



# QBE Professional Indemnity Proposal Form Miscellaneous Risk (Renewal)

## Notice to the Proposed Insured

Your duty of disclosure – If a proposer does not fully and faithfully give the facts as he knows them or ought to know them, he may receive nothing from the policy.

*A Sample Policy Wording is available on request.*

### Important

- The applicant will be referred to in this proposal as 'You' or 'Your'.
- Please answer all questions fully. If there is insufficient space, please provide details on your letterhead.
- Where applicable, please tick the appropriate box to indicate your answer.

A. Your Details		
1.	Full name of all entities to be insured	
2.	Your principal address	
		Postal Code
3.	Address(es) of branch offices or other locations	
		Postal Code

B. Details of Practice				
1.	Please categorise your activities or business conducted and indicate the approximate percentage of your fee income derived from each activity.			
	<u>Type of Activity</u>	<u>Current Year (%)</u>	<u>Forthcoming Year (%)</u>	
Total		100	100	
2.	Please provide a brief description and fees of the five (5) largest contracts(in terms of contract value) undertaken over the past five (5) years:			
	<u>Client</u>	<u>Brief Description</u>	<u>Type of Work</u>	<u>Fees</u>
3.	Do you envisage any substantial changes in your activities or are there any major new operations contemplated for the next 12 months?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, please provide details.				



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## C. Financials

1. Please provide your total income/fees for the following:				
Currency	<u>Singapore</u>	<u>Others</u>		
Estimate For Next Financial Year				
Current Financial Year Estimate				
Last Financial Year				
2. Please provide the approximate percentage of your activities (based on fee income) derived from clients based in the following country/regions:				
<u>Country/Region</u>	<u>Singapore</u>	<u>Asia</u>	<u>USA/Canada</u>	<u>Others (Please specify)</u>
Percentage of Total Income (100%)				

## D. Claims

1. Are there any circumstances not already notified to Insurers which may give rise to a claim against you?      Yes <input type="checkbox"/> No <input type="checkbox"/>	
If YES, please provide the following details in respect of each matter on your company's letterhead and attach	
Name of Claimant or Potential Claimant	
Brief Description of Matter	
Estimate of Potential Liability	

## E. Insurance Cover Requested

Limit of Indemnity Required	
Deductible / Excess Required	

## F. 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 authorized partner, principal or director, after enquiry declare as follows:

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

I have read and understood the my duty of disclosure under the Notice to the Proposed Insured in the front of this proposal form;

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

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, you 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, you acknowledge that the proposal and the accompanying documents will be incorporated in such policy.

Name of Practice	
Signed and Dated	
Name of Partner, Principal or Director	