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Miscellaneous Professions Civil Liability Policy Proposal Form

Notice to the Applicant (given under section 25(5) of the Singapore Insurance Act, Cap 142):

If you, the **Applicant**, do not fully and faithfully give the facts as you know them or ought to know them, you may receive nothing from the **Policy**.

NOTE TO THE APPLICANT:

1. This Proposal form is for the Applicant to complete and submit to Great American (together with all required information and documents) for the purpose of applying for miscellaneous professions civil liability insurance.
2. Please answer ALL questions fully. If there is insufficient space in this form for you to complete any of your answers, please attach a separate signed and dated sheet with your complete answer and identify the question number concerned.
3. In this Proposal form:
 - (a) "Applicant" means the entity intended to be the policyholder, defined as the Policyholder in the Policy.
 - (b) "Great American" means the Great American Insurance Company, Singapore Branch.
 - (c) "Joint Venture" means a joint venture of which the Applicant or any Subsidiary forms a part of.
 - (d) "Policy" means Great American Miscellaneous Professions Civil Liability Policy, a sample of which is available on request. For avoidance of doubt, references to the Policy shall not bind Great American to issue one.
 - (e) The words "Claim", "Complaint", "Deductible", "Direct Financial Loss", "Dishonest Act", "Employee", "Employee Breach", "Fraud/Dishonesty", "Insured", "Inquiry", "Joint Venture", "Limits of Liability", "Policy Period", "Professional Association", "Proposal" and "Subsidiary" have the same meanings as defined in the Policy.

PLEASE READ THE ENTIRE POLICY AND THE PROPOSAL FORM CAREFULLY

1. General Information On Applicant

a. Applicant's name: _____

b. Applicant's trading name(s) (if different from Applicant's name): _____

c. Applicant's address: _____

d. Applicant's web address: _____

e. Date and place of Applicant's incorporation: _____

f. How long has the Applicant continuously carried on business?: _____

2. Principals, Partners And Directors Of The Applicant

a. Please provide details of each of the current principals, partners and directors of the Applicant:

Name of each principal, partner and director	Qualification(s)	No. of years working in the same industry as the Applicant's*	No. of years as a principal, partner or director	
			Applicant's Practice	Previous Practice(s)

* If a principal, partner or director has worked in the relevant industry for less than 3 years, a brief resume of such principal, partner or director with details of his/her career must be provided.

b. List all the Professional Association(s) which the Applicant, its principals, partners or directors are members of:

c. Please provide the following details of the Applicant's current staff:

Number of principals, partners and directors:	
Number of professional staff:	
Number of other technical staff:	
Number of trainee staff:	
Number of non-technical staff (i.e. administration & clerical personnel):	
TOTAL:	

d. Is any principal, partner or director of the Applicant connected or associated (financially or otherwise) with any other firm, practice or business? Yes No

If **yes**, please provide details of the nature of the connection/association: _____

3. Subsidiaries

a. Does the Applicant have any Subsidiary? Yes No

b. If the answer to Question 3(a) is "Yes", please give the following details of each Subsidiary of the Applicant.

Name of Subsidiary	Address of Subsidiary	Subsidiary's date and place of incorporation	Description of Subsidiary's business(es) and activities	Length of time Subsidiary has continuously carried on business

4. Details Of Applicant's Activities

a. Description of Applicant's activities: _____

b. During the past 5 years, has the: Yes No

Name of the Applicant changed?

The Applicant acquired, merged or taken over any other firm(s), practice(s) or business(es); or been acquired, merged or taken over by any other firm(s), practice(s) or business(es)?

If the answers to any of the above is 'Yes', please provide full details including confirmation of the position relating to past liabilities assumed by either firm(s), practice(s) and/or business(es).

c. Please provide details of any major new activities of the Applicant undertaken during the last 12 months or planned for the next 12 months. _____

4. Details Of Applicant's Activities *Continued*

d. Please provide the following details on the Applicant's total amount of gross income/fees:

Year	Singapore	USA/Canada	Elsewhere (Please provide details)
Previous complete financial year			
Current financial year			
Estimate for next financial year			

e. Please provide a full description of the Applicant's activities, including full details of the nature of advice given:

f. Please categorise the Applicant's activities outlined in the answers to Question 4(e) and approximate the activities by percentage of income/fees derived for each activity:

Activities	Percentage (%) of Income/Fees
TOTAL:	100%

g. Does any one contract or client represent more than 50% of the Applicant's gross annual income/fees? Yes No

If yes, please provide full details including the name of the client and the nature of the service(s) provided:

h. Please provide details of the 5 largest clients or contracts which the Applicant has performed in the past 5 years:

Client Name	Services Provided	Annual Revenue (\$\$)

4. Details Of Applicant's Activities *Continued*

i. Does the Applicant have any Subsidiary or conduct any activities in the USA and/or Canada? **Yes** **No**

