

Allied World Assurance Company, Ltd
Suite 2201, 22/F One Island East
Taikoo Place, 18 Westlands Road,
Quarry Bay Hong Kong

Telephone +852 2968 3000
Fax +852 2968 5111
Email hkhotline@awac.com
Website www.alliedworldinsurance.com/hong-kong

You have a duty to fully and faithfully disclose to Allied World Assurance Company, Ltd (Hong Kong Branch) (the “Company” or “Allied World”) every fact you know, or ought to know, otherwise, the Policy issued may be void and you may receive nothing from the Policy. If you are uncertain as to whether a particular information is material, these facts should be disclosed to the Company, otherwise the Policy issued may be void.

IMPORTANT INFORMATION AND NOTICES

Important Product Information

Please read the Policy Wordings for the full terms, conditions and exclusions. You may request a copy of the Policy Wordings from your intermediary or by emailing hkhotline@awac.com.

Important Notices

1. The questions in this Proposal Form (this “Proposal Form”) relate to facts that Allied World Assurance Company, Ltd (Hong Kong Branch) (the “Company” or “Allied World”), which is the Hong Kong branch of a company incorporated in Bermuda with limited liability, considers material to underwriting this insurance. As these questions are not exhaustive, please advise the Company if there is any other material information that could influence the Company’s assessment and acceptance of the proposal.
2. Prior to entering into a contract of insurance with the Company, you have a duty to fully and faithfully disclose to the Company every fact you know, or ought to know, otherwise, the Policy issued may be void and you may receive nothing from the Policy. If you are uncertain as to whether a particular information is material, these facts should be disclosed to the Company, otherwise the Policy issued may be void.
3. Your duty does not require disclosure of any fact:
 - (a) that diminishes the risk to be undertaken by the Company;
 - (b) that is of common knowledge;
 - (c) that the Company knows or, in the ordinary course of its business, ought to know; or
 - (d) as to which compliance with your duty is waived by the Company.
4. You have the same duty to disclose those matters to the Company before you renew, extend, vary or reinstate a contract of insurance.
5. All information provided by you in support of your Proposal Form for insurance must be correct, as you will be bound by the answers and by the information you have provided. If you do not comply with your duty of disclosure or make a misrepresentation, the Company may be entitled to reduce its liability under the Policy in respect of a claim or may cancel or avoid the Policy from its inception. If the non-disclosure or misrepresentation is fraudulent, the Company may also have the additional option of avoiding the Policy from its inception and retaining the premiums paid.
6. If your Proposal Form was submitted via an insurance intermediary and is accepted, the Company will pay the insurance intermediary through whom your Policy is arranged commission during the continuance of the Policy, including renewals, for arranging the Policy.
7. If your Proposal Form relates to a renewal of your Policy:
 - (a) Your renewal premium(s) payable is based on existing terms and conditions of your expiring Policy.
 - (b) The renewal premiums(s) and the terms and conditions of your renewal policy are subject to your claims record remaining unchanged.
 - (c) Any change in your claims records or your Policy details may result in a change in your renewal premium(s) and/or the policy terms and conditions, as well as the validity of the offer of renewal made by the Company. The Company reserves all rights to amend your Policy renewal premium(s) as well as your Policy renewal terms and conditions.
8. This product is underwritten by the Hong Kong branch of Allied World Assurance Company, Ltd, which is regulated by the Insurance Authority.
9. This product is for Hong Kong distribution only. It is not an offer to sell, a solicitation to buy nor provision of any insurance product outside Hong Kong. The Company does not offer or sell any insurance product in any jurisdictions outside Hong Kong in which such offering or sale of the insurance product is illegal under the laws of such jurisdictions.
10. If your Proposal Form is accepted, it is a condition precedent to the Company’s liability under the policy that the premium must be paid to and received by the Company within 90 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 the Company is on risk.
11. The IA Levy imposed by the Insurance Authority applies to this policy at the applicable rate. You can find further information on the IA Levy at <https://donline.alliedworldgroup.com.hk/file/IAlevy.pdf>.
12. The Policy shall be governed by and construed in accordance with the laws of Hong Kong and any dispute or difference that arises under the Policy shall be settled in accordance with the laws of Hong Kong.

Personal Data Protection

Allied World is committed to the safe and careful use of your personal data as required by the Personal Data (Privacy) Ordinance (Chapter 486).

