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Miscellaneous Professionals Civil Liability Insurance for Sports Professionals Proposal Form

Important Notice

Statement pursuant to Section 25(5) of the Insurance Act (Cap.142). You are to disclose in this proposal form fully and faithfully all the facts which you know or ought to know, otherwise you may not receive any benefit from your policy.

Further, **Applicant** understands and acknowledges that:

1. If a policy is issued, **Great American** will have relied upon, as representations, this application, any supplemental applications, and any other statements furnished to **Great American** 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.
3. In this **Proposal Form**:
 - a. **Applicant** means the entity intended to be the insured, defined as the **Insured** in the **Policy**.
 - b. **Great American** means Great American Insurance Company, Singapore Branch
 - c. **Policy** means Great American Miscellaneous Professionals 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.

Instructions

1. You must answer ALL the questions in this **Proposal Form**. Please state **NA** where not applicable.
2. 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.

Name of Intermediary _____ Account No. _____

1. Details of Applicant

Name of Applicant _____ Contact No. _____

Mailing Address _____ Postal Code _____

Name of Principal/Partner/Director	Age	Qualifications	Date Qualified

Sporting Categories

	Category 1	Category 2	Category 3
Ball	<input type="checkbox"/> Basketball <input type="checkbox"/> Billiard/Snooker <input type="checkbox"/> Bowling <input type="checkbox"/> Handball <input type="checkbox"/> Netball <input type="checkbox"/> Sepak Takraw <input type="checkbox"/> Volleyball	<input type="checkbox"/> Baseball <input type="checkbox"/> Cricket <input type="checkbox"/> Floorball <input type="checkbox"/> Golf <input type="checkbox"/> Touch Rugby	<input type="checkbox"/> Football <input type="checkbox"/> Hockey <input type="checkbox"/> Rugby
Contact	<input type="checkbox"/> Judo <input type="checkbox"/> Karate <input type="checkbox"/> Silat <input type="checkbox"/> Taekwondo	<input type="checkbox"/> Fencing <input type="checkbox"/> Wushu	<input type="checkbox"/> Boxing <input type="checkbox"/> Brazilian Jiu Jitsu <input type="checkbox"/> Muay Thai <input type="checkbox"/> Mixed Martial Arts

1. Details of Applicant Continued

Endurance	<input type="checkbox"/> Track and Field	<input type="checkbox"/> Cycling	<input type="checkbox"/> Powerlifting <input type="checkbox"/> Triathlon <input type="checkbox"/> Weightlifting
Extreme		<input type="checkbox"/> Indoor Rock-climbing <input type="checkbox"/> Inline Skating	
Performance			<input type="checkbox"/> Ice Skating <input type="checkbox"/> Gymnastics
Racket	<input type="checkbox"/> Table Tennis <input type="checkbox"/> Badminton	<input type="checkbox"/> Squash <input type="checkbox"/> Tennis	
Studio	<input type="checkbox"/> Dance	<input type="checkbox"/> Gym <input type="checkbox"/> Yoga <input type="checkbox"/> Pilates	
Target		<input type="checkbox"/> Archery <input type="checkbox"/> Shooting	
Water	<input type="checkbox"/> Aqua Aerobics <input type="checkbox"/> Swimming	<input type="checkbox"/> Canoeing <input type="checkbox"/> Dragonboat <input type="checkbox"/> Kayaking <input type="checkbox"/> Sailing	<input type="checkbox"/> Pool Diving
Intellectual	<input type="checkbox"/> Chess <input type="checkbox"/> Electronic Games		

Premium Table

Annual Income	Sports Category	Limit of Indemnity		
		S\$250,000	S\$500,000	S\$1,000,000
Up to S\$50,000	1	S\$450	S\$750	S\$1,100
	2	S\$550	S\$850	S\$1,300
	3	S\$700	S\$1,150	S\$1,700
S\$50,001 to S\$100,000	1	S\$675	S\$1,050	S\$1,800
	2	S\$800	S\$1,200	S\$2,000
	3	S\$1,000	S\$1,500	S\$2,250

Premiums not inclusive of GST.

Separate underwriting is required for:

- a. Annual income above S\$100,000 or
- b. Limit of Indemnity greater than S\$1,000,000

If more than one (1) sport is chosen, the premium for the sport in the higher category will take precedence.

2. Select Limit of Indemnity

Annual Income	<input type="checkbox"/> Up to S\$50,000 <input type="checkbox"/> S\$50,001 to S\$100,000
Sports Category <small>(refer to the table of sporting categories and indicate the name of your sport/s beside each category)</small>	<input type="checkbox"/> Cat 1 _____ <input type="checkbox"/> Cat 2 _____ <input type="checkbox"/> Cat 3 _____
Limit of Indemnity* <small>(any one claim and in the aggregate)</small>	<input type="checkbox"/> S\$250,000 <input type="checkbox"/> S\$500,000 <input type="checkbox"/> S\$1,000,000
Deductible* <small>(each and every claim)</small>	S\$5,000

2. Select Limit of Indemnity Continued

Yes No

The Applicant is a qualified/certified instructor with an accredited and recognized body.

All instructors and/or trainers are professionally qualified.

Annual income for:

- a. Last Financial Year **S\$** _____
- b. Current Financial Year Estimate **S\$** _____
- c. Estimate for next Financial Year **S\$** _____

You have a Health Declaration Form in place for your students/clients.

Your students/clients

- a. INCLUDE children who are at least 10 years old
- b. EXCLUDE expecting ladies

If any of your answers is **no** to the above, please provide details below:

Note: Separate underwriting is required if you answered "No" to any of the above questions.

3. Claims Declaration

Yes No

The **Applicant**, or any of the Partners, Principals or Directors, have NOT been subjected to disciplinary proceedings for professional misconduct in the last five (5) years.

No claims have been made against the **Applicant**, or any of the Partners, Principals or Directors in the last five (5) years.

The **Applicant**, or any of the Partners, Principals or Directors, is/are NOT aware of any circumstances which could reasonably be expected to give rise to a claim.

NO insurance company has ever at any time declined your proposal, cancelled your policy, refused to renew a policy, required an increase rate or imposed special conditions.

If any of your answers is **no** to the above, please provide details below:

Note: Separate underwriting is required if you answered "No" to any of the above questions.

The **Applicant**, any **Subsidiary** or any Partners, Principals or Directors of the **Applicant** currently have or have ever carried Professional Indemnity insurance.

If **yes**, please provide details below:

- a. Insurer _____
- b. Expiry Date _____
- c. Limit of Indemnity **S\$** _____
- d. Deductible **S\$** _____

5. Declaration And Signature *Continued*

Personal Data Protection

1. In order to process, evaluate, administer and/or manage your application, relationship, account and/or policy with **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. **Great American** 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.

Declaration And Signature

The undersigned authorized 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 and will be incorporated in the **Policy** should one be issued.

Name and Signature of Applicant

Date