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# TECHNOLOGY CONSULTANTS ADDENDUM

1. Please provide gross Fees/Turnover, including gross fees paid to sub-contractors.

Location	Previous 12 months	Last 12 months	Next 12 months
Australia	\$	\$	\$
Excluding USA/Canada)	\$	\$	\$
Including USA/Canada)	\$	\$	\$
<b>Total</b>	\$	\$	\$

2. Please provide us

(i) the 3 largest Projects/Contracts in the last 5 years (including current).

Client name	Start Date	Completion Date
1.		
2.		
3.		

(ii) Project/Contract Specifics of the aforementioned.

Project /Contract Type	Project/Contract Value	Scope of Services Provided
1.	\$	
2.	\$	
3.	\$	

3. Does the Insured undertake (either themselves or on their behalf) any:

(a) manufacturing, construction, erection or installation?

No ☐ Yes ☐

If Yes, what percentage of the total fees/turnover declared in 12 relates to such work

%

(b) supply of materials, plant, goods, products or equipment?

No ☐ Yes ☐

If Yes, what percentage of the total fees/turnover declared in 12 relates to such work

%

4. Does the Insured subcontract out any of their Professional Services/Activities?

No ☐ Yes ☐

(a) Please confirm the percentage of fees/turnover paid to subcontractors in the last 12 months?

%

(b) Provide full details of the Professional Services Subcontracted.


5. Please state the percentage of gross revenue (fee / turnover) for each of the activities set out below:

Business Discipline	%	Business Discipline	%
Bespoke software (1st party developed)		Project management	
Data processing		Sale and supply of 3rd party hardware	
Education & training		Sale of customisable software (3rd party developed, 1st party customised)	
Facilities management / outsourcing		Sale of packaged software (3rd party developed)	
General IT advice / consulting		Software maintenance	
Hardware design / manufacture / installation		Systems integration	
Internet service provider		Web design	
Other (please specify below)			

6. Please indicate the end user applications for your services:

End User	%	End User	%
Administrative		Imaging	
Accounting / Financial (Non Fund Transfer)		Inventory Control	
Architectural / Engineering		LAN / Network Management	
Communications: Utilities / Info Services		Medical Management	
Database Management Systems		Manufacturing Process Control System	

Database Management Systems		Manufacturing Process Control System	
Educational		Scientific / Mathematical	
Fund Transfer		Security (firewalls etc.)	
Other (please specify below)			

**7. Please state the percentage of gross income/fees for each industries set out below:**

Industry	%	Industry	%
Aerospace		Government (non-military)	
Communications / Transportation		Health Care / Medical Services	
Construction / Mining / Agriculture		Home Use	
Education		Manufacturing / Industrial	
Financial Institutions		Trade: Retail / Wholesale	
Government (military)		Other (please specify below)	

**8. Does the Insured:**

(i)

a) Change orders integrated into the final contracts?	No <input type="checkbox"/> Yes <input type="checkbox"/>
b) Have legal review of all products, content and material?	No <input type="checkbox"/> Yes <input type="checkbox"/>
c) Issue proposals without complete request for tenders?	No <input type="checkbox"/> Yes <input type="checkbox"/>
d) Have a dispute / arbitration resolution process?	No <input type="checkbox"/> Yes <input type="checkbox"/>
e) Project/Contract Due Diligence/Peer Review process?	No <input type="checkbox"/> Yes <input type="checkbox"/>
h) Use of non-standard or customised contracts?	No <input type="checkbox"/> Yes <input type="checkbox"/>

(ii) negotiate, accept or agree

a) Liability for consequential damage?	No <input type="checkbox"/> Yes <input type="checkbox"/>
b) Limitation of liability for consequential damages clause in contracts?	No <input type="checkbox"/> Yes <input type="checkbox"/>
c) Waiver or Subrogation of rights of recovery against any other party?	No <input type="checkbox"/> Yes <input type="checkbox"/>
d) Indemnity to other parties?	No <input type="checkbox"/> Yes <input type="checkbox"/>

**If the Insured accepts consequential loss, waiver of subrogation or provides any hold harmless or indemnity to third parties, please provide further details here.**

*If "No", please advise below in what circumstances are non-standard contracts used without external legal counsel review (use a separate sheet of your letter head paper if insufficient room below).*

9. Does the Insured have quality control procedures include the following:

a) Alpha testing	No <input type="checkbox"/> Yes <input type="checkbox"/>
b) Beta testing	No <input type="checkbox"/> Yes <input type="checkbox"/>
c) Formal customer acceptance procedures	No <input type="checkbox"/> Yes <input type="checkbox"/>
d) Prototype development	No <input type="checkbox"/> Yes <input type="checkbox"/>
e) Statistical process control	No <input type="checkbox"/> Yes <input type="checkbox"/>
f) Vendor certification process	No <input type="checkbox"/> Yes <input type="checkbox"/>
g) Total quality management	No <input type="checkbox"/> Yes <input type="checkbox"/>
h) Written and formalised quality control program	No <input type="checkbox"/> Yes <input type="checkbox"/>
i) Insurance verification process ensuring proof of insurances for Sub-Contractors and Vendors, including provisions of Cyber Insurance	No <input type="checkbox"/> Yes <input type="checkbox"/>



## DECLARATION

Please Note: Signing the Declaration does not bind either the proposed Insured or the Insurer to execute this or any insurance whatsoever.

Signed	
Name of Partner(s) or Director (s)	
On behalf of	
Date	/ /



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UNDERWRITING