

Professional Indemnity Insurance

Proposal Form For Accountants



Important Notices to Applicant

Statement pursuant to Section 25 (5) of the Insurance Act (Cap. 142) (or any subsequent amendments thereof) - You are to disclose in this Proposal Form fully and faithfully all facts which you know or ought to know, otherwise the policy issued hereunder may be void.

Your Duty of Disclosure

Before you enter into a contract of general insurance with an Insurer, you have a duty to disclose to the Insurer every matter that you know, or could reasonably be expected to know, is relevant to the Insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same duty to disclose those matters to the Insurer before you renew, extend, vary or reinstate a contract of general insurance.

Your duty however does not require disclosure of any matter:

- that diminishes the risk to be undertaken by the Insurer;
- that is of common knowledge;
- that your Insurer knows or, in the ordinary course of its business, ought to know;
- as to which compliance with your duty is waived by the Insurer.

It is important that all information contained in this proposal is understood by you and is correct, as you will be bound by your answers and by the information provided by you in this proposal. You should obtain advice before you sign this proposal if you do not properly understand any part of it.

Your duty of disclosure continues after the proposal has been completed up until the contract of insurance is entered into.

Non-Disclosure

If you fail to comply with your duty of disclosure, the Insurer may be entitled to void the contract from its beginning.

If your non-disclosure is fraudulent, the Insurer may also have the option of avoiding the contract from its beginning, to retain any premium that you have paid for this contract of insurance.

Change of Risk or Circumstances

You should advise the Insurer as soon as practicable of any change to your normal business as disclosed in the proposal, such as changes in location, acquisitions and new overseas activities.

Subrogation

Where you have agreed with another person or company, who would otherwise be liable to compensate you for any loss or damage which is covered by the policy, that you will not seek to recover such loss or damage from that person, the Insurer will not cover you, to the extent permitted by law, for such loss or damage.

Instructions to the Applicant

- A. Before completing this section, please read the important notices starting on page 1.
- B. This proposal must be completed, signed and dated by a Principal, Partner or Director.
- C. You must answer all the questions in this form. If a question is not applicable, state "N/A". If more space is required to answer a question, continue on your letterhead.
- D. If you are a new business, use the projected figures from your business plan.
- E. If you have any questions concerning this proposal, please contact your insurance broker or adviser to discuss.

Application for Insurance Cover

Period of Insurance	From <u>DD / MM / YYYY</u>	To <u>DD / MM / YYYY</u>
Limit of Insurance Required	Option 1 SGD _____	Option 2 SGD _____
Excess / Deductible Requested	Option 1 SGD _____	Option 2 SGD _____
Are you requesting cover for Fraud & Dishonesty?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you requesting cover for Principals' Previous Business?		<input type="checkbox"/> Yes <input type="checkbox"/> No

1. Details of Applicant

1.1. Names and Company Registration Numbers of all firms applying to be covered under this insurance (Referred to as "You" in the rest of this form)

1.2. Has your name ever been changed, or have you purchased or merged with any other practice or business? Yes No

If **Yes**, please attach details.

1.3. What is your address?

Postal Code _____

1.4. What is your website address?

1.5. When was your firm established? _____ (day) _____ (month) _____ (year)

1.6. Please indicate the number of personnel applicable below:

Principals, partners or directors _____

Administrative employees _____

Other professionally qualified staff _____

Other staff (please specify: _____) _____

Total _____

1.7. What are the qualifications of your Principals, Partners, Directors or other key professional personnel?

Name	Qualifications	Year Qualified	Years as Principal, Partner or Director	
			This practice	Previous practice

1.8. If you have only one Principal, what arrangements do you have in place to ensure continuity of business when that Principal is travelling, on leave, ill or away from the office?

2. Details of Business

2.1. What is the percentage breakdown of each type of professional service or advice that you provide to clients?

Type of work	%	Type of work	%
Audit for investment managers, hedge funds, special investment vehicles, banks or financial institution		Corporate finance services (including due diligence, M&A, financing, capital / fund raising, capital restructuring)	
Audit (excluding investment managers, hedge funds, special investment vehicles, banks or financial institution)		Investment advice & management	
Liquidation & insolvency		Business valuation services	
Tax planning & compliance		IT services (specify)	
Bookkeeping & preparation of accounts		Other consultancy (specify)	
Internal audit services		Payroll services	
		Total	100%

2.2. Have you ever audited any public company? If **Yes**, please attach details of the companies. Yes No

2.3. Have you ever audited any subsidiary of a public company? If **Yes**, please attach details of the parent or holding companies and the place of incorporation. Yes No

2.4. Have you conducted review of audit requirement as regards to the assessment of "fair value" in respect to investment or instruments where trading has been severely curtailed and / or where current markets values are difficult to establish? Yes No

2.5. Have you done any review (s) regarding the basis on which they make "going concern" assumption in relation to the business/companies that you audit? Yes No

If **Yes**, what are the result(s) and conclusions arrived at after the review(s)?

If **No**, does the Insured intend to undertake such a review in the near future? If so, when will the review be undertaken?

Insolvency Practice

2.6. Have you ever provided any of the following services?

Liquidator for any public company Yes No

Liquidator appointed by the Court or by the creditors Yes No

Receiver Yes No

Receiver and Manager Yes No

Judicial Manager Yes No

Scheme of Arrangement Yes No

If **Yes**, please attach details of the companies and the scope of services provided.

