

Professional Indemnity Insurance Proposal Form – Miscellaneous Class

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 policy 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.
- This form does not apply to Accountants, Architects, Autioneers, Consulting Engineers, Estate Agents, Legal Profession, Quality Surveyors, Surveyors, Trustees, Universities, Valuers.

GENERAL DETAILS										
1. Full Name of Business / Practice (hereinafter referred to as "The Proposer")										
2. Address(es) of All Office(s)										
3. Da	ate of Establishment of the Practice	(DD/MM/YYY)	()							
	4 Has The Proposer's name been changed has any other husiness been purchased or any merger or							No 🗌		
If 'Yes', please provide details:										
MAN	AGEMENT & PERSONNEL DET	AILS								
5. PI	ease state the number of staff in ea	ich of the follow	ing catego	ries:						
	Categories		No.			Ca	Categories			No.
(a)	Partners / Principals / Directors			(e)	Pa	rtners / Princip	als / Direct	ors		
(b)	Qualified Staff			(f)	Tra	ainee / Internsh	nship Staff			
(c)	Technical Staff			(g)	Oth	her (please spe	<u> </u>			
(d)	Non-technical Staff					<u> </u>			Total	
	ease provide the details of Partners	s, Principals and	d Directors:	<u> </u>						
Names of All Partners, Principals and Directors Age			Qualifications		Date Qualified (DD/MM/YYYY)		Number of Years practicing a Principal or Director		or Director	
					,	This Pr	This Practice Previous		Practice	
PRAG	CTICE DETAILS									
	ease describe the nature of busines ken and any intended change in the		al services t	hat Th	e Pro	pposer provide	s, including	full detail	s of the ac	tivities
0 DI	ages actoroxing the activities describ	ad above in Ou	action 7 and	d ototo	thon	oroontogo of fo	o incomo a	anaratad fr	om auch a	ativ (it) (
U. PI	Please categorise the activities described above in Question 7 and state the percentage of fee income generated Activities						cricialeu II	%	Juvily.	
(0)	Activities				/0					
(a)										
(b)										
(c)										
(d)										
(e)										
(f)										
(g)										
(h)										
							Total		100 %	

2

CONTINUED >

9. Please state the date of your financial year end (DD/MM/YYYY)							
10. Please state the gross annual fee income in terms of the following:							
		Previous Financial Year	Current Finar Year (Estima				
(a)	Hong Kong	HK\$	HK\$	HK\$			
(b)	PRC or Macau	HK\$	HK\$	HK\$			
(c)	North America (USA / Canada)	HK\$	HK\$	HK\$			
(d)	Other (please specify:)	HK\$	HK\$	HK\$			
	Total	HK\$	HK\$	HK\$			
11. Ple	ease list the five largest contracts undertaken in the past three	years:					
	Brief Description of Contra	acts		Fees			
(a)							
(b)							
(c)							
(d)							
(e)							
			Total				
12. Do	oes any contract or client represent over 50% of your annual f	ee income?		Yes No			
If 'Yes	s', please provide details:						
13. Does The Proposer and/or its Partners / Principals / Directors belong to any professional associations?							
If 'Yes	s', please provide details:						
14. Is The Proposer:							
(a)	Yes No No						
(b) connected with other firms financially or in any other way? Yes No							
If 'Yes' in either case, please provide details:							
	MS DETAILS						
15. Has any claims ever been made against The Proposer? Yes No							
If 'Yes', please provide details separately of the circumstances of each incident including any amount paid and the estimated potential cost of the incident:							
16. In The Drangers offer enguing guero of any gires materials which which the rise to a plain and the Drangers of the Drangers of the Control of the Contro							
16. Is The Proposer, <u>after enquiry</u> , aware of any circumstances which might give rise to a claim against The Proposer? Yes No							
If 'Yes', please provide details:							

3

CONTINUED >

INSURANCE DETAILS								
17. Does The Proposer hold any Professional Indemnity, &/or Public Liability Insurance? Yes No								
If 'Yes', please provide details:								
Type of Insurance	rance Period of Insurance Limit of Indemnity Amount of Excess							
18. Has any insurance company in respect of the risks to which this proposal relates ever:								
(a) declined a proposal, refused renewal or terminated an insurance?								
(b) required an increased premium or imposed special conditions? Yes No								
If 'Yes' in either case, please provide details:								
19. Application of Insurance Cover								
(a) Limit of Indemnity I	HK\$							
(b) Amount of Deductil	HK\$							
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.								
□ I do not want to receive any promotion materials or updates on other products, services or offers of Allied World.								
SIGNATURE		DATE (DD/N	DATE (DD/MM/YYYY)					
ON BEHALF OF (INSERT NAME OF THE COMPANY)								

Allied World PI-MPI0324PF 4 CONTINUED >

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捉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。