

Professional Indemnity Insurance Proposal Form - Architects / Consulting Engineers / Surveyors (Excluding Marine Engineering) / Quantity Surveyors

IMPORTANT FACTS RELATING TO THIS PROPOSAL

You should read the following advice before proceeding to complete this proposal

1. Duty of Disclosure

Before you enter into a contract of general insurance with an insurer, you have a duty to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of insurance, and if so, on what terms.

You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of general insurance.

Your duty, however, does not require disclosure of any matter:

- that diminishes the risk to be undertaken by the insurer;
- that is of common knowledge;
- that your insurer knows or, in the ordinary course of his business, ought to know;
- as to which compliance with your duty is waived by the insurer.

Non-disclosure

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce its liability under the contract in respect of a claim, refuse to pay the claim or may cancel the contract. If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.

2. This Professional Indemnity Insurance Policy is issued on a claims made and notified basis

This means that the policy responds to claims first made against you during the policy period and notified to the insurer during that policy period.

The policy does not respond to any claim arising out of facts or circumstances of which you were aware at any time prior to the policy period which would have put a reasonable person in your position on notice that a claim may be made against you. (Some cover may be available under the Continuous Cover extension for innocent non-disclosure of facts and circumstances – but only if you are continuously insured under a professional indemnity policy issued by Allied World Assurance Company, Ltd from the time when you first become aware of such facts or circumstances to the time when you notify a claim arising from those facts and circumstances to Allied World Assurance Company, Ltd.

The policy does not respond to any claim resulting from an act, error or omission occurring or committed by you prior to the retroactive date, where a retroactive date is specified in the policy terms which are offered to you.

Once the policy period has expired, no notification of claims or facts or circumstances can be made on the policy even though:

- (a) the event giving rise to the claim against you may have occurred during the period.
- (b) you may have first become aware of the facts or circumstances giving rise to the claim during the policy period.

3. Completing Your Proposal

When completing your proposal you are obliged to report and provide full details of all facts or circumstances which have become known to you and which would put a reasonable person in your position on notice that a claim may be made against you.

This is important so as to ensure:

- (a) if you are currently insured with Allied World Assurance Company, Ltd, and you notify such facts or circumstances prior to the expiry of the policy, that you are covered under your current policy in respect of any claim arising out of those facts or circumstances; and
- (b) that you make proper disclosure (refer 'Duty of Disclosure' pursuant to the Insurance Contracts Act) in order that your entitlement to full indemnity under your new policy is not placed in jeopardy.

Note:

- Please answer ALL questions and tick boxes whenever appropriate. If there is insufficient space, please provide details on separate sheet and attach to this proposal form.

PART 1 - DETAILS OF APPLICANTS

1. Name of Business / Practice (hereafter referred to as the Proposer), including service, administrative or nominee companies and subsidiaries that you wish to be covered by this policy.

2. Address of All Offices

3. Please 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 of Establishment (DD/MM/YYYY) & Place of Incorporation

PART 2 – MANAGEMENT AND PERSONNEL DETAILS

1. Please provide details below of partners / directors / sole practitioner

Full Name	Qualifications	Date Qualified (DD/MM/YYYY)	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.

2. State numbers of staff of:

(a) partners / principals / directors	
(b) other qualified engineers	
(c) other qualified architects	
(d) other qualified surveyors	
(e) other qualified staff (please specify)	
(f) other technical staff	
(g) non-technical staff (admin staff)	
(h) site staff (if any)	
what's the duty of site staff?	
(i) other staff (please specify)	
Total staff employed	

PART 3 – DETAILS OF PRACTICE

1. Has any change by way of merger, takeover or change of name occurred?

Yes ☐ No ☐

If 'Yes', please provide full details with relevant dates:

2. 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?) or	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(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 <input type="checkbox"/>	No <input type="checkbox"/>

