

# Proposal Form

## Professional Indemnity- Miscellaneous

Please complete all sections to facilitate the processing of your application.

Statement pursuant to Section 25(5) Cap. 142 of the Insurance Act or any subsequent amendments thereof.  
You are to disclose in the proposal form fully and faithfully all facts which you know or ought to know,  
otherwise the Policy issued hereunder may be void.

**Name of Producer & Producer Code:** \_\_\_\_\_

### Particulars of Proposer

<b>Name of Proposer:</b> _____	<b>Business Registration No.:</b> _____
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<b>Mailing Address:</b> _____	<b>Postal Code</b> (       )
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<b>Email :</b> _____	<b>Date of Business Established:</b> _____
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**Contact No.:**  
\_\_\_\_\_

**Address(es) of branch offices or other locations:**  
\_\_\_\_\_ **Postal Code** (       )

**During the past five (5) years, has the name of the firm ever changed or has any other firm been purchased or any merger or consolidation taken place?**      ☐ Yes      ☐ No  
If Yes, please provide details:  
\_\_\_\_\_

**Please list the professional bodies or associations to which the Proposer belong:**  
\_\_\_\_\_

### Details of Management and Personnel

Please provide the details of Principal, partners and directors.

Name	Age	Relevant Qualifications	Year Qualified	No. of Years in this capacity	
				This Firm	Previous Firm

**Where the Proposer is a sole principal, please provide details of the arrangements you have to assist you during your absent.**  
\_\_\_\_\_

# Professional Indemnity- Miscellaneous

Name of Proposer: \_\_\_\_\_

## Details of Management and Personnel

Please provide no. of staff in current firm:

a) Partners/Principals/Directors	_____	d) Administrative Staff	_____
b) Professional Qualified Staff	_____	e) Trainee Staff	_____
c) Other Technical Staff	_____	f) Others (please specify)	_____
			<b>Total</b> _____

## Risk Management

<b>1) Is there a senior Partner/Director to oversee operations in all offices?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>2) Do you engage independent contractors or consultants?</b> If Yes, please provide details:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a) What is the nature of the majority of work undertaken by them? _____		
b) What percentage of gross fee income was paid to them in the last financial year? _____		
c) Do you require them to have their own Professional Indemnity insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d) Do you enter into any hold-harmless agreement or otherwise waive any legal rights which you may have against such independent contractors or consultants?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>3) Does the firm, any partner or any director, carry out any work on behalf of any business in which they have a controlling or financial interest (other than as shareholder in public company)?</b> If Yes, please provide details:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____		
<b>4) Has the business sustained any loss during the past ten (10) years as a result of the fraud or dishonesty of any partner, director or employee of the business?</b> If Yes, please state date, circumstance, amount and steps taken to prevent recurrence:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____		

## Financial Information

Please state your total gross fee/income turnover (including those paid to contractors or consultants) for the following:

	Singapore	Asia	Europe	Others (please specify)
Last Financial Year				
Current Financial Year (estimate)				
Next Financial Year (estimate)				
Date of Financial Year End:	Largest Gross Fee/Income from any one client or group of companies: _____			

## Professional Indemnity- Miscellaneous

Name of Proposer: \_\_\_\_\_

### Claims Information & Insurance History

1) Has any partner, principal, director or any member of staff, past or present, been the subject of any disciplinary proceedings by any professional or regulatory body? ☐ Yes ☐ No  
If Yes, please provide details: \_\_\_\_\_

2) Have any claims (whether successful or not) for negligence or breach of professional duty been made against the Proposer or any principal, partner or director (either as a principal, partner or director of the Proposer or of any previous business), consultant or employee? ☐ Yes ☐ No  
If Yes, please provide details: \_\_\_\_\_

Date of Claim	Claimant	Details of Claims	Amount Paid or Estimate of Potential Liability	Is Claim settled or Outstanding?

3) After enquiry, is the Proposer or any of the partners, principals, directors aware of any circumstances which may give rise to a claim against the Proposer or its predecessors in business or any of the present or former partners, principals, directors, consultants or employees? ☐ Yes ☐ No  
If Yes, please provide details: \_\_\_\_\_

Date of Circumstances	Claimant	Details of Circumstances

4) Have you every bought Professional Indemnity Insurance in the past? ☐ Yes ☐ No  
If Yes, please provide details of the insurance effected during the past three (3) years. \_\_\_\_\_

Name of Insurers	Limit of Indemnity	Deductible	Policy Period

5) Has any application made by you, any of your partners or principals for Professional Indemnity insurance been declined, refused renewal, canceled such insurance or subject to special terms and conditions? ☐ Yes ☐ No  
If Yes, please provide details: \_\_\_\_\_

### Insurance Cover Required

Limit of Indemnity: _____	Deductible (in most cases it is compulsory): _____
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# Professional Indemnity- Miscellaneous

Name of Proposer: \_\_\_\_\_

## Insurance Cover Required

The following extension covers are given automatically under Liberty Insurance Pte Ltd's Professional Indemnity Insurance policy:

