



Technology Proposal Form

Toll Free: 1-800-103-5499; SMS "claim" to 56161
GSTIN: 06AAACI7573H1ZG; SAC Code: 9971
Regd. Office: IFFCO SADAN, C1 Distt Centre, Saket, New Delhi -110017
Corporate Identification Number (CIN) U74899DL2000PLC107621, IRDA Reg. No. 106
Consolidated Stamp Duty Deposited as per the order of Government of National Capital Territory of Delhi



INTRODUCTION

The purpose of this proposal form is for us to find out who you are and what you do. It does not oblige either party to enter into a contract of insurance.

Insurance is a contract of utmost good faith. This means that the information you provide must be complete, accurate and not misleading. It also means that you musttellusaboutallfactsandmatterswhichmayberelevanttoourconsideration of your application for insurance, even if no specific questions in respect of the same is asked in this proposal. Any failure by you in this regard may entitle us to treat the insurance as if it never existed.

If a contract of insurance is agreed between us, this proposal form and all other information given to us by you or anyone on your behalf, whether it is written, verbal or otherwise, will form the basis of the contract. Whoever fills out this form must be a principal, partner or director of the applicant and should make all the necessary enquiries of their fellow partners, directors and employees to enable all the questions to be answered.



1.	Your Business	Name:					
		Address:					
						Postcode:	
		Tel No:			Fax No:		
		When was	your business established?				
2.	Associated & Subsidiary provided that they are liste form must relate to all the	ed below o		All the	informat		
		Name:					
		Address:					
						Postcode:	
		Name:					
		Address:					
						Postcode:	
3.	You and/ or Your Partners & Directors	Please list be listed above	pelow your details and those e:	of any	partners o	r directors of t	he companies
			Name		Qualifica	tions	Years in the Industry

Where a partner or director has been working in the relevant industry for less than 5 years please send us their brief C.V. along with this application form.

Toll Free: 1-800-103-5499; SMS "claim" to 56161
GSTIN: 06AAACI7573H1ZG; SAC Code: 9971
Regd. Office: IFFCO SADAN, C1 Distt Centre, Saket, New Delhi -110017
Corporate Identification Number (CIN) U74899DL2000PLC107621, IRDA Reg. No. 106
Consolidated Stamp Duty Deposited as per the order of Government of National Capital Territory of Delhi



	The Life You Deserve				
4.	Employees	Number of employees:			
5.	Sub Contractors	Do you use independent sub-contr	actors?	YES	NO
		If YES:			
		a) What approximate percentage	of your turnover is pa	aid to sub-contrac	tors? %
		b) For which work are they used	>		
		c) Do you ensure they have their	own P.I. insurance?	YES	NO
6.	Membership of Professional Is	s your business a member of any pr	ofessional organization	ons	
	Organizations or trade associate			YES	NO
		If YES, please give details below:			
		ii 120, prodos givo dotalio solovi.			
7.	Your Turnover	a) We need to know your turnover	ncluding fee income	and where it come	es from
••	Tour runners	Please fill out the table below,	converting all figures		
		on the date this form is comple	ted:		
			Past Year	Current Year	Estimate for
			ending / /		coming Year
		Total turnover including fee incon	ne \$	\$	\$
		Estimated percentage split of y	our turnover includin	g fee income for:	
		Work carried out for Indian clients	%	%	%
		Work carried out for Overseas			
		clients excluding USA/Canada	%	%	%
		Work carried out for USA/Canada			
		clients subject to non USA/Canada	a law %	%	%
		Work carried out for USA/Canada clients under a contract subject	ı		
		to USA/Canada law	%	%	%
		b) Please fill out the table below:			
			Past Year	Current Year	Estimate for
				Julient Teal	
			ending / /		coming Year



8. Contracts

Pleasegivedetailsofthefivelargestcontractsyouhavebeenawardedorcarriedoutinthe past three years, converting all figures to US Dollars at the rate prevailing on the date this form is completed:

	Name of Client	Nature of Business	Total value of contract	Income to you from the contract			
1.							
2.							
3.							
4.							
5.							
How many current customers do you have?							