If 'Yes' in either case, please provide details:			
3. Please list the professional bodies or associations to which the Proposer belongs.			
4. Please state the approximate percentage of gross fees for the last financial year (if the practice is newly established, state estimated percentage for the forthcoming year) in respect of:			
Acoustical Engineering	%	Architecture	%
Chemical Engineering	%	Interior Designing	%
Civil Engineering	%	Surveying (a) Land	%
Electrical Engineering	%	(b) Quantity	%
Electronic Engineering	%	(c) Building	%
Environmental Engineering	%	(d) Marine	%
Geotechnical / Soil Engineering	%	Registered Inspection / Accredited Checking / Authorised Person	%
Heating & Ventilating / Air Conditioning Engineering	%	Drafting	%
Hydraulic / Fire Engineering	%	Project Management	%
Marine Engineering	%	Construction Management	%
Mechanical Engineering	%	Town Planning	%
Mining Engineering	%	Others (please specify):	%
Nuclear Engineering	%		%
Plumbing Engineering	%		%
Structural Engineering	%	Total	100 %
5. Please state the approximate percentage of gross fees received during the last financial years (if the practice is newly established, state estimated percentage for the forthcoming year) for the following types of work.			
Home Building			
(a) Individual Dwellings			%
(b) Low Rise Multiple Dwellings (up to floors)			%
(c) High Rise Multiple Dwellings (above 3 floor)			%
(d) Modular Dwelling (involving repetitive design)			%
Engineering Construction			
(a) Highways			%
(b) Bridges or Tunnels (up to 8 metres in length)			%
(c) Bridges or Tunnels (more than 8 metres in length)			%
(d) Dams (more than 6 metres in water depth)			%
(e) Railways, Airports, Harbours and Jetties			%
(f) Sewage or Water Schemes			%
Industrial			
(a) Power Plants			%
(b) Refineries, Chemical and Chemical Installations			%
(c) Manufacturing and all other Mechanical Plant			%
(d) Industrial Building Systems			%
Public Building			
(a) Hospitals and Nursing Homes			%
(b) Schools and Universities			%
(c) Hotels and Recreation Centres			%
(d) Offices and Other Buildings			%

Other Work				
(a) Foundations and Piling		%		
(b) Feasibility studies, surveys, reports and similar		%		
(c) Other specialist work not listed elsewhere: _____		%		
Total		100 %		
6. Please provide a breakdown of the Proposer's activities as follows:				
Types of Activity				
(a) Feasibility studies, reports where no design is completed		%		
(b) Design only, with no construction phase duties		%		
(c) Construction only, no design		%		
(d) Construction management and project management only		%		
(e) Design and Construction (design subcontracted and construction completed by Proposer)		%		
(f) Design and Construction (design completed by Proposer and construction completed by Proposer)		%		
(g) Others (please specify):		%		
Total		100 %		
7. Does the Proposer engage consultants, sub-contractors or agents?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
If 'Yes',				
(a) Does proposer insist they carry their own Professional Indemnity Insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
(b) Does proposer enter into any hold-harmless agreements or otherwise waive any legal rights or entitlements which may have against such consultants, sub-contractors or agents?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
(c) Please state the approximate percentage of gross fees for the last financial year which for works to sub- consultant / sub-contractor / agent only (if the practice is newly established, state estimated percentage for the forthcoming year) in respect of:				
Acoustical Engineering	%	Architecture %		
Chemical Engineering	%	Interior Designing %		
Civil Engineering	%	Surveying (a) Land %		
Electrical Engineering	%	(b) Quantity %		
Electronic Engineering	%	(c) Building %		
Environmental Engineering	%	(d) Marine %		
Geotechnical / Soil Engineering	%	Registered Inspection / Accredited Checking / Authorised Person %		
Heating & Ventilating / Air Conditioning Engineering	%	Drafting %		
Hydraulic / Fire Engineering	%	Project Management %		
Marine Engineering	%	Construction Management %		
Mechanical Engineering	%	Town Planning %		
Mining Engineering	%	Others (please specify): %		
Nuclear Engineering	%	%		
Plumbing Engineering	%	%		
Structural Engineering	%	Total 100 %		
8. Please provide details of the five largest contracts undertaken in the past three years.				
Starting and Completion Dates (DD/MM/YYYY)	Total Contract Value	Fees	Name & Type of Contract	Professional Service Provided
From to	HK\$	HK\$		
From to	HK\$	HK\$		
From to	HK\$	HK\$		
From to	HK\$	HK\$		
From to	HK\$	HK\$		

