**QUESTIONNAIRE**

**for IT services liability insurance**

# General Information

# Company name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Registered office: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Company ID number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Has your company name changed in the last 5 years or has any other important change in your company been made (merger, acquisitions, etc.)?

❑Yes ❑No

If SO, please give details:

1. State the total number of partners/managing directors and other staff, provide categories for all employees and state the nature of their work.

|  |  |  |
| --- | --- | --- |
| **Category** | **Number** | **Nature of work** |
|  |  |  |
|  |  |  |
|  |  |  |
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|  |  |  |
|  |  |  |

1. Please, list services provided by the company:

1. Please, list financial information for the last completed accounting year (in EUR):

**Gross revenues of the company:**

|  |  |  |
| --- | --- | --- |
| **Annual turnover of the company:** | previous calendar year |  |
| of which | SW: HW: |
| planned for this calendar year |  |
| of which | SW: HW: |

|  |  |  |
| --- | --- | --- |
| **A****nnual volume of wages:** | previous calendar year |  |
| planned for this calendar year |  |

**Gross revenues by territory:**

|  |  |  |  |
| --- | --- | --- | --- |
| Slovakia | **Other Europe** | **USA/Canada** | **Other world** |
|  |  |  |  |

**Gross revenues by activities stated below:**

(some names in the table are stated in English, since they are known under their English names)

Packaged Software

Custom Software Development

System analyses/software design

Data/Processing/Bureau

Facility Management

Turnkey Systems/Complex systems - licences

Sale/delivery of hardware

Fees for hardware/installation/maintenance

Fees for Software

Maintenance

General Computer Advice

Strategic Planning

Procurement Consultancy

Training Service

Trouble Shooting

Project Management

System Audit

Security Management

Technical Supervision

Provision of Internet Services

Other, please specify

1. Does your company have any assets or authorisations in the USA/Canada?

❑Yes ❑No

If SO, please give details:

1. Categorise the company activities into the following market sectors:

 Government contracts %

 Army orders %

 Financial institutions %

 Commercial firms %

Manufacturing/industrial enterprises %

 Architecture (building design) %

 Engineering (electronic, mechanical) %

 Construction/mining/agriculture %

 Aerospace industry %

 Healthcare %

 Trade: Wholesale/retail %

 Other - specify %

 Total 100%

1. Please, state whether you develop software in the following industries:

 Process control/automation Communication/networks /Internet

 System software CAD, CAE, CAM, CIM, etc.

 Artificial intelligence/professional systems Medicine, pharmacy, chemical industry

 Banking/Stock exchange transactions industry, army, transport networks

 Programming aids (tools, CASE) air traffic control, nuclear power plants

 MIS (Management Information Systems)

1. Are major changes in company activities (acquisitions, investments, new orders, significant changes in activities or market sectors) expected in the next 12 months?

❑Yes ❑No

If SO, please give details:

1. State the following with a brief comment:

a) details of the 5 biggest contracts:

b) all contracts the revenues of which come from the USA or Canada:

1. State, what is the share of sub-contracting for other firms of similar focus in the company revenues:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ %

 If there are any such activities, describe the sub-contracting activity, which you carry out, in more detail:

1. Do you accept your responsibility for records (data) of the client in computer systems:

❑Yes ❑No

 If SO, under what conditions do you accept your responsibility?

13. In case standard contractual terms and conditions or conditions of binding orders do not exist or they always change, please, state whether in such cases you make use of legal adviser services:

14. a) Has the company suffered any loss caused by embezzlement/fraud or dishonesty of any person/entity?

❑Yes ❑No

If SO, please give details:

b) Is the company aware of any alleged or real embezzlement/fraud or dishonest conduct committed by any of its past or current partners/statutory body members/employees?

❑Yes ❑No

If SO, please give details and preventative measures taken to prevent the fraud re-occurrence:

c) Do you, as a company, always require sufficient references from all future employees or only from applicants for the positions of senior executives/directors/managers?

❑Yes ❑No

If SO, please give details:

15. The current professional liability insurance:

Give more detailed information about your current professional liability insurance for the last 2 years:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| PERIOD | INSURER | LIMIT | DEDUCTIBLE | PREMIUM |
|  |  |  |  |  |
|  |  |  |  |  |

Has any insurance company ever rejected your application for professional liability insurance, or any application of the predecessor of your company, any of your partners, managing directors or directors of the company, or has any such insurance ever been cancelled, failed to be renewed for the next insurance period or have any special insurance conditions ever been imposed?

❑Yes ❑No

 If SO, please give reasons:

1. State the requested conditions of insurance:

a) liability limits per one and all insured events: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EUR

b) deductible: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EUR

1. Has any compensation ever been claimed from you, your company, any partners, senior executives, employees or persons carrying out the insured activity with you for negligence or breach of duties, or have any facts that could give rise to a claim for damages been notified to the previous insurer?

❑Yes ❑No

 If SO, provide description on a separate sheet of paper.

1. Are you or any of your partners, senior executives, employees or persons/entities carrying out insured activity with you aware of any claim or circumstances that could giver rise to a claim for damages against you or your company, and subsequently to a claim against insurer in case the IT service liability insurance is taken out?

❑Yes ❑No

 If SO, provide description on a separate sheet of paper.

If the space in this questionnaire is insufficient, write your answers on a separate sheet of paper, which will be attached to the questionnaire.

**I hereby declare that the information included in this questionnaire is complete and true. I am also aware of the fact that if I take out an insurance policy, I am obliged to inform the insurer without undue delay of any changes in facts stated in this questionnaire. If an insurance policy is taken out, this questionnaire is an integral part of the insurance policy.**

Name of a person authorised to act on behalf of the company: .....................................................................

Function: .....................................................................

Date of signature: .....................................................................

Signature + stamp: .....................................................................