PO Box 11732, Silver Lakes, 0054 | 6 Avocet Corner, Hazeldean Office Park, Silver Lakes Rd, Silver Lakes, Pretoria  
Alphabelle Pty (Ltd) is an Authorised Financial Services Provider - FSP 46984

**1. Details of Proposed Insured:**

1.1. Practice Name: \_\_\_\_\_  
 (Please attach details of all subsidiary companies)

1.2. Physical Address: \_\_\_\_\_

1.3. Tel No. \_\_\_\_\_

1.4. E-Mail add: \_\_\_\_\_ Web Site: \_\_\_\_\_

1.5. VAT No: \_\_\_\_\_ Co. Reg No: \_\_\_\_\_

1.6. Present Legal Constitution (Mark Relevant Box)

Sole Practitioner  Partnership  Incorporated Co.  Limited Co.  Closed Corp.

1.7. Date of commencement of Practice: As currently constituted: \_\_\_\_\_

As initially established: \_\_\_\_\_

1.8. Please give the following details for all Principals and Key Personnel:

Name & ID Number	Qualification & years of Practical Experience in the computer Industry	Membership of a Professional Society

1.9. How many other staff are employed by the Firm? \_\_\_\_\_

- a) State the total number of staff in the following designations:
- i) Principals \_\_\_\_\_
  - ii) Software Design/Systems Analysts \_\_\_\_\_
  - iii) Quality Assurance \_\_\_\_\_
  - iv) Computer Equipment Operators/Data Handling Staff \_\_\_\_\_
  - v) Sales of Hardware/Software \_\_\_\_\_
  - vi) All other \_\_\_\_\_
- Total \_\_\_\_\_



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b) How many staff, other than Principals, have the authority to quote prices for services performed by the Firm? \_\_\_\_\_

2. Is the Firm or any Principal connected or associated (financially or otherwise) with any other Firm or Organisation for whom work may be undertaken for, or in connection with the proposer? Yes  / No

If yes, please give full details: \_\_\_\_\_

a) Do you have access to standby equipment following breakdown or failure or damage to computers or ancillary equipment used by the Firm? Yes  / No

If yes, please state what arrangements are made: \_\_\_\_\_

b) Do you ensure that duplicate computer systems records are:  
i) maintained by yourselves or your clients and Yes  / No   
ii) keep separately from the original records? Yes  / No

If yes, please state what arrangements are made: \_\_\_\_\_

3. Give a brief description of typical projects or assignments undertaken by the Firm during the past three (3) years.

\_\_\_\_\_  
\_\_\_\_\_

**NOTE:** Please enclose any Brochures and/or leaflets issued by the Firm.

4. Do you design Computer Software packages? Yes  / No

IF YES, A COPY OF THE CONTRACT DOCUMENTS MUST BE SUBMITTED WITH THIS FORM.

5. Do you install Computer Hardware?

i) on behalf of another firm as a contractor. Yes  / No

**NOTE:** A COPY OF THE CONTRACT DOCUMENTS MUST BE SUBMITTED WITH THIS FORM.

ii) If (i) above is not applicable, then do you design, manufacture and assemble the units yourselves? Yes  / No

If yes, please give details: \_\_\_\_\_

\_\_\_\_\_



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5.1. Please state:

a) Total Gross Income for last 12 months: R \_\_\_\_\_

Split between:

<u>Discipline</u>	<u>Local</u>	<u>Foreign</u>
i) General Consultancy	.....	.....
ii) Systems and/or programme design	.....	.....
iii) Data Processing and/or Communications	.....	.....
iii) Sale of Software packages where programme code is modified for a specific client	.....	.....
v) Sales of Hardware	.....	.....
vi) Sales of Software packages which have the same Programme code	.....	.....
vii) Other (please specify principal categories)	.....	.....

Is any of this work subject to the legal jurisdiction of foreign courts?

If yes, which countries:

\_\_\_\_\_

b) Please split your income for the last 12 months between:

	<u>South Africa</u>	<u>Overseas (Specify Country)</u>
	%	%
i) Government	.....	.....
ii) Finance Houses	.....	.....
iii) Commercial Firms	.....	.....
iv) Industrial Firms	.....	.....
v) Other Work	.....	.....



