

**PROPOSAL FORM
ERRORS AND OMISSION LIABILITY INSURANCE
CLAIMS MADE COVERAGE**

INSTRUCTIONS

1. Please answer all questions fully and correctly. Where any question does not apply, please mention clearly that the same is not applicable (mark N.A.).
2. Insurance is a contract of Utmost Good Faith requiring the Insured not only to disclose all material facts but also not to suppress any material facts in response to the questions in the proposal form. If you think any fact is material, please disclose the same.
3. The Policy shall become voidable at the option of the Insurer, in the event of any untrue or incorrect 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 proposer or any one acting on his behalf.
4. Kindly contact us or Agents for any doubts or clarifications on the proposal form.
5. To provide any additional information relevant to the policy, please use additional sheets if space is not sufficient to complete details.

NOTE: The liability of the Company does not commence until this proposal has been accepted by the Company and premium paid.

For Office Use only:

Branch office Code			
Broker/Agent Name & code		Code	

Put a (✓) mark wherever applicable

I. PROPOSER'S DETAILS

1. Name of the Proposer												
2. Address of the Proposer Communication Address (Please tick) () Registered Address () Business Address	Registered Address											
	Plot No/Door No.		Building									
	Road											
	Area											
	City		Pincode		0	0	0	0	0	0	0	
	State											
	Phone No.	S	T	D	-	0	0	0	0	0	0	0
	E-mail Id											
	Website											
	Business Address. () please tick here if it is same as registered address											
	Plot No/Door No.		Building									
	Road											
	Area											
	City		Pincode		0	0	0	0	0	0	0	
State												
Phone No.	S	T	D	-	0	0	0	0	0	0	0	
E-mail Id												
Website												
3. Proposer's Trade or Business												
4. Products/Service provided by the Proposer												

5. How long have you been in business (in years):						
6. Employees details		Total : _____ USA & Canada : _____				
i. No. of employees.....						
ii. Average annual turnover of employees.....		Technical _____% Sales & Marketing _____%				
iii. Composition of workforce.....						
7. Total Turnover						
	Particulars	Domestic	Non OECD Exports	OECD Exports	USA & Canada Exports	Total
	Last Year(20__)	INR	INR	INR	INR	INR
	Current Year(20__)	INR	INR	INR	INR	INR
	Estimated For Proposed Period	INR	INR	INR	INR	INR
8. End use and/or user of the products or services						
	End use / Use	% of Annual Revenue	End use / Use	% of Annual Revenue		
	() Network or Online Security Advice or Products	%	() Process Control, Monitoring or Safety Critical	%		
	() Banking & Financial Transactions	%	() Sales, Distribution & Inventory Management	%		
	() Government	%	() Enterprise Resource Planning	%		
	() Customer Relationship Management	%	() Supply Chain Management	%		
	() Enterprise Application Integration	%	() Health Care or Medical Purposes	%		
	() Aerospace or Defence Applications	%	() Fire, Security or other emergency application	%		
	() Oil and Gas, Power or Nuclear Energy	%	() Pollution or Environmental	%		
	() Content and Knowledge Management	%	() Smart Card Solutions or Virtual Private Networks	%		
	() Payroll or Accounting	%	() Entertainment or Gaming	%		
	() Other (Please specify).....			%		
II. RISK DETAILS:						
9. Have you posted loss during last five years?		if yes for how many times?			() Yes () No	
10. Have you sold any company during past 5 years? if yes, please provide the details.		Did you retain the liabilities?			() Yes () No	
11. Have you acquired or merged with any company or acquired any assets during past 5 years? if yes, please provide the details.		Did you purchase?			() Assets () Liabilities	
12. Please provide the details of the following products and services generating 5% or more of your total revenue						
	Type of Product & Services	% of Domestic Revenue	% of Non OECD Revenue	% of OECD Revenue	% of USA & Canada Revenue	% of Total Revenue
I	Consulting, System, Integration & Design	%	%	%	%	%
	Consulting	%	%	%	%	%
	System Integration & Design	%	%	%	%	%
	Hardware or Network	%	%	%	%	%
	Hardware Assembly	%	%	%	%	%
II	Network Voice and Data Transport ¹	%	%	%	%	%

