

## Professional Indemnity Insurance Proposal Form

General Information on Applicant			
Applicant's Name (Individual/Entity)			
Applicant's Address			Postal Code
Applicant's Website (if any)			
Date and Place of Applicant's Incorporation:			
How long has Applicant been continuously carried on business:			__ months __ years
Description of Applicant's Activities:			
Does the Applicant, any Subsidiary or any Joint Venture engage any consultants, agents or sub-contractors?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details below:			
Subcontracted Work		Fee Income Composition (%)	
During the past 5 years, has the:			<input type="checkbox"/> Yes <input type="checkbox"/> No
(a) Name of the Applicant changed?			<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) Applicant acquired, merged or taken over any other firm(s), practice(s) or business(es); or been acquired, merged or taken over by any other firm(s), practice(s) or business(es)?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details below:			
_____			
Are there be any major new activity planned for the next 12 months?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details below:			
_____			
Does the Applicant has any subsidiary?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details below:			
Name of Subsidiary(ies)		Nature of Business & Address (Country)	

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

<b>Current Financial Year</b>			
<b>Estimated for next Financial Year</b>			

<b>Breakdown of Gross Income/Fees</b>	
Please categorise the Applicant's activities and approximate the activities by percentage of income/fees derived for each activity:	
Activities	Fee Income Composition (%)

<b>Principals, Partners and Directors of the Applicant</b>				
Name of each principal/partner or director	Qualifications	No. of years working in the same industry as applicant	No. of years as a principal, partner or director	
			Applicant's Practice	Previous Practice
Is any principal, partner or director of the Applicant connected or associated (financially or otherwise) with any other firm, practice or business?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide details of the nature of the connection/association:				

<b>Staffing</b>	
<b>No. of Principals, Partners and Directors</b>	
<b>No. of Professional Staff (e.g. Engineers, Accountant etc.)</b>	
<b>No. of Non-Professional Staff (i.e. administration/clerical personnel)</b>	
<b>Others: (Please specify):</b>	

<b>Other Insurance</b>	
<b>Has the Applicant or Subsidiary been:</b>	
(a) Refused coverage under any professional indemnity/liability insurance or had any similar policy cancelled?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) Declined an application to renew any professional indemnity/liability insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(c) Required to have special terms imposed on the Applicant's or any Subsidiary's current or any prior professional indemnity/liability insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details of the nature of the connection/association:	
	<input type="checkbox"/> Yes <input type="checkbox"/> No

<p>(d) Refused coverage under any professional indemnity/liability insurance or had any similar policy cancelled?</p> <p>If yes, please provide details of the incumbent insurer, period of insurance, Limit of Indemnity, Deductible, and Premium:</p> <hr/>	
<b>Prior Knowledge/Warranty</b>	
<p><b>The Applicant and its Subsidiary:</b></p> <p>(a) Have no prior or pending investigation, complaint, disciplinary action, lawsuit or claim made against the Applicant (and Subsidiary) or any principal, partner, director, or employee.</p> <p>(b) After full enquiry, the Applicant (and Subsidiary) is not aware of any circumstance that may result in a claim against the Applicant (and Subsidiary) or any principal, partner, director, or employee.</p> <p>If yes, please provide details:</p> <hr/>	<p><input type="checkbox"/> True      <input type="checkbox"/> False</p> <p><input type="checkbox"/> True      <input type="checkbox"/> False</p>

**Requested Limit of Indemnity: S\$** \_\_\_\_\_

**Requested Deductible: S\$** \_\_\_\_\_

<b>Acknowledgement</b>	
<b>Signature and Full Name:</b>	<b>Date of Signatory</b>