Independence

2.7. What is your largest fee income from any one client (client includes a group of related companies)?

Client Name	Services Performed	Fees (SGD)

2.8. Do you (including your related entities) provide both audit and non-audit services to any client (client includes a group of related companies)? If **Yes**, please attach details of the services involved and the organisational safeguards in place to review and avoid conflict of interest. Yes No

2.9. Do you do any work for any related person or entity? Yes No

For all applicants

2.10. Do you engage in any other professional or business activities other than what is described in this section? Yes No

If **Yes**, please attach details of the type of work and the fee income from these other activities.

2.11. Are you or any of your Principals, Partners or Directors connected or associated with any other practice or business? Yes No

If **Yes**, please attach details.

3. Financial Details

3.1. When does your Financial Year end? _____ (day) _____ (month)

3.2. What is your total fee income for the:

	Year	Singapore	Foreign	Total
Coming year (est.)		SGD		
Current year (est.)		SGD		
Past year		SGD		

3.3. Which are the foreign countries where you provide your services, and how many staff are located in each?

Country	Number of Staff	Country	Number of Staff

4. Risk Management

4.1. Do you execute a written contract, agreement or engagement letter for services with every client? Yes No

4.2. Are verbal reports or advice always confirmed in writing? Yes No

4.3. What percentage of your professional services is subcontracted to others? _____ %

4.4. What services are subcontracted?

4.5. Do you ask for verification that the subcontractor carries professional liability insurance? Yes No

5. Insurance History

5.1. Do you currently have similar insurance? If Yes, please provide details. Yes No

Period of Insurance	Insurer	Policy Limit	Excess	Retroactive Date
		SGD	SGD	

5.2 Has any application for similar insurance been refused, or has any similar insurance ever been rescinded or cancelled? If Yes, please provide details. Yes No

6. Claims Experience

6.1. Have any claims ever been made, or lawsuits been brought against you, your predecessors in business, or any current or former Principals, Partners, Directors, employees, or any other person or entity applying to be insured under this proposed contract of insurance? Yes No

6.2. Are any of the Principals, Partners, Directors or employees aware, after inquiry, and as of the date of signing this application, of any errors, omissions, offences, circumstances or allegations which might result in a claim being made against you or any person or entity applying to be insured under this proposed contract of insurance? Yes No

6.3. Have you, your predecessors in business, or any current or former Principals, Partners, Directors, or employees ever been the subject of disciplinary action or investigation by any authority or regulator or professional body? Yes No

Declaration

We have read and understood the Important Notices contained in this application.

We agree that this proposal, together with any other information or documents supplied with this proposal, will form the basis of any contract of insurance.

We acknowledge that if this application is accepted, the contract of insurance will be subject to the terms and conditions as set out in the policy wording as issued or as otherwise specifically varied in writing by the insurer.

We declare, after inquiry of all relevant persons within our organisation, that the statements, particulars and information contained in this application and in any documents accompanying this application are true and correct in every detail and that no other material facts have been misstated, suppressed or omitted.

We undertake to inform the insurer of any material alteration to those facts before completion of the contract of insurance.

Commission Disclosure

The Proposer understands, acknowledges and agrees that, as a result of the applicant purchasing and taking up the policy to be issued by Chubb, Chubb will pay the authorised insurance broker commission during the continuance of the policy including renewals, for arranging the said policy.

This form must be reviewed, signed and dated by a duly authorised Principal, Partner or Director. The authorised person who signs on behalf of the Proposer further confirms to Chubb that he or she is authorised to do so.

Personal Information Collection Statement

Chubb Insurance Singapore Limited (“Chubb”) is committed to protecting your personal data. Chubb collects, uses, discloses and retains your personal data in accordance with the Personal Data Protection Act 2012 and our own policies and procedures. Our Personal Data Protection Policy is available upon request. Chubb collects your personal data (which may include health information) when you apply for, change or renew an insurance policy with us, or when we process a claim. We collect your personal data to assess your application for insurance, to provide you with competitive insurance products and services and administer them, and to handle any claim that may be made under a policy. If you do not provide us with your personal data, then we may not be able to provide you with insurance products or services or respond to a claim.

We may disclose the personal data we collect to third parties for and in connection with such purposes, including contractors and contracted service providers engaged by us to deliver our services or carry out certain business activities on our behalf (such as actuaries, loss adjusters, claims investigators, claims handlers, third party administrators, call centres and professional advisors, including doctors and other medical service providers), other companies within the Chubb Group, other insurers, our reinsurers, and government agencies (where we are required to by law). These third parties may be located outside of Singapore.

You consent to us using and disclosing your personal data as set out above. This consent remains valid until you alter or revoke it by providing written notice to Chubb’s Data Protection Officer (“DPO”) (contact details provided below). If you withdraw your consent, then we may not be able to provide you with insurance products or services or respond to a claim.

From time to time, we may use your personal data to send you offers or information regarding our products and services that may be of interest to you. If you do not wish to receive such information, please provide written notice to Chubb’s DPO.

If you would like to obtain a copy of Chubb’s Personal Data Protection Policy, access a copy of your personal data, correct or update your personal data, or have a complaint or want more information about how Chubb manages your personal data, please contact Chubb’s DPO at:

Chubb Data Protection Officer
Chubb Insurance Singapore Limited
138 Market Street
#11-01 CapitaGreen
Singapore 048946
E dpo.sg@chubb.com

Signed, Principal / Partner / Director

Name of Signatory

Date

Contact Us

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