By completing and submitting this Proposal Form, you confirm that you consent to Allied World collecting, using, disclosing and processing your personal data in accordance with the enclosed Personal Information Collection Statement.

SECTION A – DETAILS OF THE APPLICANT

1. Name of the Applicant (including all subsidiary companies for whom cover is required):

2. Principal Address:

3. Website Address:

4. Date Established:

5. Country of Registration/Incorporation:

6. Nature of Business of the Applicant :

7. Total Number of Employees:

Breakdown of Employees

Portfolio Manager	HR Department
Compliance Department	Research Department
Internal Audit Department	Marketing / Sales Department
Legal Department	Others

8. Is the Applicant licensed by any regulatory authority?

Yes ☐ No ☐

If "Yes", please list the regulatory authority.

9. Is the Applicant:

(a) a private company?

Yes ☐ No ☐

(b) a public company?

Yes ☐ No ☐

(c) listed on a foreign stock exchange?

Yes ☐ No ☐

If "Yes", please provide details.

10. During the last three (3) years, has there been:

(a) any acquisition or merger involving the Applicant?

Yes ☐ No ☐

(b) any change in capital structure of the Applicant?

Yes ☐ No ☐

(c) any change in name of the Applicant?

Yes ☐ No ☐

If "Yes", please provide details.

11. Are there any directors or partners who control more than 10% or more of the issued shares? Yes ☐ No ☐

Name	Percentage of Issued Shares (%)

12. Does the Applicant have any:

(a) assets or employees in the United States? Yes ☐ No ☐

(b) fund, trust, managed investment scheme or investment mandate with investors domiciled in the United States? Yes ☐ No ☐

(c) fund, trust, managed investment scheme or investment mandate with assets or investments in the United States? Yes ☐ No ☐

If "Yes", please provide the details.

13. Please provide the investor profile of the Applicant:

Percentage by Type	Current Year (%)	Previous Year (%)
High Net Worth Individuals and Family Offices		
Pension Funds		
Institutional		
Retail Investors		
Other (please specify _____)		

14. Please provide investor split by country/region of the Applicant:

Singapore/ Hong Kong	Asia	Australia/ NZ/ Europe	USA/ Canada	Others	Total
					100%

15. Please list the actual and estimated fee income from the following:

Currency Used:			
Professional Services	Last Completed Financial Year	Current Financial Year	Next Financial Year (Estimate)
Fund Management			
Corporate Advisory			
Property Management			
Performance Fee			
Others			
Total			

16. Have the Insured liquidate any funds, frozen any funds or suspended redemptions on any funds? Yes ☐ No ☐

If "Yes", please provide details.

17. Have any of the funds managed by the Insured suffered redemptions of greater than 15% of the funds under management in the past 12 months? Yes ☐ No ☐

If "Yes", please provide the detail of both an amount and proportion of the assets in the fund or strategy affected.

SECTION B – RISK MANAGEMENT, COMPLIANCE AND AUDIT FUNCTIONS

1. Are all investor presentations, investors letters, advertisements, marketing and other promotional materials required to be reviewed by legal counsel prior to distribution?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. (a) Please describe the method of instructions (e.g. written, telephone, electronic etc.) in respect of transfer of funds to a third party. (b) Are these instructions tested or subject to a call back procedures to an authorized person other than the individual initiating the transfer. If "No", please provide details.	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Does the Applicant conduct any independent check of the employment history of any new employees prior to being recruited?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Are duties segregated so that no individual can complete an activity from the beginning to the completion of the task without referral to another in respect of: (a) opening new bank accounts (b) disbursement of assets (c) signing checks or authorizing payments greater than US\$10,000 (d) custody of securities If "No" on the above, please provide details as to alternative arrangements.	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Please provide the list of the Applicant's service providers or agents based on the following functions:	
Name of Service Provider	
Fund Management	
Trustee/ Responsible Entity	
Custodian	
Administration	
Legal	
Audit	
6. Have there been any changes or modification in the investment restrictions or limitations of any Fund within the past 2 years? If "Yes", please provide full details.	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. (a) Are all employees provided training in respect to electronic fraud risks (social engineering, phishing, email compromise, fake president and other scams)? (b) How frequent is this training undertaken?	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Please confirm that multi-factor authentication is enforced: (a) for remote access into the Applicant's network? (b) for access to email remotely on a non-corporate device via a web application?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
9. Does the Applicant always use encryption to protect information stored on backup tapes or cloud? If alternative method other than backup tapes or cloud is used, please provide details.	Yes <input type="checkbox"/> No <input type="checkbox"/>

