

## **Professional Indemnity Insurance Proposal Form**

General Information on Applicant			
Applicant's Name			
(Individual/Entity)			
Applicant's Address		Po	stal Code
Applicant 5 Madi C55		' '	sta. couc
Applicant's Website (if any)		ı	
, , , ,			
Date and Place of Applicant's			
Incorporation:			
How long has Applicant been continuously carried on busing	ness:		
		month	s years
Description of Applicant's Activities:			
Danaha Analisant and Cabridian and Islant Vantura		_ v	_ 81-
Does the Applicant, any Subsidiary or any Joint Venture en sub-contractors?	gage any consultants, agents or	□ Yes	□ No
Sub-contractors?			
If yes, please provide details below:			
Subcontracted Work	Fee Income Composition (%)	1	
	, , , , , , , , , , , , , , , , , , ,		
During the past 5 years, has the:			
(a) Name of the Applicant changed?		□ Yes	□ No
	S ()	.,	
(b) Applicant acquired, merged or taken over any other		□ Yes	□ No
business(es); or been acquired, merged or taken o	ver by any other firm(s),		
practice(s) or business(es)?			
Maria alama assarida datalla balanca			
If yes, please provide details below:			
And the section and make section to the section of	2	= Vaa	- No
Are there be any major new activity planned for the next 1	2 months?	□ Yes	□ No
If yes, please provide details below:			
ii yes) piedse provide details below.			
Does the Applicant has any subsidiary?		□ Yes	□ No
, , , , , , , , , , , , , , , , , , ,			
If yes, please provide details below:			
Name of Subsidiary(ies)	Nature of Business & Address (Co	ountry)	
Financial Information			

Financial Information			
Please provide the following details on th	ne Applicant's total amour	it of gross income/fees:	
Year	Singapore	USA/Canada	Elsewhere
			(Please provide details)
Previous complete Financial Year			



<b>Current Financial Year</b>			1 1 3	UKANCI
Estimated for next Finance	ial Year			
<b>Breakdown of Gross</b> Please categorise the App each activity:	Income/Fees licant's activities and approxim	nate the activities by perce	entage of income,	/fees derived for
	Activities		Fee Income C	omposition (%)
Duin sin ala Dantu ana	and Divertons of the Amel	:t		
Name of each	nd Directors of the Appl Qualifications	No. of years working	No of vo	ears as a principal,
principal/partner or director	Qualifications	in the same industr		rer or director 's Previous
Is any principal, partner o	l r director of the Applicant con	 nected or associated	□ Yes	□ No
	with any other firm, practice o			
If was interest many day days	ile of the nature of the common	tian/accasiatian.		
if yes, please provide deta	ils of the nature of the connec	tion/association:		
CI - ff. · ·				
Staffing	s and Directors			
No. of Principals, Partner No. of Professional Staff (	e.g. Engineers, Accountant et	c.)		
	taff (i.e. administration/cleric			
Others: (Please specify):				
Other Insurance				
Has the Applicant or Subs		mnity/liability incurance o	r 🗆 <b>Yes</b>	□ No
	ge under any professional inde policy cancelled?	minity/hability insurance o	l les	□ No
	lication to renew any profession	onal indemnity/liability	□ Yes	□ No
insurance?			□ Yes	□ No
	e special terms imposed on the rent or any prior professional i		re?	
Substitutary s cur	ent of any prior professional	nacininty/nability insulant		
If you place provide data	ils of the nature of the connec	tion/association		

Capstone Insurance Agency Pte Ltd
3 Temasek Avenue, #16-02/R2 Centennial Tower, Singapore 039190
T +65 6635 1820 F +65 6235 3368
E general@capstone.com.sg
Company Reg. No.: 201324944C

□ No

□ Yes



		INS	URAN	СE
(d)	Refused coverage under any professional indemnity/liability insurance or			
	had any similar policy cancelled?			
, , ,	ease provide details of the incumbent insurer, period of insurance, Limit of			
Indemni	ty, Deductible, and Premium:			
5: "	1 1 /h			
	nowledge/Warranty	I		
	licant and its Subsidiary:	_		
(a)	Have no prior or pending investigation, complaint, disciplinary action,	□ True	□ False	
	lawsuit or claim made against the Applicant (and Subsidiary) or any principal,			
	partner, director, or employee.			
(1.)	After full and time the Applicant (and Cubaidian Air ant aug.			
(b)	After full enquiry, the Applicant (and Subsidiary) is not aware of any	□ True	□ False	
	circumstance that may result in a claim against the Applicant (and			
	Subsidiary) or any principal, partner, director, or employee.			
If ves. pl	ease provide details:			
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Requeste	ed Limit of Indemnity: S\$			
Requeste	ed Deductible: S\$			
печисон				
Acknow	wledgement			
	-	Data of C	·	
signatur	e and Full Name:	Date of S	ignatory	