



PROPOSAL FORM

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

NOTICE: THE POLICY PROVIDES THAT THE LIMITS 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 DEDUCTIBLE AMOUNT.

Proposer Details	
1. Name of proposer: _____ Street Address: _____ City: _____ Website: _____	
2. Name of each entity to be included as an insured _____ How are these entities related to your business? _____ Proposer is: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual	
3. 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 <input type="checkbox"/> No <input type="checkbox"/>	
4. Year full time operation began: _____	
5. Limits of liability desired: Rs. _____ each Wrongful Act or series of continuous, repeated or interrelated Wrongful Acts. Rs. _____ aggregate.	
6. Deductible (each Wrongful Act): _____	
7. Describe in detail the nature of services and/or products provided: _____ _____ _____ _____	
8. Does proposer engage in any other business or profession other than stated above? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain _____	
9. Indicate the exposure for which you require coverage. (What type of claims may be possible?) _____ _____ _____	
10. Describe the procedures the proposer uses to avoid such losses _____ _____	
11. a. Has there been acquisition or merger activity in the past 5 years? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain _____ If yes, does this company assume all liability past and present of the acquired company? Yes <input type="checkbox"/> No <input type="checkbox"/>	
b. Are there future acquisitions or mergers planned? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain _____	

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12. 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

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

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

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

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

16. 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%

17. 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)	

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	Receipts %
<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%

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

	Receipts %
<input type="checkbox"/> Aerospace	
<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	
<input type="checkbox"/> Other (please specify)	
TOTAL	100%

19. 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

20. Does proposer have a written contract with clients? In all cases Sometimes Never

21. 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

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e. Limitation of liabilities? Yes No

f. Exclusion of indirect or consequential losses Yes No

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

23. Briefly explain your product/service development methodology _____

24. 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

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

If yes, is this in writing? Yes No

26. Does the proposer have a contingency plan in writing in the event of computer Failure? Yes No

27. 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

28. Is similar insurance currently in force? Yes No

If yes, indicate Carrier _____ Expiration date _____

How long in force _____ Limit _____ Deductible _____ Premium _____

29. Have any claims been submitted to the current carrier? Yes No

30. Has any similar insurance been declined or cancelled? Yes No

If yes, please attach details

31. 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

32. 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

33. Is commercial general liability insurance currently in force? Yes No

If yes, Carrier Limit Deductible

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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

PAN card number (10 character number): _____

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

Section 41 of Insurance Act 1938 (Prohibition of rebates)

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 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 prospectus or tables of the insurer."
2. Any person making default in complying with the provisions of this section shall be liable for penalty which may extend to ten lakh rupees.

Section 64 VB of the Insurance Act 1938

Commencement of risk cover under the policy is subject to receipt of premium by Tata AIG General Insurance Company Limited.

AML declaration

1. I/we hereby confirm that all premiums paid / payable in future will be from bonafide sources and not paid out of proceeds of crime and that such premiums are not disproportionate to my/our income. I / we understand that the Company has the right to call for documents to establish sources of funds and to cancel the insurance policy in case I / we are found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering law in India.
2. I/we are not Politically Exposed Persons * nor are their close relatives. I / we shall keep the company informed if we subsequently become a Politically Exposed Person.

"Politically Exposed Persons" shall have the meaning assigned to it under sub clause (xii) of 3(b) of Chapter I of Master Direction - Know Your Customer (KYC) Direction, 2016 issued by Reserve Bank of India (RBI), as amended from time to time

Contact details of TAGIC and TAGIC CIN

Tata AIG General Insurance Company Limited

Registered Office: Peninsula Business Park, Tower A, 15th Floor, G.K. Marg, Lower Parel, Mumbai - 400 013, Maharashtra, India.

24x7 Toll Free No: 1800 266 7780 | Visit us at www.tataaig.com | IRDA of India Registration No: 108 | CIN:U85110MH2000PLC128425

IRDA Approved Product Name & Product UIN no. IRDAN108P0007V01200607

In order for us to efficiently process your proposal, please attach the following to your signed proposal:

- a. Most recent audited financial statement (i.e. Annual Report)
- b. Descriptive promotional materials (i.e. Advertising brochure)
- c. A copy of a standard service contract or a recent contract issued.
- d. If the company has been established for three years or less please provide resumes of senior professional staff.

All written statements and materials furnished to the company accepting this proposal (Herein called the Company) in conjunction with this proposal are hereby incorporated by reference into this proposal and made a part hereof.



This proposal does not bind the proposer to buy, or the company to issue the insurance, but it is agreed that this form shall be the basis of the contract should a policy be issued, and it will be attached to and made a part of the policy. The undersigned proposer declares that the statements set forth in this proposal are true. The proposer further declares that if the information supplied on this proposal changes between the date of this proposal and the date the policy is issued, the proposer will immediately notify the company of such changes, and the company may withdraw or modify any outstanding quotations and/or authorisation or agreement to bind the insurance.

Producer _____ Proposer's Signature _____
 Address _____
 Title _____ Date _____

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.

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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.

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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 CONJUNCTION WITH THIS PROPOSAL ARE HEREBY INCORPORATED BY REFERENCE INTO THIS PROPOSAL AND MADE A PART HEREOF.

Signed: _____ Date: _____

Title: _____

Producer: _____ Date: _____

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