**NEW BUSINESS PROPOSAL**

**TECHNOLOGY AND COMMUNICATION SECTORS**

|  |
| --- |
| **INSTRUCTIONS** |
|  |  |  |  |

Please provide a full answer to every question.

Where there is insufficient space to answer a question, please enclose additional sheets.

The form and any separate sheets should be completed, signed and dated by a principal, partner, director or member.

|  |
| --- |
| **1 Your Details** |

a) Full business name Date established

|  |  |  |
| --- | --- | --- |
|  |  |  |

b) Business description

|  |
| --- |
|  |

c) Registered address

|  |
| --- |
|  |

Email address

|  |
| --- |
|  |

Website

|  |
| --- |
|  |

Other locations

|  |
| --- |
|  |

Is cover required for any overseas representation outside of the UK? Yes No

If ‘Yes’, please provide details:

During the past five years, other than declared above, has your name been changed or has any

amalgamation or take over occurred or has there been a change of legal status or are any such changes planned? Yes No

If ‘Yes’, please provide details:

|  |
| --- |
|  |

Do you require cover for any subsidiary companies? Yes No

If ‘Yes’, please provide details:

|  |
| --- |
|  |

Are you BN EN ISO 9000 accredited? Yes No

Please advise of any professional body or trade associations to which you belong:

|  |
| --- |
|  |

|  |
| --- |
| **2 Principal Director Details** |

a) Please give details of all principals/partners/directors/members:

 No. of years No. of years

 in this capacity industry

Name Age Qualifications with you experience

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

b) Has any principal, partner, director or member been involved in any other business in the

past five years which has been declared bankrupt, insolvent or gone into liquidation? Yes No

If ‘Yes’, please give details of the business including name, address, trade and dates:

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **3 Staff Details** |

Please state number of:

a) Principals/partners/directors/members

b) Quality assurance staff

c) Employees

|  |
| --- |
| **4 Business Income** |

Please state:

Month of financial year end

Gross turnover for the past year and an estimate for the current and forthcoming year for work undertaken in:

 Past year ending Current year Coming year

UK and rest of World excluding countries

£

£

£

subject to USA/Canada law\*

£

Countries subject to USA/Canada law\*\*

£

Total

£

£

£

\* Please provide splits in gross turnover between UK and rest of World and USA/Canada for territories in which you have local representation:

|  |
| --- |
|  |
|  |
|  |

\*\* Please provide details of work and countries involved:

|  |
| --- |
|  |
|  |
|  |

|  |
| --- |
| **5 Business Activities** |

Please categorise the activities declared above and indicate the approximate percentage turnover relating to each activity:

|  |  |
| --- | --- |
| Hardware – Distribution of other brands |  |
| Hardware – Sales of own brand  |  |
| Hardware – Maintenance or Configuration |  |
| Electronic Components – Passive |  |
| Electronic Components – Active |  |
| Robotics/Process Control/Control Panels – Manufacturing |  |
| Robotics/Process Control/Control Panels – Configuration /Maintenance  |  |
| Robotics/Process Control/Control Panels – Software |  |
| Software – Distribution of Third Party Software |  |
| Software – Package Writers  |  |
| Software – Customised or Tailored  |  |
| Software – Bespoke  |  |
| SCADA (Supervisory Control and Data Acquisition) systems  |  |
| CAD/CAM (Computer Aided Design/Manufacturing) systems |  |
| Consultancy – Advice on system requirements (no sale)  |  |
| Consultancy – Project Management (including sales) |  |
| Telecom – Hardware |  |
| Telecom – Airtime Provider |  |
| Telecom – Network management |  |
| Telecom – VNO (Virtual Network Operator) |  |
| Telecom – Network Operation |  |
| Telecom – Fixed or mobile infrastructure manufacture |  |
| Telecom – BSS/OSS (Business /Operational Support Systems) provision or integration |  |
| Web Design |  |
| Service Provider – Web Hosting |  |
| Service Provider – Internet Service Provider  |  |
| Service Provider – Business Process Outsourcer  |  |
| Service Provider – Data Warehouse/Storage/Hosting |  |
| Service Provider – Application / SaaS (Software as a Service)  |  |
| PKI (Public Key Infrastructure)  |  |
| Training |  |
| Contract Staff Supply  |  |
| Other (please provide details)  |  |

Estimated breakdown of clients by percentage turnover:

|  |  |
| --- | --- |
| Financial  |  |
| Medical |  |
| Aviation |  |
| Pollution control equipment |  |
| Power generation/water utilities |  |
| Process control equipment  |  |
| Mass transit/transportation systems |  |
| On-line fund transfer  |  |
| Gas/petrochemical/nuclear |  |
| Fire/security/emergency |  |

What do you consider to be the most significant potential risks associated with the activities declared and how have these been minimised?

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **6 Contracts** |

Please provide details of your 3 largest contracts in the past 3 years:

Start date

End date

Business of Client

Name

Description of contract

Total contract value

Your contract value

End date

Start date

Business of Client

Name

Description of contract

Your contract value

Total contract value

Start date

End date

Business of Client

Name

Description of contract

Your contract value

Total contract value

**ontracts (continued)**

Please provide details of your 3 largest contracts anticipated in the next 12 months:

Start date

End date

Business of Client

Name

Description of contract

Total contract value

Your contract value

Start date

End date

Business of Client

Name

Description of contract

Total contract value

Your contract value

Start date

End date

Business of Client

Name

Description of contract

Total contract value

Your contract value

How many customers do you currently undertake work for?

What is the value of your average contract?

What is the length of your average contract?

|  |
| --- |
| **7 Intellectual Property** |

Does your legal advisor review your website content before publication? Yes No

Do you enforce an acceptance e-mail and internet use policy? Yes No

What procedures in place ensure you do not breach IP rights or copyrights:

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **8 Your Business** |

Do you utilise sub-contractors or consultants? Yes No

If ‘Yes’, please advise:

|  |
| --- |
| What work is undertaken by sub-contractors or consultants?  |
|  |
|  |
|  |
|  |

Do you ensure sub-contractors or consultants have PI Insurance in place? Yes No

Do you ensure sub-contractors or consultants PI limit matches your PI limit? Yes No

How are sub-contractors or consultants managed?

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

Has the business discharged any employee or severed relationships with any partner or

director due to unsatisfactory performance? Yes No

if ‘Yes’, please provide details:

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

Who are your top 3 competitors?

|  |
| --- |
| 1 |
| 2 |
| 3 |

|  |
| --- |
| **9 Risk Management** |

Is a client confidentiality policy in place? Yes No

Do you always prepare and agree a written specification of the intended work with your clients

before contracts are accepted/make amendments to the written specification with your client

during the contract? If ‘No’, please provide details why not? Yes No

|  |
| --- |
|  |
|  |
|  |
|  |

Are amendments to the original specification always countersigned by the

customer? Yes No

Do you use conditions of contract in every case? – if ‘Yes’, please supply a copy Yes No

Are all contracts subject to your standard terms and conditions? Yes No

If ‘No’, are all contracts vetted by a legally qualified person before being agreed? Yes No

Do you always obtain a letter of acceptance from customers at the conclusion of a

project? Yes No

Have you experienced delays in past contracts? Yes No

Have you sued a customer for non payment of a contract in the past 3 years? Yes No

Is there a formal procedure for customer complaints? Yes No

Are complaints reviewed by senior management at regular intervals? Yes No

Do you operate anti-virus software? Yes No

Are copy records stored off site and updated at least weekly? Yes No

Is any individual authorised to sign cheques as sole signatory for business/client

accounts? Yes No

if ‘Yes’, please provide details:

|  |
| --- |
|  |
|  |
|  |
|  |

|  |
| --- |
| **10 Previous Insurance** |

Has any insurer ever:

Declined to pay a claim in full or part? Yes No

Cancelled or declined to renew? Yes No

Invited renewal at special terms? Yes No

Cancelled/avoided a policy? Yes No

**Previous insurance (continued)**

if ‘Yes’, please give full details:

|  |
| --- |
|  |
|  |
|  |
|  |

|  |
| --- |
| **11 Current Insurance** |

Please advise

 Day Month Year

a) Date of expiry of current Professional Indemnity Policy

































b) Name of insurer



c) Limit of indemnity



d) Excess



e) Premium



f) Retroactive date





|  |
| --- |
| **12 Requested Cover** |





Limit of Indemnity required





Excess required





Policy inception date

Is cover required for errors, acts or omissions occurring prior to the first date of the

period of insurance given? Yes No

If ‘Yes’, please specify retro date required

|  |
| --- |
| **13 Claims and Circumstances** |

In respect of any of the liabilities to be covered by this insurance has any claim whether successful

or not been made against and/or loss suffered by you, any predecessor or any present or

former principal, partner, director or member either individually or otherwise? Yes No

If ‘Yes’, please provide full details to include year of incident, amounts involved, details of the circumstances and steps taken to prevent a recurrence of the situation:

|  |
| --- |
|  |
|  |
|  |
|  |

After full enquiry is any principal, partner, director, member or employee aware of any claim

pending and/or any circumstance existing which might give rise to any claim by or against you,

any predecessor or any present or former principal, partner, director or member? Yes No

**Claims and circumstances (continued)**

If ‘Yes’, please provide full details:

|  |
| --- |
|  |
|  |
|  |
|  |

Have you suffered any loss from the fraud, dishonesty or malice of any partner, director, member,

employee or self-employed sub-contractor or consultant? Yes No

If ‘Yes’, please provide full details:

|  |
| --- |
|  |
|  |
|  |
|  |

|  |
| --- |
| **14 Declaration** |

**How we will use your data**

**Please read the following carefully before signing and dating**

It is essential that every Firm or Proposer when seeking a quotation to take out or renew any insurance discloses to Insurers all material facts and information (including all material circumstances) which might influence the judgement of an Insurer in assessing whether or not to accept the risk and on what terms. The obligation to provide this information continues up until the time that there is a completed contract of insurance. Failure to do so entitles the Insurers, if they so wish, to avoid the contract of insurance from inception and so enables them to repudiate liability thereunder. If you have any doubt as to what constitutes a material fact or circumstance please do not hesitate to ask for advice.

Signature

 Day Month Year

































Print name

Position