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c) Estimated income for next 12 months: R.....  
Are any changes expected in the next 12 months? Yes  / No   
If yes, please give details:

\_\_\_\_\_

d) Have you made, or will you make any commitments as to sales volume or sales value with any of your suppliers? Yes  / No   
If yes, please specify the amount as a proportion of your income for the past 12 months.  
.....%

5.2. What proportion of Gross Income under 11(a) is derived from the application of computers to industrial processes or engineering or architectural design? (Other than accountancy, production or stock control.)  
.....%

Please give brief details of such work:  
\_\_\_\_\_

6. MILLENNIUM COMPLIANCE QUESTIONNAIRE

Have you ever been involved in the supply installation or maintenance of or consulting of any systems (including software) in which the year is represented by a two-character field? Yes  / No

If Yes, please complete the following questions which are designed to assess the action you have taken with regard to any millennium and/or year 2000 date change compliance issues:

(Please continue on headed paper if there is insufficient space)

i) What action and/or advice have you taken to audit your past contracts?  
\_\_\_\_\_

ii) How are you dealing with contracts in progress that are not millennium compliant?  
\_\_\_\_\_

iii) What methods will you adopt for future contracts, to ensure that your client negotiations and contract terms address the millennium compliance issue?  
\_\_\_\_\_



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6.1. THIS INSURANCE CONTRACT EXCLUDES CLAIMS ARISING FROM SPECIFIC CONTRACTUAL LIABILITY WHICH GOES BEYOND THE PROVISION OR USE OF REASONABLE CARE AND SKILL.

a) Do you, or will you, undertake specific contractual liabilities which go beyond the provision or use of reasonable skill and care? Yes  / No

b) If yes and cover is required for such specific contractual liability, please show the:

i) proportion of Gross Income applicable .....%

ii) submit to Underwriters a copy of each form of contract or other document involved

iii) give details of any other circumstances by which such liability may be undertaken:

\_\_\_\_\_

**7. INSURANCE HISTORY**

a) Has the Firm previously been insured for Professional Indemnity? Yes  / No

If yes, please state:

i) Name of Insurers \_\_\_\_\_

ii) Indemnity R\_\_\_\_\_

iii) Retroactive date \_\_\_\_\_

iv) Expiry Date of Cover \_\_\_\_\_

b) Has any Insurer ever:

i) declined a proposal or renewal for the Firm or any Principal? Yes  / No

ii) required an increased premium or imposed special terms? Yes  / No

iii) cancelled an insurance? Yes  / No

If any answer is yes, please give full details.

\_\_\_\_\_

c) State the total indemnity limit required: (Minimum R1 million)

R\_\_\_\_\_

N.B. THE LIMIT OF INDEMNITY IS AN AGGREGATE LIMIT FOR ALL CLAIMS DURING THE POLICY PERIOD INCLUSIVE OF DEFENCE COSTS AND EXPENSES.



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d) State the excess which the Firm would wish to carry in respect of each claim?  
(Minimum R50 000)

R \_\_\_\_\_

e) Do you require cover for retroactive errors and omissions? Yes  / No

If yes, please state period of cover required: \_\_\_\_\_

## 8. CLAIMS

a) Have any claims for professional negligence, error or omission been made against the Firm or its present or past Principals, whether insured or not, during the past five (5) years? Yes  / No

If yes, please give full details.

\_\_\_\_\_

b) Are any of the Firm's Principals or Employees, AFTER ENQUIRY, aware of any circumstances which may give rise to a claim for professional negligence, error or omission? Yes  / No

If yes, please give full details.

\_\_\_\_\_

### Declaration:

- ❖ I/we declare that after proper enquiry the statements and particulars given above are true and that I/we have not mis-stated or suppressed any material fact.
- ❖ I/we agree that this Proposal Form, together with any other material information supplied by me/us shall form the basis of any contract of insurance effected thereon.
- ❖ I/we undertake to inform underwriters of any material alteration to these facts occurring before the completion of the contract.

\_\_\_\_\_  
Signed on behalf of Insured

\_\_\_\_\_  
Full name

\_\_\_\_\_  
Position held at Insured

\_\_\_\_\_  
Date



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