If yes, please provide details including the total assets and total revenue from the Applicant's USA and/or Canada subsidiaries and activities:

j. Is the Applicant or any Subsidiary a participant or otherwise involved in any Joint Venture(s)? **Yes** **No**

If yes, please provide full details including the nature of the Joint Venture, its activities, the countries in which the Joint Venture has activities, the nature of the Applicant's or any Subsidiary's participation or involvement, and the name(s) of the partners or associates of the Joint Venture.

k. Is the Applicant a sole proprietor/practitioner? **Yes** **No**

If yes, please provide details of the existing arrangements for when the Applicant is temporarily absent due to business, leave, sickness or any unforeseen emergency:

l. Does the Applicant issue any:	Yes	No
Brochures (or any other promotional material)	<input type="checkbox"/>	<input type="checkbox"/>
Written code of ethics or guidelines for its Employees	<input type="checkbox"/>	<input type="checkbox"/>
Annual report	<input type="checkbox"/>	<input type="checkbox"/>

If the answer to any of the above is 'Yes', please attach copies of each.

5. Subcontract Work

a. Does the Applicant, any Subsidiary or any Joint Venture engage any consultants, agents or sub-contractors? **Yes** **No**

b. If the answer to Question 5(a) is 'Yes', please describe the nature of the activities undertaken for the Applicant and/or each Subsidiary by such consultants, agents and/or sub-contractors, and provide a specimen of the contract terms between the Applicant and/or each Subsidiary and such consultants, agents and/or sub-contractors:

c. If the answer to Question 5(a) is 'Yes', does the Applicant or any Subsidiary enter into any hold-harmless agreement(s) or otherwise waive any legal rights or entitlements which the Applicant or such Subsidiary may have against such consultants, agents or sub-contractors? **Yes** **No**

5. Subcontract Work Continued

- j. If the answer to Question 5(a) is 'Yes', does the Applicant, any Subsidiary or any Joint Venture always insist and confirm that the consultants, agents and/or sub-contractors carry their own professional indemnity insurance? Yes No

If the answer to Question 5(c) is 'Yes' and/or the answer to Question 5(d) is 'No', please provide details in the table below of the activities undertaken by such consultants, agents or sub-contractors for the Applicant, each Subsidiary and/or each Joint Venture and the percentage of the Applicant's, Subsidiary's and/or Joint Venture's activities that is sub-contracted out to such consultants, agents and/or sub-contractors:

Description of Activities (State whether the Activities are those of the Applicant, a Subsidiary or a Joint Venture)	Percentage (%) of Applicant's activities

6. Contracts

- a. Does the Applicant and each Subsidiary have standard written contracts or agreements with each client? Yes No

If yes, please provide a copy of the Applicant's and each Subsidiary's standard contract terms.

- b. If the answer to Question 6(a) is 'No', does the Applicant or any Subsidiary use external legal counsel to review non-standard contracts with its clients? Yes No

- c. If the answer to Question 6(b) is 'No', please provide below details of the circumstances when non-standard contracts are used by the Applicant or any Subsidiary without external legal counsel review: _____

7. Other Insurance

- a. Has the Applicant or any Subsidiary been:
- | | | |
|---|------------------------------|-----------------------------|
| Refused coverage under any professional indemnity/liability insurance or had any similar policy cancelled | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Declined an application to renew any professional indemnity/liability insurance | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Required to have special terms imposed on the Applicant's or any Subsidiary's current or any prior professional indemnity/liability insurance | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If the answer to any of the above is 'Yes', please provide full details: _____

7. Other Insurance Continued

b. Does the Applicant and/or each Subsidiary currently have professional indemnity/liability insurance? **Yes** **No**

If yes, please provide the following details:

Name of Insurer	Name of Policyholder and whether Applicant or Subsidiary is insured	Policy Period	Limit of Liability/ Indemnity (\$\$)	Deductible (\$\$)

8. Prior Knowledge / Warranty

a. Is the Applicant or any Subsidiary or any Joint Venture or any of principals, partners, directors or Employees of the Applicant or any Subsidiary after inquiry aware of whether the Applicant or any Subsidiary or any Joint Venture or any principal, partner, director or Employee of the Applicant or any Subsidiary (in their respective capacities) has ever been the subject of any allegation of professional misconduct, Complaint, Inquiry, prosecution, disciplinary action, fines or penalties? **Yes** **No**

b. Is the Applicant or any Subsidiary or any Joint Venture or any principals, partners, directors or Employees of the Applicant or any Subsidiary after inquiry aware of whether there has been or there is now pending any Claim, Complaint or Inquiry against the following (in their respective capacities): **Yes** **No**

