

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 No

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. Yes No

If “No”, please provide details.

3. Does the Applicant conduct any independent check of the employment history of any new employees prior to being recruited? Yes No

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 Yes No

(b) disbursement of assets Yes No

(c) signing checks or authorizing payments greater than US\$10,000 Yes No

(d) custody of securities Yes No

If “No” on the above, please provide details as to alternative arrangements.

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? Yes No

If “Yes”, please provide full details.

7. (a) Are all employees provided training in respect to electronic fraud risks (social engineering, phishing, email compromise, fake president and other scams)? Yes No

(b) How frequent is this training undertaken?

8. Please confirm that multi-factor authentication is enforced:

(a) for remote access into the Applicant’s network? Yes No

(b) for access to email remotely on a non-corporate device via a web application? Yes No

9. Does the Applicant always use encryption to protect information stored on backup tapes or cloud? Yes No

If alternative method other than backup tapes or cloud is used, please provide details.

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.

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 Data Information Collection Statement (PICS)

Purpose of Collection

Allied World Assurance Company, Ltd (Hong Kong Branch) (collectively with the other subsidiaries of Allied World Assurance Company Holdings, Ltd, "Allied World") may collect and use your personal data for the purposes of conducting its insurance business, including:

so that we can provide you with and manage insurance products and services, including to consider and process your application; to vary, cancel or renew your insurance; to deal with and/or process any claims under your policy, including settlement, and to conduct necessary investigations; to complete due diligence and background checks that are either required by law or regulation or have been put in place by Allied World; to respond to your queries and administer your policy, including correspondence with you; to investigate fraud, misconduct or any unlawful act or omission in relation to your policy; so that we can comply with legal obligations; for research and statistical purposes; for marketing (including, where permitted by law, direct marketing) of other services provided by us; and/or any purpose directly related to the above.

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.

Potential Transferees

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:

other insurers; reinsurers; intermediaries; insurance associations, federations or similar organisations; related companies; our advisers, service providers and agents; external claims data collectors and verifiers; parties that have an insurance scheme in place under which you purchased your policy; parties involved in claims investigation and management; government and statutory agencies; and/or as otherwise required or allowed by law, 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 will not use your personal data for direct marketing if you have indicated objection to such use by ticking the opt-out box on 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 contact information set out below.

Access Requests and Corrections

You have the right, subject to applicable law, to request access to and correction of any personal data 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.

個人資料資訊收集聲明 (PICS)

收集目的

Allied World Assurance Company, Ltd 世聯保險有限公司 (香港分行) (與 Allied World Assurance Company Holdings, Ltd 的其他子公司統稱「Allied World 世聯」) 為營運其保險業務之目的可能會收集和使用閣下的個人資料，包括：

以便本公司為閣下提供保險產品及服務並予以管理，包括考慮及處理閣下的保險申請；更改、取消或更新閣下的保險；應對及/或處理閣下保單的索賠，包括賠償及作出必要的調查；完成法律或法規要求或 Allied World 世聯實施的盡職審查和背景調查；回應閣下的查詢以及管理閣下的保單，包括與閣下通訊；調查與閣下保單相關的詐欺、不當行為或任何非法行為或不作為；以便本公司能遵守法律上的要求；用於研究和統計目的；用於營銷（包括在法律允許的情況下直接促銷）本公司提供的其他服務；及/或與上述直接有關的任何目的。

一般而言，向 Allied World 世聯提供個人資料屬自願性質。雖然如此，如閣下未能提供足夠資料，Allied World 世聯可能無法為閣下提供所需的保險服務。

潛在資料轉移

Allied World 世聯會確保持有的個人資料保密，但本公司可能會基於上述目的將閣下的個人資料轉移予：

其他保險公司；再保公司；中介機構；保險業組織、聯會或類似組織；關連公司；本公司的顧問、服務提供者和代理人；本公司以外的索賠資料收集者及核查人員；閣下於已設有保險計劃購買保單時的各方；參與索賠調查以及管理的各方；政府和法定機構；及/或任何相關的法律或規則要求或允許的人士，以上各項適用於香港特別行政區境內及境外。

市場推廣

閣下貴為 Allied World 世聯的尊貴客戶，本公司及其集團公司可能會透過閣下為直接促銷所提供的個人資料（包括姓名及聯絡資料），向閣下推廣本公司及其集團公司的一般保險產品、服務或優惠，以及為閣下提供該等產品、服務或優惠的市場推廣資料和最新消息。

若閣下已於投保書上選擇拒絕本公司利用閣下的個人資料進行直接促銷並表示不願接收任何市場推廣資料和最新消息，Allied World 世聯將不會使用閣下的個人資料作直接推廣用途。閣下亦可隨時透過下述聯絡方式通知本公司的合規主任並行使其選擇權拒絕本公司利用閣下的個人資料進行直接促銷。

查閱個人資料要求及更改個人資料

在符合適用法律的情況下，閣下有權要求查閱及更改 Allied World 世聯所持有任何有關閣下的個人資料。有關申請可循下列途徑向本公司的合規主任提出：郵寄至香港鰂魚涌太古坊華蘭路 18 號港島東中心 22 樓 2201 室，或傳真至+852 2968 5111，或電郵至 hkcompliance@awac.com。