9. Your Business Activity Your turnover including fee income must be separated approximately into the activities listed below so that we can understand what you are doing and because we only cover you for the work which you declare:

a)	Ha	rdware	
	i)	Sales of own brand	\$
	ii)	Distribution of other brands	\$
	iii)	Installation	\$
	iv)	Maintenance	\$
b)	So	ftware product sales	
,	i)	Shrink wrapped/Off the shelf software	\$
	ii)	Customizable software	\$
c)	So	ftware services	
,	i)	Installation including configuration (no code changes)	\$
	ii)	Customization (including code changes)	\$
	iii)	Developing be spoke applications	\$
	iv)	Maintenance	\$
d)	Ou	tsourcing Services	
•	i)	Colocation	\$
	ii)	Webhosting	\$
	iii)	Application hosting	\$
	iv)	Facilities management	\$
	v)	Full outsourcing including BPO	\$
e)	Ot	her Services	
	i)	Business Consultancy	\$
	ii)	Contract staff	\$
	iii)	Training	\$

Toll Free: 1-800-103-5499; SMS "claim" to 56161
GSTIN: 06AAACI7573H1ZG; SAC Code: 9971
Regd. Office: IFFCO SADAN, C1 Distt Centre, Saket, New Delhi -110017
Corporate Identification Number (CIN) U74899DL2000PLC107621, IRDA Reg. No. 106
Consolidated Stamp Duty Deposited as per the order of Government of National Capital Territory of Delhi



f)	Oth	ers. Please specify:				\$		
Do		e above split accurately r						
	i)	your business activities i	n the past?		YES	3	NO	
	ii)	your estimated business	_		YES		NO	
	If IN	lo to either of the above, p	olease explain ti	ne differences:				
DI۵	250	aive a brief description of	what you regar	rd as vour specialt	v with	in this ir	duetry	
	Please give a brief description of what you regard as your specialty within this industry. If you are a new firm give details of what you regard as your anticipated specialisation:							
Ple	ease	enclose an example of b	ochures which	you issue.				
		·		-				
		ave indicated that you ca nen please give the additi			ties ir	the follo	owing	
a)	Sof	ftware installation (inclu	ding configuration	on and customizat	ion s	ervices		
,		cluding code changes)						
	i)	How long is a typical ins	tallation?					
	ii)	How frequently do your	clients not have	their own in-hous	e IT e	expertise	?	
		Usually	Often	Sometimes		1	Vever	
	iii)	Do you both specify the implement your solutions		ements for the clie	nt an	d also		
		Usually	Often	Sometimes		1	Vever	
		·						
b)		spoke Development Se		-	nt on	d alaa		
	i)	Do you both specify the implement your solution	-	ements for the clie	iii aii	u aiso		
		Usually	Often	Sometimes		ı	Vever	
	ii)	Are you given authority	o manage proje	ects on behalf of yo	our cl	ients?		
		Usually	Often	Sometimes		ı	Never	
-1	01							
C)	i)	sourcing Services Do you have business co	ontinuity plannin	ng to eliminate				
	')	a single point of failure for			YES	S	NO	
	ii)	Do you have a disaster	recovery plan?		YES	3	NO	
		lure of any of your products	or services liable	to result in any of the	e follo	wing out		
con	nes:							



	a)	Loss of	life or injury to	a person?		YES	NC)
	b)	Destruc	ction or damag	e to physical prope	rty?	YES	NC)
	c) Ir	mmediat	e and large fin	ancial loss?		YES	NC)
	d) S	Significar	nt cumulative fi	nancial loss?		YES	NC)
	e) Ir	nsignific	ant financial lo	ss (more of a nuisa	nce)?	YES	NC)
		If you h	ave answered	YES to any of the a	above then please	e explain belov	v:	
10. Contracts	Bye Plea licer	very cli ase supp	ent? oly a copy of your constant of the const	under a standard our standard form our standard form oultancy agreements	f contract used (ir			
11. Third Party Software	_		-	upplied third party s		YES	NC)
	It YI	=S, wha Boxed	t proportion is	supplied as boxed s	software or preins	talled?		
	who Mici rese	was no rosoft so eller or d	t either the origoty oftware, direct f	ftware direct from a ginal licensor (e.g. i rom Microsoft) or a e original licensor? vide details:	n the case of			
12. Your World Wide Website	a) P	lease lis	st your web site	address(es):				
	b)	party to question on the	register comm	ty within your web sents or leave any rot vetted by you be YES NO	messages or			



c)	Are all the contents of your web site approved by you leading posted?	before	YES	NO
d)	Do you own or license all necessary intellectual proper rights on a world-wide basis for images and logos used your website or transmitted electronically? YES NO	,		
e)	Do you ever collect or distribute private data without express permission?		YES	NO
f)	Do you use disclaimers on your website?		YES	NO
g)	When was your security last tested by a third party?			
	Have you complied with all the critical recommendation the test?	ns of	YES	NO
h)	(i) Do you keep regular back-ups of all your systems including your website?		YES	NO
	(ii) How often are back-ups made?			



13. Current Insurance	Do you currently have Professional Indemnit	y insurance?	YES NO
	If YES, what is the renewal date?	/ /	
	If you currently have Professional Indemnity following:	insurance with someone other than ITG	GI then please answer the
	Name of insurer:		
	Limit of indemnity:		
	Excess:		
	Premium:		
	Please specify the coverage now required: L	imit of	
	indemnity:		
	Excess:		
	Other specific requirements:		
14. Claims Declaration	Has any claim ever been brought against yo		
	of the performance of your business activitie threatened to bring such a claim?	s or has anyone	YES
	If YES, please provide full details:		
	Are you aware of any problem in y to a claim against you in the future known to you but not your client, a about your work even though you or the refusal by a client to pay any	? This includes a problem complaint from your client may regard it as unjustifiable	YES NO
	If YES, please provide full details:		



		Has anyone ever gained unauthorised access to your computer system or maliciously altered, copied or distributed any data or content? YES NO If YES, please provide full details:		
15. N	laterial Information	Please provide us with details of any other information which may be rele Consideration of your application for insurance or the terms (including the insurance that may be agreed. If you have any doubt over whether some please let us have details:	e price) of ar	
	Data Protection	By signing this application form you consent to ITGI using the information	n we may ho	old
16.		about you for the purpose of providing insurance and handling claims, if process sensitive personal data about you where this is necessary (for e information or criminal convictions). This may mean we have to give som parties involved in providing insurance cover. These may include insurar third-party claims adjusters, fraud detection and prevention services, reir companies and insurance regulatory authorities. Where such sensitive p information relates to anyone other than you, you must obtain the explici person to whom the information relates both to the disclosure of such infand its use by us as set out above.	xample heal ne details to nce carriers, nsurance ersonal t consent of	third the
17.	Declaration	I/We declare that (a) this proposal form has been completed after proper contents are true and accurate and (c) all facts and matters which may be consideration of our application for insurance have been disclosed.		



I/We undertake to inform you before any contract of insurance is concluded, if there is any material change to the information already provided or any new fact or matter arises which may be relevant to the consideration of our application for insurance.

I/We agree that this proposal form and all other written information which is provided are incorporated into and form the basis of any contract of insurance.

18.	Section 41 -
	Insurance Contracts Act

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 as may be allowed in accordance with the published prospectuses or tables of the Insurer. Any person making default in complying with the provisions of this section shall be punishable with the fine which may be extended to ten lacs rupees.

Signature of Principal/Partner/Director	•	Date

A copy of this proposal should be retained for your records.