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Proposal Form for Project Professional Indemnity Insurance

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.

Further, Applicant understands and acknowledges that:

1. If a policy is issued, the Company will have relied upon, as representations, this application, any supplemental applications, and any other statements furnished to the Company in conjunction with this application, all of which are hereby incorporated by reference into this application and made a part thereof;
2. This application will be the basis of the contract and will be incorporated by references into and made part of such policy; and
3. Applicant's failure to report to its current insurance company any claim made against it during the current policy, terms, or act, omission or circumstances which Applicant is aware of which may give rise to a claim before the expiration of the current policy may create a lack of coverage for each Applicant who had a basis to believe that any such act, error, omission or circumstance might reasonably be expected to be the basis of a claim.
4. The policy applied for provides coverage on a claims made and reported basis and will apply only to claims that are first made against the insured and reported in writing to the Company during the policy period. Claims expenses are within and reduce the limit of liability.

Note to the Applicant:

In this Proposal form:

- a. **"Applicant"** means the entity intended to be the policyholder, defined as the **Insured** in the **Policy**.
- b. **"The Company"** means the Great American Insurance Company, Singapore Branch.
- c. **"Policy"** means Great American Project Professional Indemnity Insurance 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.

Important

- Note that this is a named insured Policy. Only parties listed, identified, accepted and named are covered. Please include contractors/subcontractors who wish to insure.
- The applicant will be referred to in this proposal as **'You'** or **'Your'**.
- Please answer all questions fully. If there is insufficient space, please provide details on your letterhead.
- Where applicable, please tick the appropriate box to indicate your answer.

A. Your Details

1.	Name of Main applicant _____	
2.	Your principal address _____	Postal Code _____
3.	Date established _____	
4.	Please list all parties (excluding main applicant) applying for this insurance	
	Name	Address

Please note: The main applicant referred to in A1 and all parties referred to in A4 are collectively referred to in this proposal as 'You' or 'Your'.

B. Details of Project

1.	Please provide the following details
a.	Title of Project _____
b.	Location _____

B. Details of Project Continued

c. Estimated total contract value of project _____

d. Estimated total contract value for all of you to be included for this insurance _____

e. Estimated gross fee income of portion of project to be received by all of you to be included for this insurance _____

f. Name of Principal _____

g. Type of project

Conventional Contract

Design and Build Contract

Management Contract

Other (please elaborate) _____

h. Brief description of project (Please also provide full details of the contractual scope of work, contract matrix/structure and conceptual design drawing via attachment) _____

2. Please summarise the expected time schedule for the project

Start Date

Completion Date

Design Phase _____

Construction Phase _____

Maintenance Phase _____

Discovery / Extended Reporting Period _____

3. Please categorise all the professional services required to be performed by you or on your behalf in connection with this project

Activity	Total Gross Fees * including any amount sub-contracted (\$)	Fees sub-contracted (\$)
a. Consultant Engineering		
i. Civil		
ii. Structural		
iii. Mechanical		
iv. Electrical		
v. Acoustical		
vi. Geotechnical / Soil / Foundation		
vii. Heating and Ventilation		
viii. Mining		
ix. Nuclear		
x. Environmental		
b. Architecture		
c. Drafting		
d. Town Planning		
e. Surveying		
i. Building Surveying		
ii. Land Surveying		
iii. Quantity Surveying		
f. Interior Designing		
g. Project Management / Construction Management		
h. Registered Inspection / Accredited Checking		
i. Others (please elaborate) _____		
Total		

B. Details of Project Continued

Yes No

4. Which of the following professional duties are required to be performed by or on behalf of you within the provisions of the contract?

a. Administrating retention fund	<input type="checkbox"/>	<input type="checkbox"/>
b. Agreeing clearing, forwarding and customs dues	<input type="checkbox"/>	<input type="checkbox"/>
c. Approval of detailed design / drawings	<input type="checkbox"/>	<input type="checkbox"/>
d. Arranging site insurance	<input type="checkbox"/>	<input type="checkbox"/>
e. Authorising progress payments	<input type="checkbox"/>	<input type="checkbox"/>
f. Cash flow forecasts	<input type="checkbox"/>	<input type="checkbox"/>
g. Certifying final payment / completion	<input type="checkbox"/>	<input type="checkbox"/>
h. Co-ordination / expediting	<input type="checkbox"/>	<input type="checkbox"/>
i. Cost estimates	<input type="checkbox"/>	<input type="checkbox"/>
j. Design criteria	<input type="checkbox"/>	<input type="checkbox"/>
k. Drafting contract conditions	<input type="checkbox"/>	<input type="checkbox"/>
l. Feasibility studies	<input type="checkbox"/>	<input type="checkbox"/>
m. Flow sheets	<input type="checkbox"/>	<input type="checkbox"/>
n. Geotechnical services	<input type="checkbox"/>	<input type="checkbox"/>
o. Inspection of installation work	<input type="checkbox"/>	<input type="checkbox"/>
p. Instructions to Tenderers	<input type="checkbox"/>	<input type="checkbox"/>
q. Issuing variation orders	<input type="checkbox"/>	<input type="checkbox"/>
r. Measurement	<input type="checkbox"/>	<input type="checkbox"/>
s. Quality control and assurance	<input type="checkbox"/>	<input type="checkbox"/>
t. Quantity estimates	<input type="checkbox"/>	<input type="checkbox"/>
u. Settling contractual claims	<input type="checkbox"/>	<input type="checkbox"/>
v. Supervision of commissioning	<input type="checkbox"/>	<input type="checkbox"/>
w. Tender adjudication	<input type="checkbox"/>	<input type="checkbox"/>
x. Working drawings	<input type="checkbox"/>	<input type="checkbox"/>
y. Other (please elaborate) _____	<input type="checkbox"/>	<input type="checkbox"/>