SECTION C – OUTSIDE DIRECTORSHIP

1. Are there any directors, officers or employees that hold an Outside Directorship position in any Outside organization? Yes ☐ No ☐

If “Yes”, please complete the below:

(a) Does any Outside Organization have any securities listed or traded on any exchange in the United States or its territories? Yes ☐ No ☐

If “Yes”, please provide details.

(b) Does any Outside Organization generates more than 20% of its revenue from investment banking, hedge funds or private equity investments? Yes ☐ No ☐

2. Are any of the Outside Organizations or its directors and officers aware of any claim or circumstances that could give rise to a claim related to the Outside Organization? Yes ☐ No ☐

If “Yes”, please provide details.

SECTION D – INSURANCE HISTORY

1. Does the Applicant currently purchase Investment Management Insurance? Yes ☐ No ☐

If Yes, please provide the following details.

Name of Insurer	Limit of Liability	Renewal Date	Deductible

2. What coverage is now required?

Professional Indemnity Yes ☐ No ☐

Directors and Officers Liability Yes ☐ No ☐

Crime Yes ☐ No ☐

SECTION E – CLAIMS/CIRCUMSTANCES

1. Have any claims ever been made against the Applicant or any past or present director, officer or employee of the Applicant? Yes ☐ No ☐

2. Is the Applicant, or any director, officer or employee aware, after enquiry, of any fact, circumstance, act or omission which may give rise to a claim? Yes ☐ No ☐

3. Has any past or present director or officer of the Applicant ever been declared bankrupt, had any fine or penalty imposed or been subject to any official investigation, inquiry or examination in such capacity? Yes ☐ No ☐

4. Has there ever been, or is there currently pending, any prosecution of the Applicant, or any director, officer or employee of the Applicant? Yes ☐ No ☐

5. Has the Applicant, or any director, officer or employee of the Applicant, ever had an insurer decline a proposal for, or cancel or refuse to renew, an Investment Management Insurance policy, Directors & Officers Liability Insurance policy, Professional Indemnity Insurance policy, or Crime Insurance policy, or had any special terms or conditions imposed? Yes ☐ No ☐

6. Have any losses been paid on behalf of the Applicant or any past or present director, officer or employee of the Applicant, under any Investment Management Insurance policy, Directors & Officers Liability Insurance policy, Professional Indemnity Insurance policy, or Crime Insurance policy? Yes ☐ No ☐

Note: If you answered “Yes” to any of the above questions, please provide full details.

FUNDS INFORMATION

Please complete the Schedule of Funds per below:

Name of Fund	Date Established	Listed or Unlisted	Open or Closed end Funds	Domicile	Total Assets or Funds Under Management (000's)		Benchmark Name	Annualised Growth % (1 Year)		Annualised Growth % (3 Year)		Annualised Growth % (Since Inception)		Maximum Permitted Leverage
					This Year	Previous Year		Fund	Benchmark	Fund	Benchmark	Fund	Benchmark	% of Net Asset Value

DECLARATION

On behalf of all proposed applicants:

