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Part A – Insured Details

1. Insured Entities	Date Incorporated	ABN

2. Telephone number	Email addresses

3. Websites

4. Addresses	State	Post Code

5. Name of Principal/Directors	Age	Qualifications	Start date with Insured

6. Numbers of Directors/ Employees	Full time	Part Time
Directors, partners, principals		
Qualified/Technical staff		
Administration/Other staff		
Total all staff		

7. 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)			
Total			

8. Provide details of the three (3) largest contracts undertaken during the last five (5) years

Project / Client Name	Project/Contract Value	Scope of Services Provided

9. 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	
Managed Services		SCADA / PLC	
Other (please specify below)			

10. Do you provide services for, or are your products used in or for any of the following:

Motor vehicles, aviation, radar systems, aircraft, watercraft, naval craft, military purpose, and/or military equipment for warfare	No <input type="checkbox"/> Yes <input type="checkbox"/>
Surgical, medical, or life critical systems, applications or services	No <input type="checkbox"/> Yes <input type="checkbox"/>
Pollution control	No <input type="checkbox"/> Yes <input type="checkbox"/>
Artificial Intelligence	No <input type="checkbox"/> Yes <input type="checkbox"/>
Mineral Processing	No <input type="checkbox"/> Yes <input type="checkbox"/>
Gambling or Wagering	No <input type="checkbox"/> Yes <input type="checkbox"/>
Banks, Superannuation Funds, Foreign Exchanges, Stock Exchanges or Funds/Wealth Management	No <input type="checkbox"/> Yes <input type="checkbox"/>

11. Are any of the products under your control, considered experimental, single product items, prototypes or new to market products?

No Yes If Yes, please provide details:

For more information, contact the Office of the Vice President for Research and Economic Development at 319-273-2500 or research@uiowa.edu.

12. Do you provide systems integration involving more than 50 users and/or members or which has multi-user locations?

No Yes If Yes, please provide details:

For more information, contact the Office of the Vice President for Research and Economic Development at 319-273-2500 or research@uiowa.edu.

13. Does the Insured carry an active and current Professional Indemnity Insurance Policy?

No Yes If Yes, please provide:

Name of Insurer	Premium
Limit of indemnity	Excess
Expiry Date	Expiring Retroactive Date

14. Stamp Duty Declaration – Please provide a percentage breakdown of fees/turnover by location as follows

15. Is the Insured aware of any circumstance or incident which may give rise to a claim against the Insured or its partners/principals/directors or employees?

No Yes If Yes, please provide details:

16. Has there ever been or is there any pending claims against the Insured, its subsidiaries, previous businesses or predecessors in business or its current or former partners/principals/directors or employees for actual or alleged breaches of professional duties or services for which this policy relates?

No Yes If Yes, please provide

Date of claim or loss	Brief details of each claim or loss	Cost (if any) of claim paid or loss insured	Estimated outstanding loss

17. Is the Insured aware of any actual or pending prosecution, investigation or inquiry of the Insured or any partners/principals/directors or employees under any statute, legislation, regulation or By-law whatsoever?

No Yes If Yes, please provide

18. Has the Insured or any partner/directors or employees ever been subject to any disciplinary action, been fined or penalised, or been the subject of an inquiry investigating or alleging professional misconduct?

No Yes If Yes, please provide

19. Has the Insured (including its subsidiaries, previous businesses or predecessors in business or its current or former partners/principals/directors) ever had any Insurer decline a proposal, imposed any special terms, cancelled or refused to renew a Professional Indemnity Insurance policy?

No Yes If Yes, please provide



Part B – Declaration

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

By signing this Declaration, the Insured declares that all necessary inquiries into the accuracy of the responses given in this proposal have been made and the Insured confirms that the statements and particulars given in this proposal are true, accurate and complete and that no material facts have been omitted, misstated or suppressed. The Insured agrees that if any of the information changes between the date of this proposal and the inception date of the insurance to which this proposal relates, the Insured will give immediate notice thereof to the Artisan Underwriting Pty Ltd (Artisan).

The Insured acknowledges receipt of the Important Notice, Privacy Notice and Duty of Disclosure information contained in this proposal and confirms they have read and understood the content of them. The Insured consents to Artisan Underwriting Pty Ltd collecting, using and disclosing personal information as set out in Artisan's Privacy Notice in this proposal and the policy.

If the Insured has provided or will provide information to Artisan about any other individuals, the Insured confirms that they are authorised to disclose the other individual's personal information to Artisan and give the above consent on their behalf.

The signatory below confirms that they are authorised by the Insured (and its subsidiaries, previous businesses, partners/principals/directors and authorised representatives (if applicable)) to complete this proposal form and to accept quotation terms for this insurance on behalf of the Insureds (and its subsidiaries, previous businesses, partners/principals/directors).

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



Contact Us

