



Tokio Marine Insurance Singapore Ltd.

Company Reg. No. : 192300014M

20 McCallum Street #09-01

Tokio Marine Centre

Singapore 069046

Tel : 6221 6111 Fax : (65) 6221 4355 / (65) 6224 0895

Email : tmis@tokiomarine.com.sg

Website : www.tokiomarine.com.sg

Professional Indemnity

Miscellaneous Professions Proposal Form

The Firm

1. Name(s) of Proposer(s) (including any subsidiaries and previous firms to be included under this insurance):

Name	Date established

2. Main Postal Address:

Postcode:	Email:
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3. All other branch addresses:

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4. Partner(s)/ Principal(s)/Director(s)/:

Name of Partner, Principal, Director	Qualification	Date Qualified	Period Practicing as Partner, Principal or Director	
			With Proposer	Previous Practice

5. Total Number of Staff:

Partners/ Principals/ Directors	
Qualified Staff (not mentioned above)	
Others (administration)	
Self Employed/Contract Hire	
Total Number of Staff	

6. In the past 10 years, has the Proposer changed its name, been part of an amalgamation or merger, de-merger or in any way had a material change to its activities? YES ☐ NO ☐

7. Has any partner, principal or director of the Proposer's business been made personally bankrupt, or been personally associated with any business which has been placed into receivership, liquidation, or been wound up? YES ☐ NO ☐

8. Has any partner, principal, director or employee of the Proposer been the subject of professional disciplinary proceedings or committed a fraudulent or dishonest act? YES ☐ NO ☐

9. Is the Proposer a current member of any Professional Association or Institute? YES ☐ NO ☐

If you have answered YES to questions 6, 7, 8 or 9 please provide full details:

10. Is the business of the Proposer a part-time occupation? YES ☐ NO ☐

If YES please provide details of full-time occupation:

11. If the Proposer is a Sole practitioner what procedures are in place for periods of absence from the office due to holiday leave or sickness?:

Income

12. Total gross fee income for the last three financial years and estimate for forthcoming financial year (Currency:_____):

Financial Year	Singapore	Asia	USA/Canada	Elsewhere	Total
Estimated forthcoming financial year					
Estimated current financial year					
Last financial year					

- Sub Consultants** 13. Does the Proposer use the services of specialist designers/engineers/consultants or sub consultants? YES ☐ NO ☐

- a) If YES what percentage of the last completed financial year's income was paid to sub contractors and what work do they perform on your behalf?

b)

Paid	Services performed	Minimum level of professional indemnity required
%		
%		
%		

- b) Do you contractually require and have formal management systems to ensure that all specialist designers/engineers/consultants or sub contractors appointed maintain their own professional indemnity insurance for the duration of their liability? YES ☐ NO ☐

If No please advice reason why sub consultants are not required to maintain their own Professional Indemnity Insurance:

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Contract Details

14. Please provide details of the 5 largest projects/contracts commenced during the last 5 years:

Client	Services Performed	Total Contract Value	Firm's Contract Value	Firm's Fee	Start Date	Completion Date

15. Please provide details of the 3 largest projects/contracts due to commence in the next financial year:

Client	Services Performed	Total Contract Value	Firm's Contract Value	Firm's Fee	Start Date	Completion Date

Activities 16. Please provide a full description along with percentages of each activity of all of your business activities:

Activity	%
<p>Please provide a brochure if available</p> <p>Total</p>	<p>100%</p>

17. Has the Proposer ever provided or intend to provide services in connection with identification, evaluation, treatment, or removal of Pollution? YES ☐ NO ☐

18. Has the Proposer ever provided services in connection with identification, evaluation, treatment, or removal of Asbestos, Chemicals, or other Hazardous material? YES ☐ NO ☐

19. Does or has the Proposer undertaken any contract which involves responsibility for any of the following:

a) Manufacture, construction, erection or installation? YES ☐ NO ☐

b) Supply materials, plant, goods or equipment? YES ☐ NO ☐

c) Provision of software? YES ☐ NO ☐

If you have answered YES to questions 17, 18 or 19 please provide full details:

20. Does the Proposer anticipate any material changes to its activities in the forthcoming 12 months? YES ☐ NO ☐

If YES please provide details:

Joint Ventures 21. Does the Proposer carry out work as a member of a Joint Venture or Consortium? YES ☐ NO ☐

If YES please complete addendum to this proposal form.

Financial Associations 22. Does the Proposer or any partners/principals have a financial interest in any other business entity? YES ☐ NO ☐

If YES please provide details:

Risk Management 23. Do you use your own standard contract terms and conditions?

