

Management Liability Proposal Form

Important Notice

The Insurance Act: In this Proposal Form, you are required to disclose fully and faithfully all the facts you know or ought to know in respect of the risk that is being proposed; otherwise the Policy issued hereunder may be void.

Please read the following advice before completing this proposal form.

This proposal is for a claims made policy. A claims made policy only responds to claims made and notified to us during the period of insurance.

The term "PROPOSER" or "You/Your" means the Company (or organisation) listed below and all of its subsidiaries for which coverage is proposed on this form and the "INSURER" or "We/Us/Our" is MSIG Insurance (Singapore) Pte. Ltd.

This PROPOSER is completing this form on behalf of all Insureds (as defined in the policy), it must be signed and dated by an authorised representative of the PROPOSER.

When completing this Proposal Form:

- Answer all questions giving full and complete answers.
- It is your duty to provide all of the information requested on the form as well as to include all material facts.
- A material fact is a known fact and/or circumstance that may influence our decision whether to accept the risk and if so, on what terms. If you are unsure whether a matter is material, you should disclose it. Full details of your duty of disclosure can be found in the following section.
- If the space provided on this form is insufficient, please provide complete answers on an additional sheet, which must be signed and dated.
- The proposal form must be completed, signed and dated by a person, who must be of legal capacity and authorised for the purpose of requesting this insurance by the PROPOSER.

This proposal form DOES NOT BIND the PROPOSER or the INSURER to complete the insurance but will become part of the insurance policy.

YOUR DUTY OF DISCLOSURE

Before you enter into a contract of general insurance with us, you have a duty to disclose every matter within your knowledge that is material to our decision whether to insure you and, if so, upon what terms. You have the same duty to disclose material facts before you renew, extend, vary or reinstate a contract of general insurance.

Your duty however does not require you to tell us anything that:

- Reduces the risk you are insured for; or
- Is common knowledge; or
- We know or, as an insurer, should know; or
- We waive your duty to tell us about.

Note that this duty continues after the proposal form has been completed until the time the policy is in force.

NON-DISCLOSURE

If you fail to comply with this duty of disclosure, we may cancel the policy or reduce the amount we will pay you if you make a claim, or both. If your failure is fraudulent, we may refuse to pay a claim and treat the policy as if it had never existed. It is therefore vital that you make sufficient enquiries before completing this form and before signing the declaration on this form or any addendum; or any declaration that there has been no change in the information you have provided.

SUBROGATION

Where another person or company would be liable to compensate you for any loss or damage otherwise covered by the policy, but you have agreed with that person either before or after the loss or damage occurred that you would not seek to recover any monies from that person or company, we will not cover you under the insurance for such loss or damage.

Section 1 Details of proposer	
Company name:	
Address of head office:	
Web address:	Company registration number:
Place of incorporation:	Date established:
Describe the company's activities:	

Section 2 Nature of profession	
1. Have you made any acquisitions, divestments or mergers, and do you have any plans pending or under consideration?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you plan to raise capital in the next 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are you involved in any business activities in the USA or Canada?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Does any one shareholder own or control over 50% of your Ordinary Share Capital or voting rights?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you have answered 'yes' to any question, please provide details:	

Section 3 Financial information	
1. What was your Gross Consolidated Turnover (average of the last 2 years)? SGD _____	
2. During the past 3 years, has there been or is there currently under consideration any change in your capital structure or financial position that could materially affect performance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is any director or officer aware of anything which may affect the ability of the company to meet its debts as and when they fall due?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you have answered 'yes' to any question, please provide details:	

Please note that this policy includes an insolvency exclusion, which may be removed on receipt of a favourable review of financial statements.

Section 4 Outside directorships				
1. Does any of your directors or officers hold board positions in other entities at the request of the company? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'yes', please provide details of the entities:				
Name of entity	Company shareholding	Liability limit of applicable D&O cover	Insurer	Expiry date

Section 5 Employment practices

1. Please state current number of employees: _____
2. Number of retrenchments, redundancies or layoffs in the last year: _____
3. Are you currently conducting or planning any redundancies, retrenchments, layoffs or reductions in your workforce? ☐ Yes ☐ No
If 'yes', please provide further details:

4. Do you have a Human Resources Department? ☐ Yes ☐ No
If 'no', please provide full details of how the HR function is handled:

5. Do you have an employee handbook or manual which defines company policies for matters such as workplace harassment, grievance procedures, disciplinary processes, employment termination and redundancy? ☐ Yes ☐ No
If 'yes', please provide a copy.
If 'no', please describe how these issues are handled:

Section 6 Employee theft/crime

1. Do you segregate duties so that no individual can execute the following activities without referral to another (e.g. financial controllers, directors and executive officers)?

Signing cheques, cheque requisitions, reconciling bank statements or giving fund transfer instructions for more than SGD5,000 per transaction? ☐ Yes ☐ No

Refunds or return of goods of more than SGD5,000 ☐ Yes ☐ No
2. Is an annual independent stock take reconciled against your inventory records? ☐ Yes ☐ No

Section 7 Claim history

Please ensure appropriate enquiries are made of all directors and officers prior to answering the following questions.

1. Are you aware of any circumstance, incident or action which may be grounds for or result in a future claim? ☐ Yes ☐ No
2. Have you in the last three years, been the subject of any complaints, suits, enquiries or proceedings by any party or regulator? ☐ Yes ☐ No
3. Have you in the last three years, suffered losses due to employee dishonesty, theft, disappearance or forgery? ☐ Yes ☐ No
4. Have you ever been refused this type of insurance, or had similar insurance cancelled, or had an application or renewal declined, or had special terms imposed? ☐ Yes ☐ No

If you have answered 'yes' to any question, please provide details:

Section 8 Indemnity limit

Limit of indemnity required:

- ☐ SGD1,000,000
- ☐ SGD2,000,000
- ☐ SGD5,000,000
- ☐ Other SGD _____

Section 9 Declaration

I/We, the undersigned, desire to effect the insurance specified herein and declare that I/We:

- have read and understood the Important Notice.
- agree that MSIG Insurance (Singapore) Pte. Ltd. reserves its right to reject this application and cover will only be effective when accepted and confirmed in writing.
- warrant that the information and any documents given and answers to questions herein are true and correct to the best of my/our knowledge.
- have not withheld, misstated or omitted facts likely to influence the assessment of this application.
- undertake to inform MSIG Insurance (Singapore) Pte. Ltd. of any material changes to those facts before completion of the contract of insurance.
- agree that this application, declaration and any other information provided or documents supplied shall form the basis of the contract of insurance.
- agree and acknowledge that the contract of insurance will be subject to the terms, limitations, exclusions, conditions, clauses and warranties contained in the policy and/or as modified or extended by any endorsements thereon.

Privacy Policy

MSIG is committed to protecting your privacy. We collect, use and disclose the personal particulars you provide to us in accordance with the Personal Data Protection Act 2012 and MSIG's Privacy Policy, for the provision of all services related to, and protection under the insurance policy purchased from us, including for proper servicing, underwriting and claims administration. MSIG may disclose the personal particulars to its business partners and third party service providers for these purposes. Where there are more than one individual insured persons, I/we confirm they have consented to MSIG's collection, use and disclosure of their personal particulars. Please refer to the full MSIG's Privacy & Cookies Policy at www.msig.com.sg for more information.

Authorised signature (with company stamp)

Date

Name & position