- Consultants, sub-contractors and agents
- Estates and legal representatives
- Intellectual property
- Joint venture liability
- Libel and slander
- Loss of documents
- Newly created or acquired entity or subsidiary
- Outgoing partners
- Run-off cover insured entity or subsidiary

Please indicate if you require cover for the following optional extension:

- Partner's Previous Business (If Yes, please answer (a) below) ☐ Yes ☐ No
- Dishonesty of Employees (If Yes, please answer (b) below) ☐ Yes ☐ No

a) If Partner's previous business cover required for the professional works of any principal, partner or director prior to joining this firm, please provide the following:

Name	Name of Previous Firm	Start Date	Leaving Date

b) If Dishonesty of Employees cover is required, please answer the following:

- i. Do you always obtain satisfactory references when engaging employees? ☐ Yes ☐ No
- ii. Is any employee authorized to sign checks as sole signatory in respect of either the business or client accounts? ☐ Yes ☐ No

If Yes, how frequently are checks carried out on all entries in the cash book with paying-books, receipts, counterfoils and other supporting documents and reconciled with bank statements including the balance of cash and unrepresented checks, independently of the employees making cash book entries or receiving or banking monies?

- ☐ Weekly
- ☐ Monthly
- ☐ Quarterly
- ☐ Others (please specify) \_\_\_\_\_

# Professional Indemnity–Annex 1

## Miscellaneous

Name of Proposer: \_\_\_\_\_

### Business Activities

Please provide a full description of the activities of the Insured: \_\_\_\_\_

Please state the approximate percentage of gross fees/income/turnover for the last and current financial year (if the firm is newly established, state the estimate for the forthcoming year) in respect of the following:

Brief Description of Work	Last Financial Year (%)	Current Financial Year (Estimate) (%)
Total	100%	100%

Please state the five (5) largest projects/contracts you have undertaken in the past five (5) years:

Name of Client	Services Provided	Fee Income/Revenue

# Professional Indemnity–Annex 1

## Miscellaneous

Name of Proposer: \_\_\_\_\_

### Additional Information

Use this space to disclose any further relevant information or if there is insufficient space available to answer any of the questions fully in this proposal. Please state the question number clearly.

Name of Proposer: \_\_\_\_\_

## IMPORTANT NOTES:

- The liability of the Company does not commence until this Proposal has been accepted by the Company.

## PAYMENT BEFORE COVER WARRANTY (INDIVIDUAL)

Please note that the total premium must be paid and actually received in full by the Company (or the intermediary through whom this Policy was effected) on or before the inception date of the coverage, failing which the Policy shall be deemed to be automatically canceled and no benefits whatsoever shall be payable by the Company.

## PREMIUM PAYMENT WARRANTY (CORPORATE)

Please note that the total premium must be paid and actually received in full by the Company (or the intermediary through whom this Policy was effected) within 60 days of the inception date of the coverage, failing which the Policy shall be deemed to be automatically canceled and a pro-rata premium is to be charged for the period that the Company is on risk.

## PERSONAL DATA PROTECTION

Liberty Insurance Pte Ltd ("Liberty") takes the responsibilities under Singapore's Personal Data Protection Act 2012 (the "PDPA") seriously. We also recognize the importance of the personal data you have entrusted to us and believe it is our responsibility to properly manage, protect and process your personal data.

The personal data which Liberty collect from you in this application, that was previously collected and/or in the future, may be collected, used, disclosed and/or processed for one or more of the following purposes:

- considering whether to provide you with the insurance you applied for. This includes Liberty considering your application for a policy with Liberty and another Insurer considering your application (whether now or in the future) for a policy with that Insurer ("Insurer" means any insurer or company operating insurance business in Singapore)
- processing your application for underwriting and insurance. This includes dealing with your application with Liberty and any other application that you may make (whether now or in the future) with another Insurer
- administering and/or managing your relationship, account and/or policy with Liberty including but not limited to renewing or reinstating your policy, accounting and dealing with or collection or refund of any outstanding amounts due from/to you
- processing and/or dealing with any claims including the settlement of claims and any necessary investigations relating to the claims, under your policy or policies, whether such policy is issued by Liberty or another Insurer
- carrying out due diligence or other screening activities (including background checks) in accordance with legal or regulatory obligations or risk management procedures that may be required by law or that may have been put in place by Liberty, whether for this policy with Liberty or a policy with another Insurer
- carrying out your instructions or responding to any enquiries by you
- conducting research, analysis and development activities (including but not limited to data analytics, surveys (such as insurance survey, customer service survey, branding survey), branding campaign, product and service development and/or profiling) to improve Liberty's services or products and/or to enhance the product or service for your benefit
- dealing in any matters relating to the services and/or products which you are entitled to under this policy and/or dealing in any matters relating to this policy, which you are applying for or have applied. This includes but is not limited to contacting you or communicating with you via phone/voice call, text message and/or fax message, email and/or postal mail for the purposes of administering and/or managing your contractual relationship with us such as but not limited to communicating with you on matters related to your policy with us. You acknowledge and agree that such communication by us could be by way of the mailing of correspondence, documents or notices to you, which could involve disclosure of certain personal data about you to bring about delivery of the same as well as on the external cover of envelopes/mail packages
- investigating fraud, misconduct, any unlawful action or omission, whether relating to your application, your claims or any other matter relating to your policy or policies, whether such policy is issued by us or another Insurer, and whether or not there is any suspicion of the aforementioned
- storing, hosting, backing up (whether for disaster recovery or otherwise) of your personal data, whether within or outside Singapore; and/or
- complying with applicable law in administering and managing your relationship with Liberty
- Any other purposes which we notify you of at the time of obtaining your consent