1. I/We declare and warrant that:
 - a. all answers given in this Proposal Form and all other information supplied in connection with this Proposal Form are true, correct and accurate in every respect;
 - b. all material factors affecting an insurer's assessment of the risks have been disclosed to Allied World Assurance Company, Ltd (Hong Kong Branch) (the "Company" or "Allied World");
 - c. no material fact has been omitted, misstated or suppressed;
 - d. no insurer has terminated any of my/our insurances;
 - e. if this Proposal Form has not been completed by me/us personally, I/we have read the completed form and accept full responsibility for the answers and information provided to the Company;
 - f. if I/we have provided answers in this Proposal Form and all other information in connection with this Proposal Form about other applicants, I/we are authorised by them to make this declaration, agree to the statements herein and provide the consents herein; and
 - g. I/we have read and understand and agree to the Important Notices contained in this Proposal Form. I/We have read, understand and accept the terms, conditions and exclusions outlined in the Policy Wordings.
2. I/We agree:
 - a. that I/we have a duty to fully and faithfully disclose to the Company all the facts as I/we know them or ought to know them, otherwise, I/we may receive nothing from the Policy;
 - b. that should any of the information given by me/us alter between the date of this Proposal Form and the inception date of the insurance to which this Proposal Form relates, I/We will give immediate notice thereof to the Company;
 - c. that this Proposal Form, together with any other information supplied by me/us, shall be the basis of the contract of insurance policy between me/us and the Company and shall be deemed to be incorporated in the Policy, subject to the terms and conditions of the Policy;
 - d. to the Company verifying the information provided in the Proposal Form with the relevant parties;
 - e. that if my/our Proposal Form was submitted via an insurance intermediary and is accepted, to the Company paying the insurance intermediary through whom the Policy is arranged commission during the continuance of the Policy, including renewals, for arranging the Policy; and
 - f. that the Policy will not become effective until this Proposal Form has been accepted in writing by the Company and the premium fully paid and agree that this Proposal Form and Declaration shall form the basis of the insurance contract between the applicant and the Company.
3. I/We consent to Allied World collecting, using, processing and disclosing my personal data in accordance with the Personal Information Collection Statement. If I/we have provided or will provide information to Allied World about any other individuals, I/we confirm that I/we are authorised to disclose their personal data, agree to the Personal Information Collection Statement and to make this Declaration on their behalf.

☐ I/We do not want to receive any promotional materials or updates on other products, services or offers from Allied World Assurance Company, Ltd (Hong Kong Branch).

Please note that if you change your mind regarding receiving offers from us, you can opt in / opt out at any time by submitting a request to us. For further information, please contact our Compliance Officer via hkcompliance@awac.com or on +852 2968 3000. The Allied World Hong Kong Privacy and Security Policy is also available at <https://alliedworldinsurance.com/hong-kong-privacy-and-security-policy/>.

SIGNATURE OF APPLICANT / AUTHORISED SIGNATORY*

DATE:

*Authorised signatory must be a Principal, Partner or Director of Applicant

NAME:

TITLE:

Personal Information Collection Statement

Purpose of Collection

Allied World Assurance Company, Ltd (Hong Kong Branch) ("Allied World") may collect and use your personal data to enable it to carry on its insurance business and to serve the purposes of:

- Processing your insurance application;
- Arranging a contract of insurance with you and administering the policy issued;
- Claims handling, investigation and analysis;
- Designing products and/or services for customers;
- Promoting, improving and furthering the provision of products and/or services by Allied World and its group companies; and
- Complying with any legal or regulatory requirements applicable to Allied World.

In general it is voluntary for you to provide Allied World with your personal data. However, if you do not provide sufficient information, Allied World may not be able to provide insurance services to you.

Transferee

Data held by Allied World relating to you will be kept confidential but Allied World may, for the purposes set out above, transfer your personal data to:

- Allied World's group companies;
- Reinsurers;
- intermediaries including insurance brokers and insurance agents;
- claims investigators, loss adjusters and other professional advisors;
- Allied World's other appointed service providers, including for the following services: telecommunications, information, technology, administration, data processing, payment processing, emergency assistance, legal, and medical;
- any insurance industry association or federation and their respective members; and
- any other person necessary to comply with applicable legal or regulatory requirements, or orders of competent authorities, in each case both within and outside of the Hong Kong Special Administrative Region.

Marketing and Promotion

Treating you as a valued customer, Allied World and its group companies may use the personal data, including name and contact details, collected from you for the purposes of direct marketing of Allied World and its group companies' general insurance products, services or offers and for sending you the promotional materials or updates of such products, services or offers when they become available.

Allied World may not use your personal data for direct marketing if you have indicated objection to such use by ticking the box in the Declaration section of the proposal form. You may also, at any time, request Allied World to cease the use of your personal data for direct marketing purposes, by informing Allied World's Compliance Officer at the contacts set out below.

Access Requests and Corrections

You have the right to obtain access to and to request correction of any personal information concerning yourself held by Allied World. Requests can be made to the Compliance Officer of Allied World Assurance Company, Ltd, by mail to Suite 2201, 22/F One Island East, Taikoo Place, 18 Westlands Road, Quarry Bay, Hong Kong or fax to +852 2968 5111, or email to hkcompliance@awac.com.