



AIG Europe S.A.

Greece Branch

119 Kifissias Ave, 15124 Maroussi, Tel: +302108127600, Fax: +302108027189

Email: Info.Gr@aig.com, Url: www.aig.com.gr

Thessaloniki: 42 Marinou Antipa str, 57001 Pilaia, Thessaloniki, Greece,

Tel: +302310474999, Fax: +302310474980

**PROFESSIONAL LIABILITY INSURANCE PROPOSAL FORM
INFORMATION TECHNOLOGY**

	Name	Code No	Vat No	Special Registry No
Στοιχεία Διαμεσολαβητή				
Στοιχεία Συντονιστή*				
Στοιχεία Ασφ. Διαμεσολαβητή**				

*filled in, if there is a coordinator

**filled in, if the Insurance Intermediary who retains a contract with the Company is other than the one who keeps direct contact with the client.

Part 1: Proposer Details

1. NAME OF PROPOSER (COMPANY OR FIRM):

ADDRESS:.....

DATE ESTABLISHED:.....TAX NUMBER / TAX OFFICE:.....

TELEPHONE NO:.....WEB SITE:.....

2. (A) IS THE PROPOSER A MEMBER OF A PROFESSIONAL ASSOCIATION? YES NO WHICH ONE?.....

(B) ARE THERE ANY SUBSIDIARIES OR ASSOCIATED COMPANIES FOR WHICH THE PROPOSER REQUIRES COVER? YES NO

(C) DURING THE LAST 3 YEARS HAS THE NAME OF THE PROPOSER CHANGED OR HAS THE PROPOSER BEEN INVOLVED IN ANY ACQUISITION, MERGER OR CONSOLIDATION? YES NO

IF YES TO QUESTIONS 2.B, 2.C EXPLAIN

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3. PROVIDE THE FOLLOWING DETAILS OF ALL PARTNERS / PRINCIPALS / DIRECTORS OF THE PROPOSER:

Name	Qualifications	Date Qualified	How long a Principal / Director?



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Part 2: Activities and Income Details

4. PROVIDE A CLEAR DESCRIPTION OF THE PROPOSER'S BUSINESS ACTIVITIES OVER THE LAST 2 YEARS:

.....

5. INDICATE THE ESTIMATED SPLIT OF THE PROPOSER'S GROSS FEES / REVENUES BY THE FOLLOWING GEOGRAPHICAL ZONES (amounts in €):

Work performed in:	Previous Year	Current Year	Projected Year
Greece			
Europe excluding UK			
Europe UK			
USA / Canada			
Latin America			
Japan/Africa/Middle East/South & Central Asia			
China & South East Asia			
Australia/New Zealand			
Other (specify):			
Total Gross Fees / Revenues / Turnover			

*Provide details on a separate sheet

6. IS 25% OR MORE OF TOTAL GROSS FEES / REVENUES GENERATED FROM ONE CLIENT? YES NO
 IF YES, PROVIDE DETAILS.

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Part 3: Internal Risk Management

7.	YES	NO
i. Do you have any Quality Assurance systems or Risk Management procedures that you always follow?		
ii. Do you use standard written contracts with your customers or your subcontractors at all times?		
iii. Do all contracts with your clients and subcontractors contain a detailed scope of work and description of services including performance expectations?		
iv. Does legal counsel always review and approve any changes to those contracts?		
v. Do your contracts contain limitation of liabilities clauses?		
vi. Do all contracts contain exclusion for indirect, consequential or economic loss?		
vii. Do you have a system / procedure that can monitor potential conflicts of interest?		
viii. Do you have a system / procedure that can monitor deadlines?		
ix. Are financial Audits of the firm carried out at least once every two years?		
x. Is any employee allowed to sign cheques (or send electronic fund transfers) on his/her signature/authority alone?		
xi. Do you always require satisfactory employee's references, or only when engaging senior employees?		
xii. What percentage of gross fees / revenues/ turnover is sub contracted?% What type of services are sub contracted?.....		
xiii. Does the proposer insist that sub-contractors maintain their own Professional Indemnity Insurance?		
xiv. If NO, does the proposer assume full responsibility for the work carried out?		