- (i) the Applicant or any entity which the Applicant previously traded as under a different business name. **Yes** **No**
- (ii) any Subsidiary. **Yes** **No**
- (iii) any current or former principal, partner or director of the Applicant. **Yes** **No**
- (iv) any current or former Employee. **Yes** **No**
- (v) any potential Insured other than those mentioned in sub-paragraphs (i) to (iv) above. **Yes** **No**
- (vi) any Joint Venture. **Yes** **No**
- (vii) any agent or consultant of the Applicant, a Subsidiary or any other potential Insured. **Yes** **No**

c. Is the Applicant or any Subsidiary or any principals, partners, directors or Employees of the Applicant or any Subsidiary after inquiry aware of any facts or circumstances which: **Yes** **No**

- (i) It, he or she has reason to believe may give rise to claim(s) that fall within the scope of the proposed coverage in the Policy or may give rise to claim(s) by any potential Insured under the Policy? **Yes** **No**
- (ii) Indicate the probability of any such claim(s)? **Yes** **No**

*If the answers to any of the above is 'Yes', full details of each matter must be provided before quotation can be considered. You are reminded that it is imperative that these questions must be answered correctly. **Failure to do so could prejudice the rights of potential Insured, if a claim should subsequently arise. Please attach details on separate sheets if necessary.***

9. Limits Of Liability

a. What Limits of Liability are quotations required for?

- [S\$1,000,000.00]
- [S\$2,000,000.00]
- [S\$5,000,000.00]
- [S\$10,000,000.00]
- Others (Please specify: _____)

10. Optional Extension 1 – Employment Practice Liability

a. Is a quotation required for coverage under Optional Extension 1 - Employment Practice Liability? Yes No

If the answer to Question 10(a) is 'Yes', please answer the following questions:

b. Is the Applicant or any Subsidiary or any Joint Venture or any principals, partners, directors or Employees of the Applicant or any Subsidiary after inquiry aware of whether any Claim has ever been made or is pending against the Applicant, any Subsidiary, any Joint Venture or any other potential Insured in respect of or in connection with any Employment Breach? Yes No

If yes, please provide full details including any precautionary measures taken to prevent a recurrence of any such Employment Breach: _____

c. Is the Applicant or any Subsidiary or any principals, partners, directors or Employees of the Applicant or any Subsidiary after inquiry aware of any facts or circumstances which may give rise to a Claim against the Applicant, any Subsidiary or any other potential Insured in respect of or in connection with an Employment Breach? Yes No

If yes, please provide full details including any precautionary measures taken to prevent a recurrence of any such Employment Breach: _____

11. Optional Extension 2 – Fraud / Dishonesty

a. Is a quotation required for coverage under Optional Extension 2 - Fraud/Dishonesty? Yes No

If the answer to Question 11(a) is 'Yes', please answer the following questions:

b. Is the Applicant or any Subsidiary or any Joint Venture or any principals, partners, directors or Employees of the Applicant or any Subsidiary after inquiry aware of whether any Claim has ever been made or is pending against the Applicant or a Subsidiary in respect of or in connection with any Fraud/Dishonesty? Yes No

If yes, please provide full details including any precautionary measures taken to prevent a recurrence of any such Fraud/Dishonesty: _____

c. Is the Applicant or any Subsidiary or any Joint Venture or any principals, partners, directors or Employees of the Applicant or any Subsidiary after inquiry aware of any facts or circumstances which may give rise to a Claim against the Applicant or a Subsidiary in respect of or in connection with any Fraud/Dishonesty? Yes No

If yes, please provide full details including any precautionary measures taken to prevent a recurrence of any such Fraud/Dishonesty: _____

d. Is the Applicant or any Subsidiary or any principals, partners, directors or Employees of the Applicant or any Subsidiary after inquiry aware of any allegation or occurrence of Fraud/Dishonesty at any time? Yes No

If yes, please provide full details including any precautionary measures taken to prevent a recurrence of any such Fraud/Dishonesty: _____

e. Are satisfactory references always required for Employees, or only when engaging Employees to hold Senior Appointments? Always Senior Appointments Only

11. Optional Extension 2 – Fraud / Dishonesty Continued

- f. Please indicate the type of references required for Employees: Written Verbal
- g. How frequently are checks carried out on all entries in cash books against paying-books, receipts, counterfoils and vouchers and reconciled with bank statements including the balance of cash and unpresented cheques, independently of Employees receiving, paying or otherwise dealing with monies, with respect to monies belonging to the Applicant or a Subsidiary or a Joint Venture as well as monies held for or on behalf of others, whether in trust or otherwise?
 Weekly Monthly Quarterly Others (Please specify): _____
- h. Are client funds kept in a designated client account which is separate from the Applicant's and each Subsidiary's bank account? Yes No

12. Optional Extension 3 – Fidelity

- a. Is a quotation required for coverage under Optional Extension 3 - Fidelity? Yes No
- b. Does the Applicant currently have any fidelity guarantee/crime insurance? Yes No
 If the answer is 'Yes', please provide the following details:

