

BUSINESS 360

**THE COMPLETE INSURANCE SOLUTION
FOR YOUR BUSINESS**



www.alliedworldinsurance.com/Singapore

ADDITIONAL ENHANCEMENT

- Computer/Electronic Equipment
- Directors & Officers Liability (Including Employment Practices)
- Data Protection

As a business owner, you are focused on providing the best products and services to your customers. At Allied World, we know you may have limited time to think about all the risks involved in running your business. Understanding your insurance needs is our priority, which is why we offer Business 360 - a comprehensive insurance solution for your business.

Section 1

Industrial All Risks (compulsory cover)

Covers accidental physical loss or damage to your property and interruption to your business resulting from the damage, unless specifically excluded.

Section 2

Work Injury Compensation

Covers compensation to your employees in the event of bodily injury, illness, disease or death caused by accident arising out of and in the course of employment as stipulated under the Work Injury Compensation Act and covers your liability as an Employer under the Legislation of Common Law.

Section 3

Public Liability

Covers your legal liability against third party in respect of bodily injury (including disease or death) and property damage, as well as legal costs and expenses incurred in respect of such claims.

Section 4

Money

Covers loss of your money while kept in premise, or in transit anywhere in Singapore.

Section 5

Fidelity Guarantee

Covers direct pecuniary loss arising from any act of fraud or dishonesty committed by your employees.

Section 6

Plate Glass

Covers cost to replace your broken glass including necessary boarding up incurred in consequence of any breakage not excluded by this Section.

Section 7

Group Personal Accident

Provides 24 hours worldwide cover for your directors, partners, proprietors or employees against accidental death or injury. Cover includes acts of terrorism other than terrorism involving use of nuclear weapon or device or chemical or biological agents.

Section 8

Computer / Electronic Equipment

Covers loss of or damage to the insured equipment from any accidental cause (not specifically excluded) whilst situated at the specified premises including electrical and mechanical breakdown.

Section 9

Directors & Officers Liability (Including Employment Practices)

Covers company mismanagement allegations and claims against a director, officer, manager or supervisor which may arise from the decisions and actions taken within the scope of their regular duties, as well as employment related allegations and claims against the company.

Data Protection (Optional)

Covers you for compensation and defence costs resulting from any claim arising from breach of confidentiality or data protection breach in connection with your business.

COVERS AVAILABLE

You need to take up a minimum of two policy sections, one of which must be Section 1.1 under Industrial All Risks.

ELIGIBLE INDUSTRIES

Business 360 is available to a wide range of industries including but not limited to:

- Retail
- Services
- Wholesaler and/or Distributor
- Light Manufacturing

This is a brief description of Allied World Business 360. For more information and policy details, kindly contact your Allied World Agent.

BUSINESS 360 PROPOSAL FORM

Important Notes:

1. 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.
2. 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 from the period that we are on risk. Please answer all the questions and tick the appropriate boxes. If there is insufficient space on the form, please write and provide answers to the referred questions on a separate page.

Application Notes

1. You must take up a minimum of **Two** Policy Sections, **one** of which must be **Section 1.1 – Property Damage**
2. Please tick all relevant Sections / Boxes
3. Where applicable, if you wish to insure more than 1 location, please provide details of the location with the highest sum insured in this proposal form. For the remaining locations, please provide similar details on a separate page

BUSINESS DETAILS

Proposal Name	<input type="text"/>	Business Registration Number	<input type="text"/>
Correspondence Address	<input type="text"/>		
Contact Name	<input type="text"/>	Designation	<input type="text"/>
Email Address	<input type="text"/>		
Office Number	<input type="text"/>	Fax Number	<input type="text"/>
Risk Location(s)	<input type="text"/>		
Nature of Business	<input type="text"/>		
Number of Years Business has been Established	<input type="text"/>	Total Number of Employees	<input type="text"/>
Is the Company currently insured?	Yes <input type="text"/>	No <input type="text"/>	
If "Yes", please state the name of current insurer	<input type="text"/>		
Is the Company BizSafe-certified?	Yes <input type="text"/>	No <input type="text"/>	
If "Yes", please state the level attained	<input type="text"/>		
Period of Insurance required (DD/MM/YYYY)	<input type="text"/>		

GENERAL QUESTIONS

Has your company suffered any loss, made any claims or been involved in any circumstances which have or could have resulted in a claim in respect of the risks proposed within the last 3 years?