Part 4: Insurance Cover

8. IS PROFESSIONAL INDEMNITY INSURANCE CURRENTLY PURCHASED? YES NO

Limit	Retention/Excess	Premium	Expiry Date	Retroactive Date

9. HAS THE PROPOSER EVER BEEN DECLINED PROFESSIONAL INDEMNITY INSURANCE OR HAS SUCH COVER EVER BEEN CANCELLED?
 YES NO

10. REQUESTED LIMIT OF LIABILITY: €100.000 € 250.000 € 500.000 € 1.000.000 OTHER €.....

Part 5: Claims and Circumstances

11. HAS THERE BEEN, OR IS THERE NOW PENDING, A CLAIM AGAINST THE PROPOSER, ITS PREDECESSORS IN BUSINESS OR ANY OF ITS CURRENT PARTNERS/PRINCIPALS/DIRECTORS OR EMPLOYEES FOR AN ACTUAL OR ALLEGED BREACH OF PROFESSIONAL DUTY, OR ANY OTHER CLAIM THAT COULD HAVE LED TO A CLAIM UNDER THIS INSURANCE IF IT HAD BEEN IN PLACE? YES NO

12. IS THE PROPOSER AWARE OF ANY FACTS, CIRCUMSTANCES OR INCIDENTS WHICH MAY GIVE RISE TO A CLAIM BEING MADE AGAINST ANY OF ITS CURRENT PARTNERS/PRINCIPALS/DIRECTORS OR EMPLOYEES? YES NO

13. HAS THE PROPOSER OR ANY PARTNERS/PRINCIPALS/DIRECTORS AND EMPLOYEES EVER BEEN SUBJECT TO ANY DISCIPLINARY ACTION, BEEN FINED OR PENALISED, OR BEEN THE SUBJECT OF AN INQUIRY WHICH WAS INVESTIGATING OR ALLEGING BREACH OF PROFESSIONAL DUTY? YES NO

If YES, to any of questions 11-13 please provide details (amount, history of each claim, method for avoiding similar claims in the future)



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19. SPLIT THE PROPOSER’S BUSINESS TURNOVER BETWEEN THE FOLLOWING MARKET SECTORS:

	% of Gross Fees		% of Gross Fees
Government Work - non-Military		Telecommunications	
Government Work - Military		Manufacturing	
Financial Institutions		Aerospace Industry	
Construction		Health Care / Medical Services	
Mining or Agriculture		Others (please specify)	

20. LIST YOUR 3 LARGEST CONTRACTS DURING THE LAST 3 YEARS:

Client	Country	Provided Services	Contract Duration	Contract Value	Revenue to the Proposer

21. (A) IF DEVELOPING OWN SOFTWARE/HARDWARE SOLUTIONS, BRIEFLY EXPLAIN YOUR PRODUCT/SERVICE DEVELOPMENT METHODOLOGY

.....

(B) HAVE ALL SOFTWARE/HARDWARE UNDERGONE AN INTELLECTUAL PROPERTY INFRINGEMENT SEARCH OR «RIGHT OF USE» SEARCH IN ALL COUNTRIES IN WHICH THE PRODUCT IS USED, DISTRIBUTED, SOLD OR ADVERTISED? YES NO
 IF NO, PROVIDE DETAILS OF WHY NOT:.....

(C) IS SYSTEM DESIGN WORK DOCUMENTED AND TESTED AND IS DOCUMENTATION RETAINED FOR THE LIVE SYSTEM? YES NO

(D) ARE CLIENTS REQUIRED TO SIGN-OFF ON PILOT TEST RUNS PRIOR TO REGULAR PRODUCTION? YES NO

(E) DO YOU HAVE A WRITTEN AND FORMALISED SECURITY STATEMENT FOR SYSTEMS AND NETWORKS? YES NO

(F) DESCRIBE THE ENCRYPTION, FIREWALLS, VIRUS PROTECTION, SECURITY PROTOCOLS AND INTRUSION DETECTION USED TO PROTECT THE DATA STORED ON YOUR NETWORKS AND SERVERS:

.....