(collectively the "Purposes")

Liberty may/will also be collecting from sources other than yourself, personal data about you, for one or more of the above Purposes, and thereafter using, disclosing and/or processing such personal data for one or more of the above Purposes.

You also consent that any other Insurer may/can collect from Liberty (and that Liberty may disclose to them), use, disclose (including disclose to Liberty) and/or process your personal data for one or more of the above Purposes.

Name of Proposer: \_\_\_\_\_

## PERSONAL DATA PROTECTION

Your personal data may/will be disclosed by Liberty and/or any of the other Insurers to third parties, whether located within or outside Singapore, for one or more of the above Purposes, as such third parties, would be processing your personal data for one or more of the above Purposes. In this regard, you hereby acknowledge, agree and consent that Liberty may/are permitted to disclose your personal data to such third parties (whether located within or outside Singapore) for one or more of the above Purposes and for the said third parties to subsequently collect, use, disclose and/or process your personal data for or more of the above Purposes including engaging and disclosing to their third party service providers or agents (whether sited in or outside of Singapore) to do so, and the aforementioned collection, use, disclosure and processing activities and permissions in this sub-clause apply to these third party service providers or agents and any third party service providers or agents they in turn engage and so on. Without limiting the generality of the foregoing, such third parties include:

- a) Liberty's associated or affiliated organizations or related corporations
- b) any of Liberty's agents, contractors or third party service providers who process your personal data on Liberty's behalf including but not limited to those which provide administrative or other services to Liberty such as mailing houses, telecommunication companies, information technology companies, data storage or hosting companies, data centres, disaster recovery service providers, banks
- c) lawyers/law firms, legal process participants and their advisors
- d) any third party in connection with any proposed or actual reorganization, merger, sale, joint venture, assignment, transfer or other disposition or all or any portion of Liberty's business, assets or stock (including in connection with any bankruptcy or similar proceedings); and/or
- e) third parties to whom disclosure by Liberty is for one or more of the Purposes and such third parties would in turn be collecting and processing your personal data for one or more of the Purposes

I/We have read and I/we accept the terms of Liberty's Data Protection Policy at [www.libertyinsurance.com.sg/data-protection-policy/](http://www.libertyinsurance.com.sg/data-protection-policy/).

## DECLARATION

I/We do hereby declare and warrant that:

- a) All information provided by me/us in connection with this application is true, accurate and complete
- b) I/We understand that any inaccurate, incomplete or false information given or any omission of information required, may at Liberty Insurance Pte Ltd's ("**Liberty**", the "**Company**") discretion, render this application invalid
- c) I/We agree that this application and declaration shall be the basis of the contract between Liberty and myself
- d) I/We undertake to pay any difference arising from a discrepancy in the NCD declared, failing which the policy shall be canceled by the Company
- e) I/We agree to accept the Company's policy subject to the terms, exclusions and conditions to be expressed therein, endorsed thereon or attached thereto
- f) I/We agree to inform if there is any change in any of the details I have provided to Liberty in this application. I understand and agree that it is my sole responsibility to inform and update Liberty of any changes to my personal information. I hereby agree to indemnify and absolve Liberty of any liability arising out of any use and/or disclosure by Liberty of any inaccurate or incomplete information due to my failure to update Liberty promptly of any changes to my personal information
- g) The personal data of the individuals (the "**3<sup>rd</sup> Party Individuals**") which I/we am/are providing to you in this form are accurate and complete. I/we warrant that I/we have obtained consent from the 3rd Party Individuals (or if lacking in legal capacity, his/her legal representatives, guardians or parents as the case may be) for Liberty to collect, use and disclose his/her personal data for the above purposes and on the terms in this document, and as if the said data are about me/us. I/We will inform Liberty of any changes to the data as soon as practicable.
- h) I/We have read and agree to the above, including as to how my personal data may/will be collected, used, disclosed and processed by Liberty and others as stated above

\_\_\_\_\_  
For and on behalf of

Name of Company:

Company Stamp:

Date:

\_\_\_\_\_  
Signature of Proposer

(Must be signed by Principal/Partner/  
Director)

Name:

Designation:

Date: