

Professional Indemnity 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 Names of all firms to be covered under this insurance:

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. Please provide a detailed description of the professional business activities which are to be covered by this policy. Brochures and promotional literature that will improve our understanding of your business should be included with this proposal.

Section 3 Financial information (For all firms to be covered under this insurance)

1. Please state gross fees/income by professional business activity for this year and last year. State either the amount or percentage. If you are an accountant, architect, insurance broker, engineer, property manager, surveyor or real estate professional, please complete the corresponding Addendum and attach it to this proposal.

Professional business	Percentage breakdown	Gross fees (last year) (SGD)	Gross fees (current year) (SGD)
Total percentage needs to add up to 100%			

2. Please state turnover by territory for the current year and an estimate for next year:

Territory	Current year (SGD)	Next year estimate (SGD)
Singapore		
Asia		
USA and Canada		
Others (please specify location)		
Total		

3. Is any turnover derived from the USA or Canada? Yes No
 If 'yes', please provide further details on the nature of professional business activities conducted in the USA and Canada:

4. Please provide details of your 5 largest contracts or projects. If you are newly incorporated, please provide a forecast of the 5 largest contracts.

Project/Contract Name	Fee income (SGD)	Project value (SGD)	Completion date (DD/MM/YYYY)

Section 4 Employee information

1. Please state:

	Singapore	Asia	USA/Canada	Others (please specify)
Permanent				
Temporary and outsourced				
Directors and officers				
Total number of employees	Total number of directors, principals and partners		Number of professionally qualified employees	

2. Please list details of all directors, principals and partners conducting professional business activities:

Name	Qualifications	Date qualified	Year in practice

If previous business cover is required, please complete the details of the directors, principals and partners requiring this cover below:

Name	Date of leaving previous business

Section 5 Previous insurance cover

1. Do you presently have, or have you ever had, professional indemnity insurance? Yes No
If 'yes', please state:

Insurer	
Limit of liability	
Expiry date	
Deductible	
Retroactive date (if applicable)	

2. Have you or any partner, principal or director 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 'yes', please supply details:

Section 6 Claim history

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

1. Has any claim been made, or has any civil liability been alleged in the last five (5) years against you, your business or any of its predecessors in business or any prior practice of any of your or their present or former partners, principals or directors, or have circumstances been notified to insurers that might give rise to a claim? Yes No
If 'yes', please supply details:

2. Are there any circumstances not already notified to insurers which may give rise to a claim against you? Yes No
If 'yes', please supply details:

Section 7 Indemnity limit

Limit of indemnity required:

- | | |
|--|--|
| <input type="checkbox"/> SGD1,000,000 | <input type="checkbox"/> USD 1,000,000 |
| <input type="checkbox"/> SGD3,000,000 | <input type="checkbox"/> USD 3,000,000 |
| <input type="checkbox"/> SGD5,000,000 | <input type="checkbox"/> USD 5,000,000 |
| <input type="checkbox"/> Other SGD _____ | <input type="checkbox"/> Other USD _____ |

Section 8 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.msg.com.sg for more information.

Authorised signature (with company stamp)

Date

Name & Position