(G) DO YOU HAVE BACK-UP AND DISASTER RECOVERY SYSTEMS IN PLACE? YES NO

We declare that the statements and particulars in this proposal form are true and that I / we have not misstated or suppressed any material data. I / we agree that this proposal together with any other information supplied by me / us shall form the basis of any contract of insurance effected hereon. I / we undertake to inform the underwriters of any material alteration to these facts.



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How we use Personal Information

AIG Europe Limited with AIG Greece S.A. as legal representative in Greece (the Company) is committed to protecting the privacy of customers, claimants and other business contacts.. By providing Personal Information, as defined in Law 2472/1997, you give permission for its use as described below. If you provide Personal Information about another individual, you confirm that you are authorised to provide it for use as described below.

The types of Personal Information we may collect and why - Depending on our relationship with you, Personal Information collected may include: contact information, financial information and account details, credit reference and scoring information, sensitive information about health or medical conditions (collected with your consent where required by applicable law) as well as other Personal Information provided by you or that we obtain in connection with our relationship with you. Personal Information may be used for the following purposes:

- Insurance administration, e.g. communications, claims processing and payment
- Make assessments and decisions about the provision and terms of insurance and settlement of claims
- Assistance and advice on medical and travel matters
- Management of our business operations and IT infrastructure
- Prevention, detection and investigation of crime, e.g. fraud and money laundering
- Establishment and defence of legal rights
- Legal and regulatory compliance (including compliance with laws and regulations outside your country of residence)
- Monitoring and recording of telephone calls for quality, training and security purposes
- Marketing, market research and analysis

ing government authorities) if required by laws or regulations. Personal Information (including details of injuries) may be recorded on claims registers shared with other insurers. We are required to register all third party claims for compensation relating to bodily injury to workers' compensation boards. We may search these registers to prevent, detect and investigate fraud or to validate your claims history or that of any other person or property likely to be involved in the policy or claim. Personal Information may be shared with prospective purchasers and purchasers, and transferred upon a sale of our company or transfer of business assets.

Security of Personal Information - Appropriate technical and physical security measures are used to keep your Personal Information safe and secure. When we provide Personal Information to a third party (including our service providers) or engage a third party to collect Personal Information on our behalf, the third party will be selected carefully and required to use appropriate security measures.

Requests or questions - To request access or correct inaccurate Personal Information, or to request the deletion or suppression of Personal Information, or object to its use, please e-mail: customerservice-GR@aig.com or contact us at telephone no. 210 8127600 or fax no. 210 8063585. More details about our use of Personal Information can be found in our full Privacy Policy at www.aig.com.gr

By providing your Personal Information to the Company, in connection with your application for insurance, you consent to the collection and processing and transfer to third parties internationally of your Personal Information, as described in our Privacy Policy available at www.aig.com.gr and to the extent permitted by Law 2472/1997

To the extent that you submit information to the Company relating to any other identifiable individual, you represent that you have authority to provide that Personal Information to the Company and you certify that you have obtained any legally-required consent for the processing of that Personal Information.

DATE	NAME / TITLE SIGNATURE	COMPANY	INTERMEDIARY'S SIGNATURE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	(must be a partner, principal or director)		

AIG Europe S.A. is an insurance undertaking with R.C.S. Luxembourg number B 218806. AIG Europe S.A. has its head office at 35D Avenue John F. Kennedy, L-1855, Luxembourg, <http://www.aig.lu/>. AIG Europe S.A. is authorized by the Luxembourg Ministère des Finances and supervised by the Commissariat aux Assurances, 11 rue Robert Stumper, L-2557 Luxembourg, GD de Luxembourg, Tel.: (+352) 22 69 11 - 1, caa@caa.lu, <http://www.caa.lu/>. AIG Europe S.A. (Greece Branch) has its registered branch office at 119, Kifissias Ave., Maroussi, Athens with company registration number 147135660001, Tax no. 996898851, Tax Office: KE.FO.DE Attikis.