YES ☐ NO ☐

If YES please provide a copy if NO please complete Q26

24. What percentage of your contracts are carried out using your own standard terms and condition? _____ %

25. Do your contract terms and conditions include any of the following?

- | | |
|--|--|
| a) Limitation of your liability in respect of consequential loss | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| b) Exclusion of Warranties and Guarantees | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| c) Hold Harmless agreements | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| d) Limitation of your liability to a multiple of fee | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| If yes to (d) is the multiple: | |
| | Times three or less <input type="checkbox"/> |
| | Four times or greater <input type="checkbox"/> |

26. If you do not use standard contract terms and conditions please clarify how liability is limited for the products and/or services provided:

27. Does the Proposer carry out regular project reviews? YES ☐ NO ☐

28. Does the Proposer retain written record of telephone conversations and attendance at meetings? YES ☐ NO ☐

29. Does the Proposer always obtain satisfactory written references, immediately preceding the engagement of any partner, principal, director, member or employee? YES ☐ NO ☐

30. Does the Proposer obtain satisfactory written references, accounts and proof of insurance when nominating a contractor for tendering? YES ☐ NO ☐

31. Are all working papers, records or documents relating to the business activities of the firm (or predecessors in business as stated in answer to question 1) kept in a secure and accessible location? YES ☐ NO ☐
If No please explain why:

Professional Indemnity Insurance

32. What Limit of Indemnity does the Proposer require? (Currency: _____) _____

33. What Excess is the Proposer prepared to carry? (Currency: _____) _____

34. Has the Applicant ever been refused this type of insurance, had special terms imposed by Insurers or had a similar insurance cancelled? YES ☐ NO ☐

If YES please provide details:

35. Does the Proposer currently hold a Professional Indemnity policy? YES ☐ NO ☐

If YES please complete the following

Insurer	
Limit of Indemnity	
Excess	
Premium	
Renewal Date	

Claims

36. Please provide answers to the following questions. Due to the Claims Made basis of Professional Indemnity please give them very careful consideration. Failure to answer them correctly could prejudice the (Proposer's) rights under any insurance contract effected with Underwriters.

a) During the past 10 years have any claims been made against the Firm, any Partner/Principal/Director, or their predecessors in business in respect of liabilities covered by the proposed Professional Indemnity insurance? YES ☐ NO ☐

b) Are any of the Partners/Principals/Directors AFTER FULL ENQUIRY within the firm aware of any circumstances which may give rise to a claim against the Firm, their predecessors in business or any former Partner/Principal/Director? YES ☐ NO ☐

c) Have you suffered any loss from fraud, dishonesty or malice? Do you currently have any grounds for suspecting that you may suffer loss through fraud, dishonesty or malice? YES ☐ NO ☐

d) Have any claims been made against the Proposer or any partner, principal, director or senior member of the staff while in a previous firm? YES ☐ NO ☐

If YES to any of the above please provide full details, including the amounts involved:

Incident Date	Details of Claim/Circumstance	Amount Claimed	Insurer Reserve/Paid	Defence Costs	Excess	Closed (Y/N)



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Declaration

I/WE DECLARE THAT AFTER FULL ENQUIRY OF ALL THE PARTNERS/PRINCIPALS/DIRECTORS, MANAGERS, AND EMPLOYEES, THE STATEMENTS AND PARTICULARS CONTAINED IN THIS PROPOSAL FORM(S) ARE TRUE, COMPLETE AND REMAIN ACCURATE IN ALL RESPECTS AND THAT I/WE HAVE NOT OMITTED, SUPPRESSED OR MISSTATED ANY MATERIAL FACTS.

I/WE AGREE THAT THIS PROPOSAL, TOGETHER WITH ANY OTHER INFORMATION SUPPLIED BY ME/US SHALL FORM THE BASIS OF ANY CONTRACT OF INSURANCE EFFECTED THEREON.

I/WE UNDERTAKE TO INFORM INSURERS OF ANY MATERIAL ALTERATION TO THESE FACTS OCCURING BEFORE COMPLETION OF THE CONTRACT OF INSURANCE.

COMPLETION AND SIGNATURE OF THIS PROPOSAL FORM DOES NOT BIND THE PROPOSER OR THE INSURERS TO COMPLETE A CONTRACT OF INSURANCE.

COMPANY NAME:

SIGNATURE OF PROPOSER (PARTNER/PRINCIPAL/DIRECTOR):

DATE (dd/mm/yy):

A COPY OF THIS PROPOSAL FORM SHOULD BE RETAINED FOR YOUR OWN RECORDS