Name of Insurer	Policy Period	Limit of Liability/Indemnity (\$\$)	Deductible (\$\$)

- c. Has the Applicant or any Subsidiary ever sustained any Direct Financial Loss arising from any Dishonest Act of any Employee? Yes No
If yes, please provide full details including any precautionary measures taken to prevent an Employee from committing any Dishonest Act(s). _____

- d. Is the Applicant or any Subsidiary or any of their respective principals, partners, directors or Employees after inquiry aware of any facts or circumstances which may give rise to any Direct Financial Loss arising from any Dishonest Act? Yes No
If yes, please provide full details including any precautionary measures taken to prevent an Employee from committing any Dishonest Act(s): _____

- e. Are monies, securities and/or negotiable instruments subject to control by at least one principal, partner or director of the Applicant and each Subsidiary, in addition to the authorised signatory(ies)? Yes No

- f. Is bank reconciliation carried out by someone not authorised to deposit into or withdraw from the bank accounts of the Applicant and each Subsidiary? Yes No

- g. When recruiting or promoting Employees to positions of trust involving handling of stock, money, financial or treasury functions, does the Applicant and each Subsidiary undertake independent checks on their employment history? Yes No

14. False Information

Please note that any person who, knowingly and with intent to defraud any insurance company or other person, files a proposal for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

15. Personal Data Collection Statement

1. In order to process, evaluate, administer and/or manage your application, relationship, account and/or policy with Great American Insurance Company, Singapore Branch ("**Great American**"), Great American will necessarily need to collect, use, disclose and/or process your personal data or personal information about you. Such personal data includes (i) information set out in this statement and any other personal information provided by you or already in the possession of Great American as previously provided by you; and (ii) your claims.
2. Such personal data will be collected, used, disclosed and/or processed by "Great American for the purpose(s) of:
 - (a) considering whether to provide you with the insurance you applied for including considering whether to accept any renewal request;
 - (b) processing your application for underwriting and insurance;
 - (c) administering and/or managing your relationship, account and/or policy with Great American;
 - (d) processing and/or dealing with any claims including the settlement of claims and any necessary investigations relating to the claims, under your policy;
 - (e) carrying out due diligence or other screening activities (including background checks) in accordance with legal or regulatory obligations or risk management procedures that may be required by law or that may have been put in place by Great American;
 - (f) carrying out your instructions or responding to any enquiries by you;
 - (g) dealing in any matters relating to the services and/or products which you are entitled to under a policy which you are applying for or have applied for; (including the mailing of correspondence, statements, invoices, reports or notices to you, which could involve disclosure of certain personal data about you to bring about delivery of the same as well as on the external cover of envelopes/mail packages);
 - (h) investigating fraud, misconduct, any unlawful action or omission, whether relating to your application, your renewal request, your claims or any other matter relating to your policy, and whether or not there is any suspicion of the aforementioned; and/or
 - (i) complying with applicable law in administering and managing your relationship with Great American.
 (collectively the "**Purposes**")
3. We may/will also be collecting from sources other than yourself, personal data about you, for one or more of the above Purposes, and thereafter using, disclosing and/or processing such personal data for one or more of the above Purposes.
4. Your personal data may/will be disclosed by Great American to affiliates of Great American and third parties such as third party service providers, reinsurers or agents (including its lawyers / law firms) ("**Relevant Parties**"), which may be sited outside of Singapore, for one or more of the above Purposes, and such Relevant Parties would be processing your personal data for Great American in relation to one or more of the above Purposes.
5. By signing below, you:
 - (a) consent to Great American collecting, using, disclosing and/or processing your personal data for the Purposes as described above;
 - (b) consent to Great American collecting personal data about you from sources other than yourself and using, disclosing and/or processing the same, for one or more of the Purposes as described above;
 - (c) consent to Great American disclosing your personal data to the Relevant Parties, for the Purposes as described above; and
 - (d) consent to Great American transferring your personal data out of Singapore to the Relevant Parties, for the Purposes as described above.

I have read and agree to the above.

16. Declaration And Signature

The undersigned authorised principal, partner or director of the Applicant hereby declare that to the best of his/her knowledge and belief, the statements set forth herein and all attachments and schedules hereto are true and complete, and immediate notice will be given should any of the above information alter between the date of this Proposal and the proposed inception date of the Policy. Although the signing of this Proposal does not bind the undersigned on behalf of the Applicant or any potential Insured to effect insurance, the undersigned agree on behalf of all potential Insured that this Proposal and all attachments and schedules hereto and the said statements herein shall be the basis of and will be incorporated in the Policy should one be issued.

Name: _____ Date: _____

Title: _____ NRIC No.: _____

Signed: _____

Authorised principal, partner
or director of the Applicant