III	Software Development						
	Packaged Software	%	%	%	%	%	
	Custom Software	%	%	%	%	%	
IV	Internet Infrastructure Software	%	%	%	%	%	
	Data Entry, Time Sharing, Processing or Billing Services ¹	%	%	%	%	%	
V	Valued Added Services	%	%	%	%	%	
	Networking Infrastructure Construction or Design	%	%	%	%	%	
	Maintenance, Service or Support; Engineering	%	%	%	%	%	
	Value Added Reselling	%	%	%	%	%	
	Internet Service / Access Provider, Internet Portal ¹	%	%	%	%	%	
	Application Service Provider ¹	%	%	%	%	%	
	Temporary Leasing of Computer Programmers	%	%	%	%	%	
	Web Hosting & Design ¹	%	%	%	%	%	
	Data Center / Outsourcing / Network Managed Services ¹	%	%	%	%	%	
	Video Conferencing	%	%	%	%	%	
	Directory of Operator Services	%	%	%	%	%	
	Call Center and Help Desk	%	%	%	%	%	
	Data Retrieval / Infomediary / Search Engine	%	%	%	%	%	
	Retail or Wholesale Sale	%	%	%	%	%	
	VI	Others (Please specify)	%	%	%	%	%
1.		%	%	%	%	%	
2.		%	%	%	%	%	
13. No. of different product currently supported or distributed?							
14. No. of various types of services or work performed?							
15. Total no. of units sold over last five years							
16. What would be the largest financial or business impact on your customer due to failure of any of your product or services? Please explain		<input type="checkbox"/> No Disruption <input type="checkbox"/> Minor or Delayed <input type="checkbox"/> Major or Immediate					
17. Please provide details of the customer that represent 10% or more of your total income							
	Name of Customer	Revenue	Country of Residence	Product or Service offered			
18. Details of Contracts/Agreements							
	Type of contract	Total		For USA & Canada			
		Contract Value	Contract Period	Contract Value	Contract Period		
	Average	INR	_____ Months	INR	_____ Months		
	Largest	INR	_____ Months	INR	_____ Months		
Details of Five Largest contracts							
	Customer Name	Type of Product/Services Provided	Contract Value (INR)	Length (Months)	License Fees (%)	Maintenance Cost (%)	Development Cost (%)
19. Have you complied with statutory provisions, rules and regulations in respect of the products, services and contract entered into?				<input type="checkbox"/> Yes <input type="checkbox"/> No			

20. Does your contract, limit your liability to cost of your product or services?	() Yes () No	
21. Do you negotiate contracts in which you accept liability for consequential damages except intellectual property?	() Yes () No	
22. Do you perform legal review of all standard contracts & marketing materials prior to release?	() Yes () No	
23. Will you accept customised or non-standard contracts, agreements or purchase orders?	() Yes () No	
24. Does the legal team review all customised contracts prior to release?	() Yes () No	
25. Are your global contract written with the same provisions as your domestic contracts?	() Yes () No	
26. Do you enter into fixed price value contracts (specified rupee/dollar value contracts)?	() Yes () No	
27. Does your standard contract include following provisions		
i. Statement of Work and Specification.....	() Yes () No () N/A	
ii. Deliverables and installations.....	() Yes () No () N/A	
iii. Mutual hold harmless agreement.....	() Yes () No () N/A	
iv. Disclaimer of Warrantee.....	() Yes () No () N/A	
v. Dispute resolution/Arbitration Provision.....	() Yes () No () N/A	
vi. Severability Clause.....	() Yes () No () N/A	
vii. Team & Termination.....	() Yes () No () N/A	
viii. Integration or entire agreement provision.....	() Yes () No () N/A	
ix. Force Majeure Clause.....	() Yes () No () N/A	
28. Do you subcontract more than 20% of your development, implementation or support of your products or services?	() Yes () No	
29. What % of work is generated using subcontractors?	_____ %	
30. Indicate which of the following services you subcontract to others?		
<input type="checkbox"/> Software Development <input type="checkbox"/> Maintenance of your products <input type="checkbox"/> Network Infrastructure Construction & Design	<input type="checkbox"/> System Integration and Design <input type="checkbox"/> Billing Services <input type="checkbox"/> Network Facility Management and Maintenance	<input type="checkbox"/> Service, Support, Customer, Consulting, Call Centre Services <input type="checkbox"/> Infrastructure Network or System Security
31. Do your quality control procedures have following in place?		
i. Written and formalised quality plan.....	() Yes () No () N/A	
ii. Formal Customer evaluation and acceptance procedures.....	() Yes () No () N/A	
iii. Vendor or VAR verification process.....	() Yes () No () N/A	
iv. Prototype development.....	() Yes () No () N/A	
v. Formal product development plan.....	() Yes () No () N/A	
vi. Alpha testing.....	() Yes () No () N/A	
vii. Beta testing.....	() Yes () No () N/A	
32. Do your product or system development procedure have following in place?		
i. System development methodology in writing.....	() Yes () No () N/A	
ii. A written proposal in order to determine customer performance expectation is required.....	() Yes () No () N/A	
iii. A written contract of specifications of products and services signed by the customer	() Yes () No () N/A	
iv. A written agreement outlining the scope of the project or services.....	() Yes () No () N/A	
v. Contract/statement of work which outlines responsibilities of all parties.....	() Yes () No () N/A	

33. Do your customer signoff procedure have following in place?			
i. Interim changes documented with customer sign-off.....		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
ii. Performance milestones acknowledged and accepted with customer sign-off when achieved.....		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
iii. Final test made with the customer and sign-off is required.....		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
iv. A final acceptance letter or sign-off agreement from customer is required.....		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
v. Formal policy for documenting/responding to customer complaints/requests for changes/fixes.....		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
34. Do you keep written logs of customer complaint of problems and downtimes?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
35. Describe your customer training and support			
36. Describe your dispute resolution process			
37. Have you or your subcontractors recalled any product in last five years?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
38. Have you or your subcontractors experienced delayed or past due contracts in last five years?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
39. Have any of your customer withheld the payment or requested for refund during last five years because of your product or services			
i. Didn't meet customer's performance expectations?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
ii. Didn't perform in compliance with your warranties or representation?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes please provide the details			
40. Have you sued any of your customers for non-payment of contracts during last 5 years?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
41. Please details of any suits, potential suits, complaint letters, disputes or any other circumstances alleging non performance of contract or non performance of your product or services			
COVER DETAILS:			
42. Period of Insurance		From	To
		dd/mm/yyyy	dd/mm/yyyy
43. Retroactive Date		dd/mm/yyyy	
44. Limit of Indemnity Required			
Any one Accident Limit (AOA)		INR	
Aggregate during Policy period (AOY)		INR	
AOA to AOY Ratio		<input type="checkbox"/> 1:1 <input type="checkbox"/> 1:2 <input type="checkbox"/> 1:3 <input type="checkbox"/> 1:4	
45. Please indicate the Voluntary Excess opted (as as percentage of indemnity limit per accident)			
46. Territorial scope required		<input type="checkbox"/> India <input type="checkbox"/> Worldwide <input type="checkbox"/> Worldwide excluding USA & Canada	
47. Jurisdiction required		<input type="checkbox"/> India <input type="checkbox"/> Worldwide <input type="checkbox"/> Worldwide excluding USA & Canada	
vi. PRIOR INSURANCE AND CLAIM DETAILS:			
48. Please provide claim history for the last three years			
Year	Type of Loss	Total Amount paid / Outstanding (INR)	Defence cost (INR)

49. Are you aware of any act, error, omission, fact or circumstance, incidents, unresolved contract dispute, conditions, which may result in a claim under this Policy? If yes please provide the details.						() Yes () No	
50. Has any insurer ever declined your fresh or renewal proposal? If yes please provide the details.						() Yes () No	
51. Has any insurer ever terminated your cover? If yes please provide the details.						() Yes () No	
52. Are you at present insured under Errors and Omission Liability Insurance cover? If yes, please provide the following details.						() Yes () No	
Name of Insurance company	Policy Start Date (DD/MM/YY)	Policy end Date (DD/MM/YY)	Limit of Indemnity (INR) (AOA)	Limit of Indemnity (INR) (AOY)	Retroactive date (DD/MM/YY)	Premium (INR)	
	dd/mm/yy	dd/mm/yy			dd/mm/yy		
<p>As an attachment to this Proposal Form, please include the following (where applicable):</p> <ol style="list-style-type: none"> 1. Most recent Annual Report or audited financial statement 2. Copies of your standard and largest contract of sales, services of license 3. Advertising material and product brochure 4. Business plan if your company is less than 3 year old 5. Sample copy of your contract with subcontracts for "Work for Hire" 							
<p>I/We desire to effect an insurance in terms of the Errors and Omission Liability Insurance Policy of the Company against the limits of indemnity mentioned above. I/We hereby declare that all statutory provisions relating to my/our business proposed for insurance are complied with.</p> <p>I/We the undersigned hereby declare that the above statements and particulars are true, accurate and complete and I/We have not omitted, suppressed, misrepresented or misstated any facts and information provide herein. I/We agree that this declaration shall be the basis of the contract between me/us and the Company and be incorporated herein.</p> <p>I/We agree that the Company may exchange, share or part with any information to or with other SBI Group Companies or any other person in connection with the Proposal, as may be determined by the Company and shall not hold the Company liable for such use/application.</p>							
Place:							
Date: DD-MM-YYYY		<p>_____ Proposer's Signature with company stamp Name of Proposer Designation of proposer</p>					

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 or 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 prospectuses or tables of the Insurer
2. Any person making default in complying with the provisions of this section shall be liable for a penalty, which may extend to Ten Lakh rupees.