If "Yes", please provide details in the **Claims History Declaration Form** Yes No

Important Notes

1. Please provide details of your claims experience within the last 3 years, even if they were declined by your previous insurer
2. If there is insufficient space on the form, please write and provide details on a separate page.

Claims History Declaration Form

S/No	Date of Loss	Type of Cover	Details of Loss	Claims Amount

INDUSTRIAL ALL RISKS – SECTION 1

PROPERTY DAMAGE – SECTION 1.1 (COMPULSORY COVER)

1) Interest to be Insured		Sum Insured (S\$)
A) Building (excluding Foundations and Drains)		
B) Renovations, Furniture, Fixtures and Fittings		
C) Office Equipment and Business Contents		
D) Plant and Machinery		
E) Stock and Material In Trade		
Total		

2) Occupancy of Premise	3) Details of Building Occupied	
<input type="checkbox"/> Office <input type="checkbox"/> Shop <input type="checkbox"/> Factory <input type="checkbox"/> Workshop <input type="checkbox"/> Storeroom <input type="checkbox"/> Warehouse <input type="checkbox"/> Others (please specify): <input type="text"/>	Age of Building:	Number of Storeys:

4) Construction Type of Premise	
Walls	<input type="checkbox"/> Bricks/Concrete <input type="checkbox"/> Corrugated Iron/Metal Sheets <input type="checkbox"/> Timber <input type="checkbox"/> Open-Sided <input type="checkbox"/> Others (please specify): <input type="text"/>
Roof	<input type="checkbox"/> Concrete <input type="checkbox"/> Corrugated Iron/Metal Sheets <input type="checkbox"/> Timber <input type="checkbox"/> Tiles <input type="checkbox"/> Others (please specify): <input type="text"/>

5) Fire Preventive Measures available at Premise	6) Security Measures available at Premise
<input type="checkbox"/> Fire Extinguisher <input type="checkbox"/> Fire Alarm <input type="checkbox"/> Hose Reel <input type="checkbox"/> Public Hydrant <input type="checkbox"/> Smoke Detector <input type="checkbox"/> Heat Detector <input type="checkbox"/> Sprinkler <input type="checkbox"/> None of the above	<input type="checkbox"/> Closed Circuit Television (CCTV) <input type="checkbox"/> Burglary Alarm <input type="checkbox"/> 24-Hour Security Guard <input type="checkbox"/> Solid Door/Gates/Grilles <input type="checkbox"/> None of the above

7) Share Premise with other Occupants	8) Storage of hazardous/combustible/flammable goods at Premise
<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please provide a description of your co-occupants' business activities <input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please provide a description of such goods including where and how the goods are stored <input type="text"/> <input type="text"/>

9) Spray painting done at Premise	10) Hot works or Welding being carried out at Premise
<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please provide details: <input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please provide details: <input type="text"/> <input type="text"/>

BUSINESS INTERRUPTION – SECTION 1.2

1) Interest to be Insured	Sum Insured (S\$)
<input type="checkbox"/> Gross Profit <input type="checkbox"/> Gross Revenue <input type="checkbox"/> Gross Rental <input type="checkbox"/> ICOW	

2) Indemnity Period to Insure
<input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 9 months <input type="checkbox"/> 12 months

WORK INJURY COMPENSATION ACT – SECTION 2

1) Details of Employees		
Occupation/Description of Employees	Number of Employees	Estimated Annual Wages (S\$)
A)		
B)		
C)		
D)		
E)		

2) Job Undertaking of Employees

A) Manual work in connection with installation, erection, repair, maintenance, testing, demolition or construction. If "Yes", please provide details: <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
B) Work in connection with excavation, manholes or tunnels. If "Yes", please provide details: <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Work at height greater than 30 feet (10m) above floor or ground level. If "Yes", please provide details (including maximum height and safety measures): <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Work in connection with scaffolding, gondolas and/or other related activities. If "Yes", please provide details: <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
E) Work in connection with diving and/or related underwater activities. If "Yes", please provide details: <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
F) Work using heavy industries machines that involve cutting, pressing, grinding etc. If "Yes", please provide details: <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
G) Work involving lifts, elevators, escalators, cranes, hoists and machinery. If "Yes", please provide details: <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
H) Work involving welding and/or hot work. If "Yes", please provide details: <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
I) Work involving explosives, gases, irritants or other materials that are toxic, explosive, flammable or corrosive. If "Yes", please provide details: <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
J) Work in high risk areas such as petrochemical or chemical plant, cleanroom, computer room or shipyard. If "Yes", please provide details: <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
K) Work involving average contract value of greater than S\$50,000. If "Yes", please provide details: Average Contract Value: <input type="text"/> Maximum Contract Value: <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
L) Work involving onboard vessels, oil rigs, platforms and/or confined space. If "Yes", please complete the Business 360 Supplementary Proposal Form	<input type="checkbox"/> Yes <input type="checkbox"/> No