C. Methods Employed by You

Yes No

1. Are there any aspects of the project (or part of the project) which:

a. Do not utilize well-established tried and tested techniques?	<input type="checkbox"/>	<input type="checkbox"/>
b. Comprise or include prototype or innovative construction techniques, designs or materials?	<input type="checkbox"/>	<input type="checkbox"/>
c. Involve the performance of professional services in regards to off-shore or sub-aqueous works?	<input type="checkbox"/>	<input type="checkbox"/>
d. You are unfamiliar with and/or do not fall within the scope of work with which you are experienced?	<input type="checkbox"/>	<input type="checkbox"/>
e. Are unusual with regards to the performance quality, durability or tolerance required?	<input type="checkbox"/>	<input type="checkbox"/>
f. You consider should be brought to the insurer's attention?	<input type="checkbox"/>	<input type="checkbox"/>

If yes to any above, please provide full details by attachment

2. Please provide resume of similar projects undertaken by you via attachment

D. Claims Details

Yes No

1. Has any partner, principal, director or employee ever been subject to disciplinary proceedings for professional misconduct?

If yes, please provide details _____

2. Has any claim been made, or has any civil liability been alleged in the last ten (10) years against you, your practice or any of its predecessors in business or any prior practice of any of their present or former partners, principals or directors, or have circumstance been notified to insurers that might give rise to a claim?

If yes, please provide the following details in respect of each matter on your company’s letterhead and attach

Date of Claim made _____

Name of Insurer (if any) _____

Name of Claimant or Potential Claimant _____

Brief description of matter and latest update _____

Amounts (if any) of claim paid and estimated outstanding amounts _____

Is matter finalized or outstanding and when was the last update? _____

What actions have been undertaken to prevent a recurrence of the situation which gave rise to each claim?

3. Are there any circumstances not already notified to Insurers which may give rise to a claim against you?

If yes, please provide the following details in respect of each matter on your company’s letterhead and attach

Name of Claimant or Potential Claimant _____

Brief Description of Matter _____

Estimate of Potential Liability _____

E. Other Insurance

Please provide details (limits and deductibles) of other insurances which are likely to be in force in respect of and during the lifetime of the Project and which can be expected to provide elements of coverage for professional indemnity exposures for the parties included in this insurance:

Insurance	Details including Limits and Deductible
Construction “All Risk” (e.g. design cover following “damage”)	
Building / other warranties	
General products liability (e.g. no exclusion of professional acts)	
Product guarantees (e.g. 12 months on equipment supplied)	
Other Professional Indemnity (e.g. consultants annual practice policies)	
Other Policies (please elaborate): _____	

F. Insurance Cover Requested

Limit of Indemnity Required _____

Deductible / Excess Required _____

Period of Insurance Required _____ Start Date _____ End Date _____

G. Important

When submitting this application, please check that you have attached the following:

- Question B1h. Extract of your contractual Scope of Work for this project
- Question B1h. Details of contract matrix/structure
- Question B1h. Conceptual design drawing
- Question C1. (If any) Details to question C1
- Question C2. Resume of similar projects
- Question D2 / D3. (If any) Claim details

H. False Information

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

I. 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 or 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**”)

I. Personal Data Collection Statement *Continued*

- 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.

The undersigned authorised officers of the **Applicant** have read and agree to the above.

J. Declaration

Before signing the declaration, please check your answers carefully particularly if the proposal form is not completed in your own hand.

I, the undersigned authorized partner, principal or director, after enquiry declare as follows:

I am authorized by each of the other applicants to make this proposal;

I have read and understood the my duty of disclosure under the Notice to the Proposed Insured in the front of this proposal form;

I have read and understood this proposal and the accompanying documents and acknowledge the contents herein filled to be true and complete;

I understand that, up until a contract of insurance is entered into, I am under a continuing obligation to immediately inform insurer of any change in the particulars or statements contained in this proposal form or in the accompanying documents.

Although the signing of this proposal does not bind the applicants to effect insurance, you acknowledge that the particulars and statements contained in this proposal and in the accompanying documents shall be the basis of the contract should a policy be effected; and further, you acknowledge that the proposal and the accompanying documents will be incorporated in such policy.

Name of Practice (Main Applicant) _____

Signed _____

Date _____

Name of Partner, Principal or Director _____