



General Professional Indemnity Insurance Proposal Form

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This form does not apply to Accountants, Architects, Auctioneers, Consulting Engineers, Estate Agents, Legal Profession, Quantity Surveyors, Surveyors, Trustees, Universities, Valuers.

Important Notes

- 1. Statement pursuant to the Insurance Act (Cap 142) or any amendments thereof: You are to disclose in this application, fully and faithfully, all the facts which you know or ought to know, otherwise the policy issued may be void.**
- No insurance is in force until this application is accepted by us in accordance with policy terms, conditions and exclusions.
- If your proposal is accepted, it is a condition precedent to our liability under the policy that the premium must be paid to and received by us within 60 days from the inception of the insurance, failing which the policy shall be deemed to be automatically terminated and a pro-rata premium will be charged for the period that we are on risk.

Please ensure that all questions are answered fully and accurately.

1. Name of Business / Practice (hereafter referred to as the Proposer)

2. Addresses of All Offices

3. State the nature of the profession / business including full details of activities undertaken and any intended change in these. (It may assist to include copies of brochures, written agreements or conditions of contract used in connection with the business.)

4. Date Commenced

5. Please provide details below of partners / directors / sole practitioner:

Full Name	Qualifications	Date Qualified	Number of Years in this Capacity with the Proposer

Please attach the curriculum vitae or details of previous business experience for each partner / director who has held such position with the Proposer for less than 3 years.

6. State numbers of other permanent staff

Technical staff

Non-technical staff

7. Does the Proposer or any partner / director act on behalf of or undertake work for any company or business

(a) Which forms part of the same group of companies or businesses as the Proposer (e.g. subsidiary, associate, parent)?

Yes No

(b) In which the Proposer or any partner / director has a financial interest and is able to take or influence major policy decisions in such company or business?

Yes No

If 'Yes' in either case, please provide details:

8. State the dates of the Proposer's financial year

9. State gross fees for the last and current financial years (including those paid to sub-contractors) payable by clients. If the business is newly established state the estimated gross fees for the forthcoming financial year. For any non-fee-earning business / practice state total turnover.

	Past 3 Financial Years	Last Financial Year	Current Financial Year (Estimate)
(a) In the territory where domiciled			
(b) In the USA / Canada or in the territory where domiciled or elsewhere for clients whose address is in the USA / Canada			
(c) Elsewhere			
Total			

10. Is the Proposer represented in any way in the USA or Canada? Yes No

If 'Yes', state how (e.g. by subsidiary company, local office, local representative or by any other person or concern holding a power of attorney on behalf of the Proposer):

11. State:

	Last Financial Year	Current Financial Year (Estimate)
(a) Gross fees paid to sub-contractors		
(b) Largest fee earned from any client		

12. Does the Proposer currently hold any Professional Indemnity Insurance? Yes No

If 'Yes', state:

Renewal Date	
Limit of Indemnity	
Retroactive Date	

13. Cover Options

(a) Is cover required for Partners' Previous Business? Yes No

If 'Yes', state:

Name of Partner	Title of Previous Business	Dates with Previous Business

(b) Please indicate if the following covers are required:

(i) Loss of Documents	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If 'Yes', does the Proposer keep documents in fire proof cabinets?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(ii) Libel and Slander	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(iii) Dishonesty of Employees	Yes <input type="checkbox"/>	No <input type="checkbox"/>

14. Has any insurer in respect of the risks to which this proposal relates ever:

(a) Declined a proposal, refused renewal or terminated an insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(b) Required an increased premium or imposed special conditions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If 'Yes' in either case, please provide details:

15. (a) Has any claim been made against the Proposer or any partner, director, consultant or employee for neglect, error or omission in relation to professional duties?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(b) Has the Proposer or any partner, director, consultant or employee incurred any other loss or expense which might be within the terms of the cover?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If 'Yes' in either case, please provide details separately of the circumstances of each incident including any amounts paid and the estimated potential cost of the incident:

16. Is the Proposer or any principal, consultant or employee, after enquiry, aware of any circumstances which might:

(a) Give rise to a claim against the Proposer or his predecessors in business or any of the present or former partners or principals?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(b) Required an increased premium or imposed special conditions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(c) Otherwise affect the Company's consideration of this insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If 'Yes', please provide details (by separate note if preferred):

17. What amount of Indemnity is required?

Please state any alternative amounts for which a quotation is required.

18. Does the Proposer wish to contribute towards each and every claim? Yes No

Note: In many cases a contribution will be compulsory.

If 'Yes', please indicate the amount required:

Please state any alternative amounts for which a quotation is required.

DECLARATION

I / We warrant that the above statements made by me / us or on my / our behalf are true and complete and I / We agree that this proposal shall be the basis of the contract between me/us and the Company. I / We agree to accept a policy in the Company's usual form for this class of insurance.

SIGNATURE
(PARTNER OR DIRECTOR)

DATE

ON BEHALF OF

INSERT NAME OF FIRM

SIGNING THIS FORM DOES NOT BIND PROPOSER TO COMPLETE THE INSURANCE