

# TECHNOLOGY INDUSTRY ERRORS AND OMISSIONS APPLICATION

UIN No.- IRDAN190P0080100001

This application is designed to develop information that will help us assess the potential for you to incur claims for damages resulting from your business activities. If additional space is required in order to address certain questions, please attach whatever is necessary to complete this application. In so doing, you will help us understand your business activities, the associated risks and your needs. This will allow us to complete our analysis and price the desired insurance coverage.

Note : This application will become part of your policy. Any material misrepresentation could lead to a limitation on, or a termination of your insurance.

## GENERAL INFORMATION

1. Full Legal Name of Applicant :  
Year in Business :
2. Address :
3. Name of any Subsidiaries or Associated Companies and Nature of operation :
4. Merger of Acquisition activity within last year :
5. Please give following details :

Name of all Partners/ Directors/ Principal	Qualifications	Partners/Directors of this firm	Year of practical experience in the Computing Industry

6. a. Please state the total number of

Partners/Directors/Principal	
Computer Equipment Operations/Data Handling staff	
Software design/System analysis	
Quality Assurance	
All other (Marketing, Accounts & support)	

b. Total number of staff :

### COVERAGE REQUIRED

#### LIMIT OF COVERAGE

Effective Date :

Each Claim :

Aggregate Limit :

Deductible :

1. Please give the following :  
(N.B. New Firms complete as estimated next 12 months)

<b>a.</b>	<b>Total Gross Income last 12 months</b>
<b>b.</b>	<b>Split between</b>
i.	General Consultancy
ii.	System and / or program design
iii.	Data Processing and / or communication
iv.	Sales of software packages
v.	Sales of hardware
vi.	Others – Annual Maintenance contracts for software

2. If you have foreign revenue, please list the countries in which you do business :
3. Please give a brief description of typical projects or assignment under taken by the Firm during the past three years (Attach a separate sheet(s), if necessary)

## **BUSINESS DESCRIPTION**

1. Briefly describe your Principal Business Operation

Please provide copies of your current marketing brochures for those products/services to be covered.

Brochures attached

2. How are your products service marketed ?

Proprietary sales force

Manufactures representatives

VAR's

retails stores

Other (please describe)

3. What new product/services are to be released within the next 12 months of period ?
4. What is the value of your largest single installation service or product ?
5. What is the average value of a single installation, service or product ?

## **CONTRACTORS AND/OR CO-VENTURES**

1. Are you involved / do you plan to be in any joint ventures with other firm(s) for research, development, sale and or distribution of an electronic product, software or service ?

Yes  No

If yes, explain.

2. Do all joint venture, subcontractors and independent contractors carry their own Errors and Omissions insurance ?

Yes  No

If yes, explain.

**PRODUCT DEVELOPMENT, QUALITY CONTROL  
& CUSTOMER SERVICES/ SUPPORT**

1. Do you have a written System Development Methodology ?  
(if yes, check appropriate box below)  Yes  No

- |   |   |
|---|---|
| <input type="checkbox"/> Feasibility study plan                               | <input type="checkbox"/> System implementation            |
| <input type="checkbox"/> Physical system requirements                         | <input type="checkbox"/> Testing in operation environment |
| <input type="checkbox"/> Logical plan for system<br>as per ISO 9001 standards | <input type="checkbox"/> Other (Please describe)          |

2. What is the worst thing that could happen to your customers' operations if your product/ service were to fail to operate according to specifications ?

3. a. Do you have access to standby equipment following breakdown by the firm ?  
 Yes  No
- b. Do you ensure duplicate computer system records are maintained by yourselves or clients and kept separately from the original records.  
 Yes  No

If yes, please provide details :

4. a. Do you archive development documentations ?  Yes  No
- b. How long are development documents retained ?  Yes  No

5. How far in advance of discontinuation of support for any product, software or computer service do you provide format notice to your customers ?

6. a. What percentage of your products / services is made to the specifications of others ?
- b. For those products built to other's specifications, describe the procedures to control development to insure compliance with those specifications.

7. a. Please list the government standards or services confirmed to :
- b. Have you implemented a formal Total Quality Management (TQM) strategy that would conform to criteria such as Malcolm Baldrige or ISO 9000 ? Please explain :

8. Please attach sample labels / instrumentations. Please check the boxes that apply to your labeling practices :

- |   |   |
|---|---|
| <input type="checkbox"/> Company Name                         | <input type="checkbox"/> Factory Number                   |
| <input type="checkbox"/> Date of Manufacture<br>(if hardware) | <input type="checkbox"/> Date of release<br>(if software) |
| <input type="checkbox"/> Instructions                         |   |
| A sample of label is attached                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No  |

9. What are the pre-leasing / testing procedures used to protect your customers from the possibility of ma computer virus (or other unauthorized access) in any software shipped by your firm :

10. What it the anticipated life of your hardware or software products ?

11. List any product, which you have discontinued but which may still be in use :  
(Indicate the last year of distribution and annual sales)

Product	Year	Annual Sales

12. Is physical installation of your products at the customer site performed by your employees or representatives of firm ?

Yes     No

13. a. Do you provide maintenance service for your hardware or software customers?

Yes     No

- b. Do you subcontract such maintenance services to other ?

Yes     No



- b) Pages :
- 7. Whether contents on Portal will be edited /audited :  
If yes, by whom ? Please specify in detail :
- 8. Who will have copy rights for the contents  
on the Portal :
- 9. Details about service provider :
  - a) Nature of services to be provided :
  - b) Geographical area of operation :
  - c) Whether services are provided free : Yes / No  
If no, please specify
  - d) Legal Jurisdictional limits specified :
- 10. Technical supports provided for portal sites
  - a) No. of Technical persons :
  - b) No. of Non-Technical persons :
- 11. Any service contracts awarded for hardware and  
software maintain & up-keep :  
(If yes, give details) (Attach contract copies)
- 12. Any service of failure of hardware / software  
what alternate arrangement is made :  
(Give details)
- 13. Total No. of Subscribers :  
No. of Subscribers for free services :
- 14. Whether any information as regards credit card  
numbers & Personal 'ID' will have access :  
by your employee ?
- 15. Whether any time such information will be  
stored as hard copies ? :

16. Do you have any payment Gateways utilised for E-COM. :
- e.g. 1) Master :
- 2) Visa :
- (Please give details) :
17. What security systems used for data storage / access as regards critical information of Clients ? :
18. How the complaints are handled
- a) Do you have customer service department (Give details) :
- b) Procedure :
19. Give details of customer support for E-Com :
20. Are they any supporting site / sub-site used in services (give details including registration if separately) :
21. Is there any site used only for E-Com (Give details) :
22. Nature of liability / risk would you like to cover (Specify risk coverage) :
23. Estimated turnover of E-Com business :
- |                                     | Actual Revenue From sell | Other |
|-------------------------------------|--------------------------|-------|
| a) Separate turnover in US / Canada | :                        |       |
| b) Other than India                 | :                        |       |
| c) India                            | :                        |       |
24. Number of visitors visited for E-Com site :
- a) Conversion ratio for E-Com :



25. A) Are you providing any Professional Services such as (Please tick) :
- 1) Medical
  - 2) Legal
  - 3) Health
  - 4) Architect / Engineers
  - 5) Chartered Accounts
  - 6) Risk Management
  - 7) Savings
  - 8) Tax Savings
  - 9) Veterinary Services
  - 10) Nutritious
  - 11) Beauticians
  - 12) Travel
  - 13) Any other
- B) Whether Contact Providers for above mentioned Services have their Professional Indemnity Insurance Policy : Yes / No
- C) Would you like to cover under this liability : Yes / No
26. Limit of Indemnity : A.O.A. Rs. :  
A.O.Y. Rs. :
27. Excess opted for :
- Equivalent to / or
- If any other, please specify :

The undersigned is an authorized employee of the applicant and certifies that reasonable inquiry has been made to obtain the answers herein which are true, correct and complete to his/ her best knowledge and belief.

Signing this Application does not bind the applicant to accept the Insurance nor is the company bound to issue a policy. The applicant warrants that the answers to the above questions are complete and correct. Should a policy be issued and accepted, this application will be the basis of the insurance and will become a part of the policy.

Date :

Place :

**DECLARATION**

I/We do hereby declare that the above statements and answers are true and that I/we have not withheld any information whatsoever regarding the Proposal. I/We agree that this proposal and declaration shall be the basis of the contract between me/us and The New India Assurance Co. Ltd. whose Policy for the Insurance proposed is acceptable to me/us. I/We undertake to exercise all ordinary and reasonable precautions for safety of the property as if it were uninsured.

**Signature**

**PROHIBITION OF REBATE -- Section 41 of the Insurance Act 1938**

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 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 rebates 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 fine which may be charged as per prevailing law.

\* N.B.-Insurance is the subject matter of solicitation.

**TECHNOLOGY INDUSTRY ERRORS & OMISSIONS INSURANCE  
(This is a Claims made Policy)**

POLICY NO. :

SCHEDULE :

PREAMBLE : In consideration of payment of premium 'NEW INDIA' will provide indemnity in accordance with, and subject to the terms and conditions of the policy.

INSURED :

ADDRESS :

PERIOD OF INSURANCE :

RETROACTIVE DATE :

COVERAGE :

TERRITORY :

JURISDICTION :

LIMITS OF INDEMNITY : AOA / AOY

CONVERSION RATE :

PREMIUM :

SERVICE TAX :

DEDUCTIBLE :

RECEIPT NO. :

DATE :

**FOR THE NEW INDIA ASSURANCE COMPANY LIMITED  
DULY CONSTITUTED ATTORNEY(S)**