

**Instructions for completing this Supplementary Proposal Form**

1. Failure to disclose all material information that is likely to influence the acceptance of the risk or the terms applied could invalidate the insurance. If you are in any doubt as to whether any information is material, it should be disclosed.
2. Where the space provided is insufficient for your replies, please provide these separately and attach to this Supplementary Proposal Form.
3. Reference to Insured in this Supplementary Proposal Form means:
  - the entity or entities named in question 1
  - the past and/or present employees or principals of the entity or entities; and
  - the directors of the entity or entities and all subsidiary entities for whom cover is required.

1. Name of all entities to be insured

2. Date that the Proposal Form to which is this is a Supplementary Proposal Form was signed and dated

3. Please state the approximate percentage of the Insured's gross turnover for the last financial year from the following activities:

a) software designed for	
i) computer aided design programs for engineers and/or architects	<input style="width: 120px; height: 25px;" type="text"/> %
ii) controlling services within a building	<input style="width: 120px; height: 25px;" type="text"/> %
iii) the food industry, where production is in excess of 250,000 items per week	<input style="width: 120px; height: 25px;" type="text"/> %
iv) use in financial markets	<input style="width: 120px; height: 25px;" type="text"/> %
v) investment forecasting and measuring of the financial performance of companies	<input style="width: 120px; height: 25px;" type="text"/> %
vi) retail (non-commercial) usage	<input style="width: 120px; height: 25px;" type="text"/> %
vii) other software	<input style="width: 120px; height: 25px;" type="text"/> %
b) data processing	<input style="width: 120px; height: 25px;" type="text"/> %
c) supply of equipment or hardware	<input style="width: 120px; height: 25px;" type="text"/> %
d) e-commerce/web-site consulting services	<input style="width: 120px; height: 25px;" type="text"/> %
e) any other work (please specify)	<input style="width: 120px; height: 25px;" type="text"/> %
<input style="width: 750px; height: 25px;" type="text"/>	<input style="width: 120px; height: 25px;" type="text"/> %
<input style="width: 750px; height: 25px;" type="text"/>	<input style="width: 120px; height: 25px;" type="text"/> %
<b>TOTAL</b>	<input style="width: 120px; height: 25px;" type="text" value="100%"/>

4. Does the Insured engage consultants, sub-contractors or agents? Yes  No

If Yes:

a) Does the Insured enter into any hold-harmless agreements or otherwise waive any legal rights or entitlements, which it may have against such consultants, sub-contractors or agents? Yes  No

b) Does the Insured insist that such consultants, sub-contractors or agents carry their own Professional Indemnity? Yes  No

5. Does the Insured undertake work under a fixed price contract? Yes  No

If Yes, please give details of percentage of fee income this type of work represents:  %

## Attachments

Please provide:

- Brochures describing the services of your organisation
- if supply of computer equipment is undertaken, copy of contract terms between you and the manufacturer(s) and/or suppliers
- copy of contract terms between you and your clients

## Declaration

I/We the undersigned duly authorised person(s) declare that:

- I am/we are authorised by each of the Insured to sign this Supplementary Proposal Form; and
- the above statements are correct, true and complete; and
- no information material to this Supplementary Proposal Form has been withheld; and
- I/we have read the **important facts** which you have put before me/us in the Professional Indemnity Proposal Form and I/we understand the advice given in relation to the **duty of disclosure**; and
- I/we have diligently made all necessary and detailed enquiries in order to comply with the **duty of disclosure**; and
- I/we understand that no insurance is in force until such time as the insurer has confirmed acceptance of the proposed insurance; and
- I/we undertake to inform the insurer of any material alteration to these facts occurring before completion of the contract of insurance; and
- I/we acknowledge that the Insurer relies on the information and representations in this Supplementary Proposal Form and otherwise made by me/us in relation to this insurance; and
- except where indicated to the contrary, I/we understand that any statement made in this Supplementary Proposal Form will be treated by the insurer as a statement made by all persons to be insured; and
- I/we have read Vero's Privacy Statement which you have put before me/us in the Professional Indemnity Proposal Form, and consent to the use, disclosure and obtaining of personal information about the Insured for the purposes shown in the Privacy Statement; and
- I/we acknowledge that this Supplementary Proposal forms part of the Professional Indemnity Proposal Form signed and dated on the date disclosed in question 2.

Signed

Name of Partner(s) or Director(s)

On behalf of\*

Date