PUBLIC LIABILITY – SECTION 3

1) Limit of Indemnity

Sum Insured (S\$)

Any One Occurrence and Unlimited for Any One Period
Territorial Limit and/or Jurisdiction: Singapore

MONEY – SECTION 4

1) Interest to be insured

Sum Insured (S\$)

- A) Money in Transit anywhere in Singapore
- B) Money in Premises (subject to S\$2,500 in all locked cabinets / drawers / cash registers after business hours)

2) What are the security measures available for Money in Transit

- Professional Guard Services Every transit is accompanied by at least 2 employees None of the above

FIDELITY GUARANTEE – SECTION 5

1) Interest to be insured

Sum Insured (S\$)

Any One Occurrence and In The Aggregate (Separate proposal form is required if sum insured requested is more than S\$100,000)

2) Coverage extended to all employees

- Yes If "Yes", please state the total number of employees
- No If "No", please state details of employees to be covered

Description of Employees	Number of Employees
A)	
B)	
C)	
D)	
E)	

3) Maximum limit permitted per cheque before it is required to be countersigned

S\$

4) Frequency of an audit carried out on cash, accounts, inventory and stock

- Every 3 months Every 6 months Every 12 months None of the above

PLATE GLASS – SECTION 6

1) Interest to be insured

Sum Insured (S\$) On First Loss Basis

- A) Plate glass including lettering, painting, embossing, silvering and ornamental work
- B) Curtain walls

GROUP PERSONAL ACCIDENT – SECTION 7

1) Details of Employees to be Insured

Occupation/Description of Employees	Classification of Occupation	Number of Employees	Accidental Death and Permanent Disablement (per employee)	Basis of Insurance
A)				
B)				
C)				

Important Notes:

- i) Last entry age for an employee is 65 years old
- ii) 2 employees must be insured to be eligible for the Group Personal Accident cover
- iii) Accidental Medical is limited to S\$250 per employee
- iv) Definitions for Classification of Occupation:
 Class 1 – Mostly professionals and persons engaged in executive, administrative or clerical duties
 Class 2 – Persons engaged in skilled / semi-skilled occupations and not exposed to any special hazards
 Class 3 – Most occupations which require manual labour (Death and Permanent Disablement only)

v) Indicate the Basis of Insurance:

- 12x Basic Monthly Salary,
 24x Basic Monthly Salary,
 36x Basic Monthly Salary or by Category
- vi) Please provide the list of employees insured upon placement. The list should include name, designation, NRIC/passport number and date of birth

2) Insured employees undertake hazardous or offshore duties

Yes No

3) Insured employees based outside Singapore

Yes No

If "Yes", please advise the countries that the insured employees are based in

COMPUTER / ELECTRONIC EQUIPMENT – SECTION 8

PROPERTY DAMAGE – SECTION 8.1

1) Interest To be Insured

Sum Insured (S\$)

On Computer / Electronic data processing equipment

2) Is there a regular maintenance agreement in force with manufacturer, agent or third party maintenance organisation?

Yes No

REINSTATEMENT OF DATA – SECTION 8.2

1) Interest to be Insured

Sum Insured (S\$)

Cost of recompiling data

INCREASED COST OF WORKING – SECTION 8.3

1) Interest to be Insured

Sum Insured (S\$)

Increase cost of working

2) Indemnity Period to Insure

3 months 6 months 9 months 12 months

DIRECTORS & OFFICERS LIABILITY (INCLUDING EMPLOYMENT PRACTICES) – SECTION 9

DIRECTOR & OFFICERS AND EMPLOYMENT PRACTICES – SECTION 9.1

1) Criteria Guide for this SECTION:

