

# Professional Indemnity Association Liability Proposal Form

QBE Insurance (Singapore) Pte Ltd



## IMPORTANT

Statement pursuant to Section 25(5) of the Insurance Act, Singapore, (Cap 142): You are to disclose in this proposal form fully and faithfully all the facts, which you know or ought to know, otherwise the policy issued hereunder may be void. (Please complete the form in block capitals, giving full and complete details, and crossing (X) the appropriate boxes. If space is limited, kindly attach a separate sheet.)

Policy Wordings are available upon request.

## A. Details Of Applicant

1. Name of the Association or Organisation (Hereinafter referred to as the “**Association**” in this Proposal and in the Policy.)

2. Your principal address

3. Date the **Association** commenced business

## B. Details of Board of Management

1. **Please note:** If your application contains the most recent Annual Report of the **Association** and the Board of Management remains unchanged from that Annual Report then it is NOT necessary to complete this question. Simply cross (x) the appropriate box below.

Details of the Board of Management of the **Association** are:  in the attached Annual Report  
 detailed below

2. Please provide the following details

Names of Board Member	Date Appointed	Qualifications	Age

## C. Financial Position of the Association

1. Has there been any change in the financial position of the **Association** or is there any trend or event not reflected in the Annual Report and financial statements attached to this Proposal, that might materially affect the financial position shown in those statements?  Yes  No

2. Is any proposed **Insured Person** aware of facts or circumstances that might affect the ability of the **Association** to meet all its debts as and when they fall due?  Yes  No  
If you have answered “Yes” to the above, please provide details

#### D. Activities or Services of the Association

1. Please provide description of Activities or Services conducted by the Association (Please provide brochures or other promotional materials (if any)):  Yes  No

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2. Does the **Association** provide legal aid services, financial services, computer or information services or other advisory services?  Yes  No

3. Is the **Association** engaged in any form of research, development, experimentation or testing?  Yes  No

4. Does the **Association** conduct any activity which evaluates or sets standards for the qualification and performance of others or the quality of products manufactured or sold?  
If you have answered "Yes" to any of the above, please provide details

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#### E. Claims History of Directors, Officers and Board or Committee Members

After full enquiry,

1. Has there been or is there now any prior or pending Claim against any proposed Insured Person, in their capacity as a director or officer of either the **Association** or any other company, organisation, association, or trust?  Yes  No

2. Has there been or is there now any prior or pending litigation against any proposed **Insured Person**?  Yes  No

3. Any circumstances exist that might give rise to a **Claim** against any proposed **Insured Person**?  
If you have answered "Yes" to any of the above, please provide details

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#### F. Claims History Of Association

After full enquiry,

1. Has there been, or is there now any prior or pending action, litigation or other proceeding against the **Association**, including but not limited to any action, litigation or other proceeding brought under or pursuant to any Federal, State, or local legislation?  Yes  No

2. Has there been or is there now any prior or pending investigation, examination, inquiry or other proceedings in relation to the affairs of the **Association**?  Yes  No

3. Any circumstances exist that might give rise to any event described above?  
If you have answered "Yes" to any of the above, please provide details:

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## G. Insurance Cover

1. Does the Association presently carry, or has the **Association** ever carried, Association Liability or Directors and Officers Liability Insurance?  Yes  No

If "Yes", please provide details

Insurer \_\_\_\_\_  
Expiry Date \_\_\_\_\_  
Limit of Indemnity \_\_\_\_\_  
Deductible \_\_\_\_\_

## H. Application for Cover

1. Limit of Indemnity Required \_\_\_\_\_  
2. Deductible/Excess Required \_\_\_\_\_

Please Note:

If cover is requested for any Optional Extension, then QBE may require additional information and reserves the right to charge any additional premium as it may require.

If cover is required for the **Outside Directorship**, please supply full name of all **Outside Entity**. Please note that it is not necessary to submit Annual Reports or financial statements for any **Outside Entity** unless requested by QBE:

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\_\_\_\_\_

## I. Declaration

Before signing the declaration, please check your answers carefully particularly if the proposal form is not completed in your own hand.

I, the undersigned authorised Chairman, President or Chief Executive Officer, after enquiry declare as follows:

I am authorised by each of the other applicants to make this proposal; and

I have read and understood the my duty of disclosure under the **Important Notice** on the front page of the proposal form; and

I have read and understood this proposal and the accompanying documents and acknowledge the contents herein filled to be true and complete; and

I understand that, up until a contract of insurance is entered into, I am under a continuing obligation to immediately inform QBE of any change in the particulars or statements contained in this proposal form or in the accompanying documents.

Although the signing of this proposal does not bind the applicants to effect insurance, I acknowledge that the particulars and statements contained in this proposal and in the accompanying documents shall be the basis of the contract should a policy be effected; and further, I acknowledge that the proposal and the accompanying documents will be incorporated in the Policy.

Name of Association	Name of Chairman, President or Chief Executive Officer
Signed	Date