

QUESTIONNAIRE
PROFESSIONAL INDEMNITY INSURANCE
INFORMATION TECHNOLOGY
STRICTLY CONFIDENTIAL

**** Note : This document is to be considered merely as a questionnaire and in no way as an insurance proposal, a pre signed policy document, nor as an insurance application form.**

If any check box ☐ is applicable, please mark it with an 'x' ☒ if applicable

1. GENERAL INFORMATION ABOUT THE COMPANY

1. Company name and address + KBO n°		
1.1. Name and location of the additional companies to be insured		
1.2. Web page address(es)	www.	
1.3. Activity code (Nace 2008)		
1.4. Activity description (be <u>as detailed and comprehensive as possible</u> please)		
1.5. Turnover (taxes excl.) of the last financial year	(in EUR)	
1.5.1. of which «Export to the USA/Canada» :	(in EUR)	
1.5.2. of which «Export ROW (<i>Rest Of the World</i>)»	(in EUR)	
1.6. Number of employees (management and hired labour incl.) + total annual salaries ?	N° of employees	Total annual salaries
1.7. Is your company a subsidiary of another ? If yes,	YES <input type="checkbox"/> NO <input type="checkbox"/>	
1.7.1. Name and country of parent company		

2. PREVIOUS INSURANCES

2. Has your company already been insured for its civil liability in the past ? If "No", then immediately go to 2.4. If "Yes", confirm and go to 2.1 ;	YES <input type="checkbox"/> NO <input type="checkbox"/>
--	--

2.1. a) specify the reason for termination previous contract b) and enclose an official, detailed loss run seen over at least the last 5 years				
	Public Liability	Product Liability /Completed operations	Professional liability	Goods in care, custody and control
2.2. and indicate the covers that were insured :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.3. Deductibles (in EUR) applied at the time : a) Export USA/Canada b) Rest of the world (ROW)				
2.4. a) At this time or somewhere in the past : are or have you been involved in a dispute regarding your professional activities ? b) If your answer to 2.4 a. was 'Yes', please mention date and motive (s) of that/those dispute(s). If 'No', please proceed to 2.5	YES <input type="checkbox"/> NO <input type="checkbox"/>			
2.5 At this time, do you or a member of the management have any knowledge of facts that could trigger the liability of your company in the future ? If 'Yes', please elucidate.	YES <input type="checkbox"/> NO <input type="checkbox"/>			

3. INFORMATION REGARDING CURRENT ACTIVITIES TO BE INSURED (Information only to be updated in the future in as far as explicitly requested by Amlin Europe NV)

3.1. Please mark all activity SEGMENTS your company is active in		
Segment		
1.- Pure wholesale and/or retail	<input type="checkbox"/>	
2.- Pure consultancy	<input type="checkbox"/>	
3.- Key Turn projects	<input type="checkbox"/>	
4.- Design and development (without realization)	<input type="checkbox"/>	
5.- Creating of E- commerce software/applications	<input type="checkbox"/>	
6.- Managing/Processing data of third parties : - on your own system - on systems of third parties	<input type="checkbox"/> <input type="checkbox"/>	(*)= the insured is handling the global IT operations of his client - Contracts to be asked (+)= data storage accessible to third parties / Cloud computing being the use of computing resources (hardware and software) by third parties that are
7.- Installation, maintenance and Repair (excl. n°4 above)	<input type="checkbox"/>	

8.- Outsourcing (*)	<input type="checkbox"/>	delivered as a service over a network (typically the Internet) by our insured. (°)= the insured is putting his own staff members at the disposal of a third party (cf. insured can be held liable for poor choice of staff)
9.- Databases/Cloud computing/Web hosting (+)	<input type="checkbox"/>	
10.- Detachment (°)	<input type="checkbox"/>	
11.- Website development	<input type="checkbox"/>	

3.2. Please mark all types of APPLICATION-USERS mentioned below		
Administration	<input type="checkbox"/>	
Design	<input type="checkbox"/>	
Production	<input type="checkbox"/>	
Security/Control	<input type="checkbox"/>	
Process-steering	<input type="checkbox"/>	
Logistics	<input type="checkbox"/>	
Diagnostic /analysis/ measurements	<input type="checkbox"/>	
E-commerce	<input type="checkbox"/>	

3.3. Please mark all type of ECONOMICAL SECTORS below to which your product/services extend		
Energy/mining	<input type="checkbox"/>	
Agriculture	<input type="checkbox"/>	
Wholesale	<input type="checkbox"/>	
Food production	<input type="checkbox"/>	
Retail business	<input type="checkbox"/>	
Construction	<input type="checkbox"/>	
Industry	<input type="checkbox"/>	
Tourism	<input type="checkbox"/>	
Chemistry	<input type="checkbox"/>	
Transport	<input type="checkbox"/>	
Financial services	<input type="checkbox"/>	
Medical services	<input type="checkbox"/>	
Environmental services	<input type="checkbox"/>	
General services	<input type="checkbox"/>	
Communication	<input type="checkbox"/>	
Education	<input type="checkbox"/>	
Offshore/Aviation/Space/Military	<input type="checkbox"/>	

4. SIGNATURES

After having reviewed all answers mentioned above and knowing that the purpose of these answers is that they will be used to (re)evaluate the risk exposure that my company represents from an insurance point of view, the undersigned hereby declares that he/she has acted in all sincerity and that the given information corresponds with the actual situation, even if these answers were noted here by an other person than the undersigned.

Place _____, date _____

Signature, name & function (note : personalized mail is considered as valid signature)

A large, light purple, faded version of the MS&Amlin logo, consisting of the letters 'MS', a diamond icon, and the word 'Amlin' in an italicized serif font.