True

False

- | | | |
|---|--|--|
| A) The Company is NOT listed on any stock exchange anywhere in the world. | | |
| B) The Company is NOT a financial institution (such as banks, asset manager, private equity fund, real estate investment fund, stock broker, trust or similar), an incorporated owner, or involved in clean energy, aviation/aerospace, pharmaceutical, biotechnology, telecommunication, mining, oil and gas, or property development. | | |
| C) The Company (or any of its subsidiaries) have no assets or operations or employees in USA/Canada or any of their territories and/or protectorates. | | |
| D) The Company has never had a claim made against any past or present director or officer of the Company or any of its subsidiaries. | | |
| E) After enquiry, no director or officer is aware of any circumstances which might give rise to a claim against any past or present director or officer of the Company or any of its subsidiaries. | | |
| F) The Company has never had a claim made against it for a breach by the Company of legislation or regulation relating to data protection in Singapore. | | |
| G) The Company has been incorporated in Singapore for at least one year. | | |

- If any questions above have been answered FALSE, please consult with your insurance agent/broker on how to obtain terms.
- If all questions above have been answered TRUE, please proceed to the below Tables for Section 9.1 and Section 9.2, indicating which option you would like to purchase.
- Cover under these sections is only provided for Claims that are first made and reported to the Company during the Period of Insurance.

2) Interest to be Insured	Limit of Liability (S\$)			
Asset Size (S\$)	\$500,000	\$1,000,000	\$2,000,000	\$3,000,000
Below S\$2,000,000				
S\$2,000,001 - S\$10,000,000				
S\$10,000,001 - S\$20,000,000				
S\$20,000,001 - S\$35,000,000				

DATA PROTECTION – SECTION 9.2 (OPTIONAL)

1) Interest to be Insured (pleased tick one)

Sum Insured (S\$) S\$200,000 S\$350,000 S\$500,000

DECLARATION

I / We declare, to the best of my / our knowledge and belief that:

- (a) All answers given in the Proposal Form are true.
- (b) All materials facts affecting the assessment of the risk have been declared.

I / We declare that I / we fully understand that the benefits under Personal Accident of this policy will only be payable upon an accident occurring.

I / We agree that this Proposal and Declaration shall be the basis of the contract between me / us and Allied World Assurance Company, Ltd (Singapore Branch) and shall be deemed to be incorporated in such contract, subject to the terms and conditions of the policy. No insurance will be in forced until this Proposal has been accepted by Allied World Assurance Company, Ltd (Singapore Branch).

I / We undertake to advise the Company of any alteration to the risks proposed and to exercise all reasonable precautions for the safety of the Property and Employees insured. If this Proposal has been completed by me / us personally, I / we have read the completed form and accept full responsibility for the answers provided to Allied World.

I consent to Allied World Assurance Company, Ltd (Singapore Branch) collecting, using, processing and disclosing my personal data in accordance with the Allied World Singapore Personal Data Protection Policy available at www.alliedworldinsurance.com/Singapore including disclosing my personal data to Allied World Singapore's third party service providers and agents, transferring personal data outside of Singapore.

I consent to Allied World sending me marketing, promotional or other messages via telephone:

Voice Call Text message

Please note if you decide you no longer wish to receive offers from us via telephone and / or text message, you can opt out at any time by submitting a request via our website at www.alliedworldinsurance.com/Singapore. For further information, please contact our Data Protection Officer via sg.customerservice@awac.com or on (65) 6423 0888.

 Authorised Signatory and Company Stamp Date

AGENT'S PARTICULARS

1. I/We declare and acknowledged that I/we have reviewed the Proposal Form
 2. I/We have explained all the requirements of the Proposal Form to the Proposer

Name
 Agent Code

 Authorised Signatory Date

YOUR TRUSTWORTHY INSURANCE PARTNER

Allied World is an international business founded on personal relationships.

We started out in 2001, with a handful of employees and the belief that insurance could be different. By valuing our customers and earning trust, our business grew.

Today, Allied World has over 1,400 employees in 20 offices around the world, and we continue to build innovative solutions for individuals, small businesses and large corporations.

Now we are here to serve you.

While our roots are international, our commitment is to you. We'll take the time to talk, listen and develop long-term relationships. The better we understand your needs, the better we can serve you.

We're nimble and responsive, yet large enough to be experienced and financially secure.

ALLIED WORLD DISCLAIMER

Coverage will be underwritten by the Singapore branch office of Allied World Assurance Company, Ltd, which is regulated by the Monetary Authority of Singapore. Coverage is only offered subject to local regulatory requirements. Actual coverage is subject to the terms, conditions and exclusions of the actual policy issued. © 2017 Allied World Assurance Company Holdings, Ltd. All rights reserved.

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