

Allied World Assurance Company, Ltd  
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IOI Central Boulevard Towers Singapore 018916  
UEN: T09FC0142D

Telephone +(65) 6423 0888  
Email [sg.customerservice@awac.com](mailto:sg.customerservice@awac.com)  
Website [www.alliedworldinsurance.com/Singapore](http://www.alliedworldinsurance.com/Singapore)

**Statement pursuant to the Insurance Act 1966 or any amendments thereof: You have a duty to fully and faithfully disclose to Allied World Assurance Company, Ltd (Singapore 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 [sg.customerservice@awac.com](mailto:sg.customerservice@awac.com).

### Important Notices

- The questions in this application (this "Application") relate to facts that Allied World Assurance Company, Ltd (Singapore Branch) (the "Company" or "Allied World"), which is the Singapore 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.
- Statement pursuant to the Insurance Act 1966 or any amendments thereof: 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.
- Your duty does not require disclosure of any fact:
  - that diminishes the risk to be undertaken by the Company;
  - that is of common knowledge;
  - that the Company knows or, in the ordinary course of its business, ought to know; or
  - as to which compliance with your duty is waived by the Company.
- You have the same duty to disclose those matters to the Company before you renew, extend, vary or reinstate a contract of insurance.
- All information provided by you in support of your Application 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.
- If your Application 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.
- If your Application relates to a renewal of your Policy:
  - Your renewal premium(s) payable is based on existing terms and conditions of your expiring Policy.
  - The renewal premiums(s) and the terms and conditions of your renewal policy are subject to your claims record remaining unchanged.
  - 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.
- This product is underwritten by the Singapore branch of Allied World Assurance Company, Ltd, which is regulated by the Monetary Authority of Singapore.
- This product is for Singapore distribution only. It is not an offer to sell, a solicitation to buy nor provision of any insurance product outside Singapore. The Company does not offer or sell any insurance product in any jurisdictions outside Singapore in which such offering or sale of the insurance product is illegal under the laws of such jurisdictions.
- If your Application 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.

### Personal Data Protection

Allied World is committed to the safe and careful use of your personal data as required by the Singapore Personal Data Protection Act 2012 ("PDPA").

#### Collection, Use and Disclosure of Your Personal Data

To provide you with quotations for insurance products and services and to arrange and manage your insurance, we collect personal data from you and those authorized by you such as your agent, family members and other service providers, as well as others we consider necessary including our agents.

Any personal data provided is used by us to assess, arrange and administer your insurance including the management and investigation of claims. Your personal data may be disclosed by us to third parties involved in this process including health care providers, claims handlers and investigators, legal and other professional advisers and data storage and data handling providers. Some of these third parties may be located in countries other than Singapore.

We may also collect, use and disclose your personal data for product development, research and to provide you with marketing, advertising and promotional information relating to products and/or services that Allied World may be selling or promoting.

Please refer to the Allied World Singapore Personal Data Privacy Policy Statement available at <https://alliedworldinsurance.com/singapore/> for more information.

If you have any questions about the way in which Allied World uses or holds your personal information, please contact our Data Protection Officer at:

The Data Protection Officer  
Allied World Assurance Company Ltd  
2 Central Boulevard West Tower #36-01  
IOI Central Boulevard Towers Singapore 018916  
T: +(65) 6423 0888  
Email: [sg.customerservice@awac.com](mailto:sg.customerservice@awac.com)

**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			
<b>Total</b>			

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

<p>1. Are all investor presentations, investors letters, advertisements, marketing and other promotional materials required to be reviewed by legal counsel prior to distribution?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>														
<p>2. (a) Please describe the method of instructions (e.g. written, telephone, electronic etc.) in respect of transfer of funds to a third party.</p>     <p>(b) Are these instructions tested or subject to a call back procedures to an authorized person other than the individual initiating the transfer.</p> <p>If “No”, please provide details.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>														
<p>3. Does the Applicant conduct any independent check of the employment history of any new employees prior to being recruited?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>														
<p>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:</p> <p>(a) opening new bank accounts</p> <p>(b) disbursement of assets</p> <p>(c) signing checks or authorizing payments greater than US\$10,000</p> <p>(d) custody of securities</p> <p>If “No” on the above, please provide details as to alternative arrangements.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>														
<p>5. Please provide the list of the Applicant’s service providers or agents based on the following functions:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #d3d3d3;"> <th colspan="2">Name of Service Provider</th> </tr> </thead> <tbody> <tr> <td style="width: 30%;">Fund Management</td> <td></td> </tr> <tr> <td>Trustee/ Responsible Entity</td> <td></td> </tr> <tr> <td>Custodian</td> <td></td> </tr> <tr> <td>Administration</td> <td></td> </tr> <tr> <td>Legal</td> <td></td> </tr> <tr> <td>Audit</td> <td></td> </tr> </tbody> </table>		Name of Service Provider		Fund Management		Trustee/ Responsible Entity		Custodian		Administration		Legal		Audit	
Name of Service Provider															
Fund Management															
Trustee/ Responsible Entity															
Custodian															
Administration															
Legal															
Audit															
<p>6. Have there been any changes or modification in the investment restrictions or limitations of any Fund within the past 2 years?</p> <p>If “Yes”, please provide full details.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>														
<p>7. (a) Are all employees provided training in respect to electronic fraud risks (social engineering, phishing, email compromise, fake president and other scams)?</p> <p>(b) How frequent is this training undertaken?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>														
<p>8. Please confirm that multi-factor authentication is enforced:</p> <p>(a) for remote access into the Applicant’s network?</p> <p>(b) for access to email remotely on a non-corporate device via a web application?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>														
<p>9. Does the Applicant always use encryption to protect information stored on backup tapes or cloud?</p> <p>If alternative method other than backup tapes or cloud is used, please provide details.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>														

**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 Application and all other information supplied in connection with this Application 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 (Singapore 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 Application 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; and
  - f. if I/we have provided answers in this Application and all other information in connection with this Application about other applicants, I/we are authorised by them to make this declaration, agree to the statements herein and provide the consents herein.
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 Application and the inception date of the insurance to which this Application relates, I/We will give immediate notice thereof;
  - c. that this Application, 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 Application with the relevant parties;
  - e. that if my/our Application 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 Application has been accepted in writing by the Company and the premium fully paid.
3. I/We consent to Allied World collecting, using, processing and disclosing my personal data in accordance with the Allied World Singapore Personal Data Privacy Statement available at <https://alliedworldinsurance.com/singapore/> including disclosing my/our personal data to Allied World's third party service providers and agents and transferring my/our personal data outside of Singapore. 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 and also give this consent on both my/our and their behalf.

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

☐ Voice Call      ☐ Text Message

Please note that if you decide you no longer wish to receive offers from Allied World via telephone and/or text message, you can opt out at any time by submitting a request via Allied World's website at <https://alliedworldinsurance.com/singapore/>. For further information, please contact Allied World's Data Protection Officer via [sg.customerservice@awac.com](mailto:sg.customerservice@awac.com) or on +(65) 6423 0888.

SIGNATURE OF APPLICANT / AUTHORISED SIGNATORY\*

DATE:

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

NAME:

TITLE:

### Disclaimer

This information is provided as a general overview for agents and brokers. 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 and through licensed agents and brokers. Actual coverage is subject to the terms, conditions and exclusions of the actual policy issued. © 2025 Allied World Assurance Company Holdings, Ltd. All rights reserved.