Information Technology Liability

Insurance

PROPOSAL FORM

|  |
| --- |
| * Please answer all questions fully; do not leave blanks or use dashes. * If there is insufficient room to complete a question, please attach a signed and dated addendum. * Please return completed application and supporting documents to: [admin@insurancelab.com.au](mailto:admin@insurancelab.com.au). * If you have any questions regarding completion of this form, please call us on 03 9059 4000. |

|  |  |  |
| --- | --- | --- |
| Your details | | |
| 1. Insured business/entity name(s) | | |
| Please state the legal name of each entity to be insured, also name any subsidiaries and previous entities (collectively referred to in this document as ‘You’ or ‘Your’) | | |
| Name |  | Date commenced | |
|  |  |  | |
|  |  |  | |
|  |  |  | |
|  |  |  | |
|  |  |  | |
|  | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Are you registered for GST? | Yes |  |  | No |  |  | Your ABN |  |
|  | | | | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Contact details | | | | | | | | |
| Primary contact | | |  | Postal address | | | | |
|  | | |  |  | | | | |
| Mobile |  | Office telephone | | | | |  | Email |
|  |  |  | | | | |  |  |
| Main office location | | | | |  | Other locations | | |
|  | | | | |  |  | | |
|  | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Particulars of all principals | | | | | | | | | | | |
| Name of principal |  | Age |  | Qualifications |  | Years practising as a principal | | | |  | Name of previous business practice(s) |
|  |  |  |  |  |  | Current |  | Previous |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | Current |  | Previous |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | Current |  | Previous |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | Current |  | Previous |  |  |  |
|  | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Principal’s previous business (incoming) | | | | | | | | | | | | |
| If you require cover for claims arising from any previous business controlled or owned by any of your principals, directors, partners or employees please provide details. | | | | | | | | | | | | |
| Name of person | | |  | Name of principal’s previous business practice |  | Date the principal left that business | | | | | | |
|  | | |  |  |  |  | | | | | | |
|  | | |  |  |  |  | | | | | | |
|  | | |  |  |  |  | | | | | | |
| 1. Prior entities | | | | | | | | | | | |
| Has the name of the person, firm or incorporated body provided in answer to Question 1 changed, or has any other business been purchased or has any merger or consolidation of your business taken place? | | | | | | | Yes |  |  | No |  |
| Date of change |  | Please detail the changes that took place | | | | | | | | | |
|  |  |  | | | | | | | | | |
|  |  |  | | | | | | | | | |
|  |  |  | | | | | | | | | |
|  | | | | | | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Retired partners, directors and/or principals | | | | |
| Please provide details of those Partners, Directors or Principals who have retired from your business. | | | | |
| Name |  | Date involvement ceased |  | Number of years involved |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Employees & wages | | | | | | | | | | | | | |
| 1. Number of qualified staff (including principals) | | |  | | |  | Other technical staff | | | | |  |  |
|  | | | | | | | | | | | | | |
| Number of non-technical staff (data entry, receptionists, etc.) | | | | | | | | |  |  | | | |
|  | | | | | | | | | | | | | |
| 1. Total wages: | Last year | $ | |  | Next year | | | $ | | |  | | |
|  | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Insurance history | | | | | | | | | | | | | |
| 1. Previous insurance | | | | | | | |  |  |  |  |  | |
| 1. Do you currently have IT Liability insurance? | | | | | | | | Yes |  |  | No |  | |
|  | | | | | | | | | | | | | |
| 1. If NO, have you ever had IT Liability insurance? | | | | | | | | Yes |  |  | No |  | |
| If YES to either of the above, please complete the table below with details of your three most recent policies: | | | | | | | | | | | | | |
| Name of insurer |  | Period insured | | |  | Total cost of insurance | | | | | | | |
|  |  |  | to |  |  | $ | | | | | | | |
|  | | | | | | | | | | | | | |
|  |  |  | to |  |  | $ | | | | | | | |
|  | | | | | | | | | | | | | |
|  |  |  | to |  |  | $ | | | | | | | |
|  | | | | | | |  | | | | | |
| 1. Please advise the ‘retroactive date’ specified on your current policy schedule: | | | | | | |  | | | | | |
| (Please also provide a copy of your current policy schedule, if you are not currently insured through us.) | | | | | | | | | | | | |
|  | | | | | | | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. Have you or any partner, director or principal ever had a liability insurer: | | | | | |
| 1. decline a proposal form or application for insurance? | Yes |  |  | No |  |
|  | | | | | |
| 1. impose special terms or conditions? | Yes |  |  | No |  |
|  | | | | | |
| 1. decline to accept or renew your insurance? | Yes |  |  | No |  |
|  | | | | | |
| 1. cancel your insurance? | Yes |  |  | No |  |
| If YES to any of the above, please provide a detailed explanation below or on your own letterhead: | | | | | |
|  | | | | | |
|  | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Business Activities | | | | | |
| 1. Nature of your business | | | | | |
| 1. Please describe in detail the nature of your business, your products and professional services provided. You can also attach a company profile, brochures or other documentation which may assist. | | | | | |
|  |  |  | | | | |
|  | | | | | |
|  |  |  | | | | |
| 1. If the nature or type of your business, your products or professional services provided by you or on your behalf now differs from the past, please provide details of past business, products and professional services. | | | | | |
|  |  |  | | | | |
| Description of past business, products or professional services | | |  | Date ceased |
|  |  |  | | | | |
|  | | |  |  |
|  | | | | | |

| 1. Activities | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| Please detail the approximate percentage of your income derived from the following products and services (total must equal 100%) | | | | | | |
| **Activity** |  | **% of total income** |  | **Activity** |  | **% of total income** |
| Systems integration (incl. ERP/CRM/SAP) |  | % |  | Telecom carriage services |  | % |
|  | | | | | | |
| Software development: applications, custom, bespoke |  | % |  | Telecom and network consulting |  | % |
|  | | | | | | |
| Software development: pre-packaged |  | % |  | Data processing/warehousing services |  | % |
|  | | | | | | |
| Software development: control systems |  | % |  | Application service provider |  | % |
|  | | | | | | |
| Software Sales: as a reseller |  | % |  | Internet security products or services |  | % |
|  | | | | | | |
| Software support & maintenance |  | % |  | Internet service provider (ISP) |  | % |
|  | | | | | | |
| Hardware or peripheral manufacture |  | % |  | Website development |  | % |
|  | | | | | | |
| Hardware or peripheral reseller |  | % |  | Education and training |  | % |
|  | | | | | | |
| Retail sales/VAR |  | % |  | IT recruitment services |  | % |
|  | | | | | | |
| System and data processing |  | % |  | Business analysis/project management |  | % |
|  | | | | | | |
| Payment processing systems |  | % |  | Support, call centre or help desk |  | % |
|  | | | | | | |
| Data warehousing |  | % |  | General IT consultancy services |  | % |
|  | | | | | | |
| Hosting/cloud services |  | % |  | Other activities (please specify) |  |  |
|  |  |  |  |  |  | % |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  | % |
| |  | | --- | |  | | | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Specific industries | | | | | | |
| 1. Do you provide products or services to customers in the following industries/areas? |  | | | | | |
|  | | | | | | |
| 1. Aerospace or defence | Yes |  |  | No |  | |
|  | | | | | | |
| 1. Security, fire or other emergency services | Yes |  |  | No |  | |
|  | | | | | | |
| 1. Industrial control systems, process control systems, SCADA or PLC | Yes |  |  | No |  | |
|  | | | | | | |
| 1. Medical industry devices or applications | Yes |  |  | No |  | |
|  | | | | | | |
| 1. Mining, oil, gas or power | Yes |  |  | No |  | |
|  | | | | | | |
| 1. Privacy applications | Yes |  |  | No |  | |
|  | | | | | | |
| 1. Technology security | Yes |  |  | No |  | |
|  | | | | | | |
| 1. Financial services trading platforms or funds transfer platforms | Yes |  |  | No |  | |
|  | | | | | | |
| 1. Online gaming | Yes |  |  | No |  | |
| If YES to any of the above, please provide details | | | | | |
|  | | | | | |
|  | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. Do you foresee any changes to the answers provided to questions 11 to 13 or are there any new operations to be commenced during the next 12 months? | Yes |  |  | No |  | |
| If ‘YES’ please provide details | | | | | |
|  | | | | | |
|  | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Claims and notifications history | | | | | |
| 1. Please answer the following questions after enquiry within your organisation. | | | | | |
| 1. Has any Claim ever been made, or has any negligence ever been alleged, against you or any of the present or former principals, or have any circumstances that may give rise to a claim been notified to insurers? | Yes |  |  | No |  |
|  | | | | | |
| 1. Are there any circumstances not already notified to insurers which may give rise to a Claim against you or any entity to be insured by this insurance? | Yes |  |  | No |  |
|  | | | | | |
| 1. Are there any Claims against previous practices identified in Questions 5 and 6 of this Proposal, which may give rise to a Claim against either a principal or you? | Yes |  |  | No |  |
|  | | | | | |
| 1. Has any principal or staff member ever been subject to disciplinary proceedings for professional misconduct? | Yes |  |  | No |  |
|  | | | | | |
| 1. Are any of your contracts currently past due acceptance | Yes |  |  | No |  |
|  | | | | | |
| 1. Within the last 3 years have any of your customers refused to pay or requested a refund because your services or products did not meet their specifications or expectations? | Yes |  |  | No |  |
|  | | | | | |
| 1. During the last 3 years have you sued any customers for non-payment? | Yes |  |  | No |  |
|  | | | | | |
| 1. Have you conducted any product recalls? | Yes |  |  | No |  |
| If YES to any of the above, please complete a Claims Addendum for any claims or circumstances or provide a summary of each matter below or if insufficient space, on your own letterhead. | | | | | |
| |  | | --- | |  | |  | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Your contracts | | | | | | | |
| 1. Large Contracts | | | | | | | |
|  | | | | | | | |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | 1. Please provide details of the five largest contracts undertaken by you (specifically the business to be insured) during the last 5 years. | | | | | | | | Name/brief description |  | Location |  | Your role |  | Contract value |  | |  |  |  |  |  |  | $ |  | |  | | | | | | | |  |  |  |  |  |  | $ |  | |  | | | | | | | |  |  |  |  |  |  | $ |  | |  | | | | | | | |  |  |  |  |  |  | $ |  | |  | | | | | | | |  |  |  |  |  |  | $ |  | | | | | | | | |
|  | | | | | | | |
| 1. What is the duration of your average contract or purchase order? |  |  | | | | | |
|  | | | | | | | |
| 1. What is the value of your average contract or purchase order? | $ |  | | | | | |
|  | | | | | | | |
| 1. Do all customers sign a written agreement or purchase order? | | | Yes |  |  | No |  |
| If NO please provide details | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| 1. Do you use standard contracts? | | | Yes |  |  | No |  |
| If YES please provide a copy | | | | | | | |
|  | | | | | | | |
| 1. What percentage of customers agree to your standard contract? | % |  | | | | | |
|  | | | | | | | |
| Do you have your legal counsel review all contracts prior to you signing or do you have a standard contract form that has been previously reviewed by your legal counsel? | | | Yes |  |  | No |  |
| If NO please provide details | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| 1. Do you enter into contracts that limit the liability of the other party or require you to hold harmless or indemnify a third party? | | | Yes |  |  | No |  |
| If “YES” please provide details including a description of the circumstances and the limitation amounts: | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| 1. Do you ever sign contracts where you accept liability for consequential loss (apart from intellectual property) | | | Yes |  |  | No |  |
| If YES, in what circumstances? | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Software development or systems integration | | | | | | | | | | |
| 1. Please answer the following if you provide software development or systems integration services. If you do not provide these services please proceed to question 18. | | | | | | | | | | |
| 1. Is your systems development methodology detailed in writing? | | Yes | |  | |  | | No | |  |
|  | | | | | | | | | | |
| 1. Are interim changes documented and contract variations formally signed off by the customer? | Yes | |  | |  | | No | |  | |
|  | | | | | | | | | | |
| 1. Is final testing carried out with the customer and customer sign-off required? | Yes | |  | |  | | No | |  | |
|  | | | | | | | | | | |
| 1. Please provide a basic overview of your testing procedures (Alpha, Beta testing etc…) | | | | | | | | | | |
|  | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Intellectual property | | | | | | | | | | | | |
| 1. Legal advice | | | |  | | | | | | | | |
| 1. Do you obtain legal advice from specialists familiar with intellectual property law before releasing new software or products? | | | | Yes | |  | |  | | No | |  |
| If YES please provide the following details of the specialist: | | | | | | | | | | | | |
| Name |  | Address | | | | | | | | | | |
|  |  |  | | | | | | | | | | |
|  | | | | | | | | | | | | |
|  |  |  | | | | | | | | | | |
|  | | | | | | | | | | | | |
| 1. Do you use in house legal counsel for due diligence and clearance of new software and products? | | | Yes | |  | |  | | No | |  | |
|  | | | | | | | | | | | | |
| 1. If NO to both questions 18a and 18b above please provide comment. | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| 1. How do the above procedures vary if products are being released overseas? | | | | | | | | | | | | |
| |  | | --- | |  | | | | | | | | | | | | | |
|  | | |  | |  | |  | |  | |  | |
| 1. Do clearance procedures include a review of media law issues, brochures and other marketing material issued by you in promoting your services? | | | Yes | |  | |  | | No | |  | |
| Please attached copies of your marketing materials and/or brochures? | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. Have you ever released software or products where you have received advice that an intellectual property dispute exists? | Yes |  |  | No |  |
| If YES please provide details | | | | | |
|  | | | | | |
|  | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. If you use sub contractors during the development process, do they sign copyright licence agreements? | | | Yes |  |  | No |  |
|  | | | | | | | |
| 1. Do you have written procedures for handling intellectual property of others? | | | Yes |  |  | No |  |
|  | | | | | | | |
| 1. Have you ever filed for patents? | | | Yes |  |  | No |  |
|  | | | | | | | |
| If YES, how many patents do you currently own? |  |  | | | | | |
|  | | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Patents and competitors | | |  | | | | |
| 1. If you own patents, have you ever received a notice of possible infringement of another patent? | | | Yes |  |  | No |  |
| If YES please provide details | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| 1. Please list your two top competitors: | | | | | | | |
|  |  |  | | | | | |
|  | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Revenue and overseas activities | | | | | | | | | | | | | | | | | | | | | |
| 1. Please provide the following details of your revenue estimated for the coming year and for the last 2 years: | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| 1. **Gross income** | | | | | | | **Australia & NZ** | | | |  | **USA & Canada** | | |  | **Overseas (excl. NZ, USA & Canada)** | | |  | **Total** | | |
| Estimated for the next 12 months | | | | | | | $ | | | |  | $ | | |  | $ | | |  | $ | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| 12 months to date (i.e. previous year) | | | | | | | $ | | | |  | $ | | |  | $ | | |  | $ | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| 12 months prior (i.e. prior to the previous year) | | | | | | | $ | | | |  | $ | | |  | $ | | |  | $ | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| 1. For stamp duty purposes, please provide a percentage breakdown of income by State or Territory: | | | | | | | | | | | | | | | | | | | | | | |
| NSW: | % |  | VIC: | % |  | QLD: | | | | % | | |  | SA: | | % |  | NT: | | | % | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| WA: | % |  | ACT: | % |  | TAS: | | | | % | | |  | Overseas: | | % |  | TOTAL: | | | % | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| If activities are performed outside Australia, please list the country and services or products: | | | | | | | | | | | | | | | | | | | | | | |
| Country | | | | | | | |  | Services/Products | | | | | | | | | | | | | |
|  | | | | | | | |  |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | |  |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Cover required | | | | | |
| 1. Limits of indemnity required?   (Please specify multiple limits if options required) | | | | | |
|  | | | | | |
| Errors & Omissions (Professional indemnity) | $ |  | $ |  |  |
|  | | | | | |
| Public and Products Liability | $ |  | $ |  |  |
|  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Uninsured risks: please specify additional insurances you may require | | | | | | | |
|  | | | | | | | |
| 1. Cyber insurance | | | Yes |  |  | No |  |
|  | | | | | | | |
| 1. Management liability (includes directors and officers liability, employment practices liability, statutory fines and penalties, crime (theft by employees) | | | Yes |  |  | No |  |
|  | | | | | | | |
| 1. Other insurance (please specify) |  |  | Yes |  |  | No |  |
|  | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Declaration | | | | | | | | | | |
| I/We hereby declare that:  My/Our attention has been drawn to the Important Notices accompanying this Proposal and further I/we have read these notices carefully and acknowledge my/our understanding of their content by my/our signature(s) below.  The above statements are true and I/we have not suppressed or mis-stated any facts and should any information given by me/us alter between the date of this Proposal form and the inception date of the insurance to which this Proposal relates I/we shall give immediately notice thereof.  I/We also confirm that the undersigned is/are authorised to act for and on behalf of all persons who may be entitled to indemnity under any policy which may be issued pursuant to this Proposal form and I/we complete this Proposal on their behalf.  To be signed by a Director/Principal of the company/business. | | | | | | | | | | |
| Signature |  | | |  | | Date |  |  | | |
|  | | | | | | | | | | |
| Name | |  | |  | Position | |  | | | |
| Single Broker Authorisation – Only applicable to new Insurance Lab clients | | | | | | | | | | |
| When negotiating insurance for you we act as your agent and therefore, in accordance with our legal obligations, we act in your best interests. When you engage us, we use our expertise to understand your business, to present it to insurers and negotiate terms on your behalf. We have access to more than 20 different professional indemnity insurance providers and will approach those that we consider most appropriate, taking into account our understanding of the nature of your business, your objectives, insurer likes and dislikes (underwriting appetite) and the scope of cover available from the different providers.  Engaging multiple brokers can complicate matters and prejudice our ability to achieve the best outcome for you. When approached by multiple brokers, some insurers will decline outright while others may be hamstrung from negotiating amendments with us because they have already provided terms to another broker.  Such complications can be avoided by appointing Insurance Lab as the sole insurance broker acting on your behalf. If you are not currently insured, appointing us in this manner gives us the ability to negotiate without constraint. If you are already insured elsewhere and choose to appoint us it will allow us to review your current policy and advise whether there is scope for improvement.  To appoint us as your broker, please complete the relevant authority below. Alternatively, if you would like us to only negotiate alternatives to your current insurer, please provide the below claims authority; this will allow us to obtain any necessary information from your current/previous insurer(s) without altering your current broker relationship.  If you are unsure which approach best suits you, please call us to discuss. | | | | | | | | | | |
|  | | | | | | | | | | |
| Please select either A or B of the following authorisations: | | | | | | | | | | |
|  | | | | | | | | | | |
| 1. **Notice of appointment as sole authorised insurance broker** | | | | | | | | |  | |
| I/we appoint Insurance Lab Pty Ltd as our insurance broker for the purpose of arranging professional indemnity insurance.  As our appointed broker, Insurance Lab Pty Ltd is authorised to negotiate with insurers and their agents on our behalf and is the only intermediary authorised to do so; any previous authorisations are hereby revoked.  This appointment also constitutes authority and instructions for all our insurers, past and present, to provide Insurance Lab Pty Ltd any documents or information requested in relation to our professional indemnity insurance.  This appointment entitles Insurance Lab Pty Ltd to all commissions and service allowances paid by your company in conjunction with the placement, amendment, installation and servicing of our insurance contracts undertaken by them. | | | | | | | | | | |
|  | | | | | | | | | | |
| 1. **Authorisation to obtain claims information only** | | | | | | | | |  | |
| We hereby instruct all our insurers, past and present, to furnish Insurance Lab Pty Ltd with any requested documents or information relating to our professional indemnity insurance claims history. | | | | | | | | | | |
|  | | | | | | | | | | |
| To be signed by a person with the requisite authority to provide the above authorisations. | | | | | | | | | | |
|  | | | | | | | | | | |
| Signature |  | | |  | | Date |  |  | | |
|  | | | | | | | | | |
| Company/ Business Name: | | |  |  | Position | |  | | | |
|  | | | | | | | | | | |