9. Please provide details of the three largest contracts being undertaken in the next twelve months.				
Starting and Completion Dates (DD/MM/YYYY)	Total Contract Value	Fees	Type of Contract	Professional Service Provided
From to	HK\$	HK\$		
From to	HK\$	HK\$		
From to	HK\$	HK\$		
10. Does any contact or client represent more than 50% of your annual work or fees?				Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes', please provide details below:				
11. Does the Proposer engage in any actual construction and / or product manufacturing?				Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes', please provide details below:				
12. Does the Proposer envisage any substantial changes in the activities or are there any major new operations contemplated during the next 12 months?				Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes', please provide details below:				
13. Are verbal reports always confirmed in writing?				Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'No', how does the Proposer substantiate such verbal reports:				
14. Do you perform work outside of Hong Kong, or work for clients located overseas?				Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes', please provide details below:				
PART 4 – FINANCIAL POSITION OF THE CORPORATION				
1. Please state the dates of the Proposer's financial year				
2. Please state gross fees for the recent 3 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.				
	Previous Financial Year	Last Financial Year	Current Financial Year (Estimate)	
(a) In the territory where domiciled	HK\$	HK\$	HK\$	
(b) In the USA / Canada or in the territory where domiciled or elsewhere for clients whose address is in the USA / Canada	HK\$	HK\$	HK\$	
(c) Overseas / Elsewhere	HK\$	HK\$	HK\$	
Total	HK\$	HK\$	HK\$	
3. Is the Proposer represented in any way in the USA or Canada?				Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes', please 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):				
4. Please state:				
	Previous Financial Year	Last Financial Year	Current Financial Year (Estimate)	
(a) Gross fees paid to sub-contractors	HK\$	HK\$	HK\$	
(b) Largest fee earned from any client	HK\$	HK\$	HK\$	

5. Please provide the approximate percentage of your activities (based on fee income) applicable to each country from which you derive a portion of your income.							
Country	Hong Kong	China / Macau	Asia	Australia	Europe	USA / Canada	Other (please specify)
% of Income*	%	%	%	%	%	%	%
*Based on fee invoiced in previous year.							
6. Do Gross Fees received include work on aborted projects where no liability accrues to you?						Yes <input type="checkbox"/>	No <input type="checkbox"/>
If 'Yes', state approximate percentage for each financial year.							
_____ % - Year _____							
_____ % - Year _____							
_____ % - Year _____							

PART 5 – CLAIMS DETAILS

1. (a) Has any claims 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.		
2. Is the Proposer or any principal, consultant or employee, <u>after enquiry</u> , 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) result in the Proposer or his predecessors in business or any of the present or former partners or principals incurring any losses or expenses which might be within the terms of the cover?	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):		

PART 6 – INSURANCE COVER

1. Does the Proposer currently hold any Professional Indemnity Insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If 'Yes', please state:		
Insurer :		
Expiry Date (DD/MM/YYYY) :		
Limit of Indemnity :		
2. 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:		

PART 7 – APPLICATION FOR COVER

1. Cover Options		
(a) Is cover required for Partners' Previous Business?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If 'Yes', please 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?		
(ii) libel and slander	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(iii) dishonesty of employees	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. What amount of Indemnity is required?		HK\$
Please state any alternative amounts for which a quotation is required		HK\$
3. Does the Proposer wish to contribute towards each and every claim?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Note: In many cases a contribution will be compulsory.		
If 'Yes', please indicate the amount required		HK\$
Please state any alternative amounts for which a quotation is required		HK\$
PART 8 - REMARKS		
Please use this additional space, if required, to answer any questions in this Proposal or to provide any other information which you feel ought to be disclosed.		
DECLARATION		
I / We warrant that the above statements made by me / us or my / our behalf are true and complete and I / We agree that this proposal together with any other information supplied shall be the basis of and are considered as incorporated within the policy between me / us and the Company. I / We agree to accept a policy in the Company's usual form for this class of insurance.		
<input type="checkbox"/> I do not want to receive any promotion materials or updates on other products, services or offers of Allied World.		
SIGNATURE	DATE (DD/MM/YYYY)	
ON BEHALF OF (INSERT NAME OF THE COMPANY)		

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。