

1. CLIENT INDUSTRIES

Please provide details of the industries your customers work in.

2. SCADA AND PLC EXPERIENCE

How many years experience do you have in the design, installation and maintenance of SCADA/PLC systems?

Have you ever had a claim for damages from the design, installation and maintenance of SCADA/PLC systems?

Yes No

Has a customer ever had demand for the repayment of fees from a customer in relation to the design, installation and maintenance of SCADA/PLC systems?

Yes No

3. SAFETY SYSTEMS

Do any of the products and services you provide in any way monitor or control safety systems of your customers?

Yes No

If the answer to the above is "Yes" we require further details about the exact nature of the intent of the safety system your products and services monitor or control.

4. QUALITY CONTROL

- Do you execute a written contract for every project you undertake? Yes No
- Do you work to a written specification on every new assignment? Yes No
- Are written specifications included in the contract between you and your customer? Yes No
- Do you ensure your customer performs end user testing of the products and services delivered before they are migrated to a live environment? Yes No
- If the answer to the above is "Yes" is this requirement included in your contract? Yes No

Please describe the testing you undertake to ensure you deliver robust and functional products and services to your customer.

5. PROJECTS

Please provide examples of the two largest projects the insured undertaken in the last year. Please include client, dollar value of contract and the exact nature of the work performed.

Client Name	Nature of Project	Date Commenced	Date Completed	Your Revenue from the Project

6. REDUNDANCY CONTROLS

Please describe the redundancy controls in the systems you provide to ensure that if a system fails that the resulting financial loss arising from such failure can be contained.

7. MANUAL WORK

Is any hot work (welding) undertaken? Yes No
Is any manual work undertaken off site? Yes No

8. OEM'S

Please list the Original Equipment Manufacturers you represent.

Do you pass on the OEM's Warranties to your customer? Yes No

Name of Applicant: _____	Date: _____	/	/	_____
Signature of Applicant: _____	Partner	Principal	Director	