



UEN: T15FC0029B
 GST REG. NO.: M90370081T
 3 Temasek Ave., #16-01 Centennial Tower
 Singapore 039190
 Tel: +65 6804 6000
 Fax: +65 6235 2616

Professional Indemnity Insurance - Proposal Form for Construction Professionals

Important Notice

STATEMENT Section 23(5)

Statement pursuant to Section 23(5) of the Insurance Act (Cap.142). You are to disclose in this proposal form fully and faithfully all the facts which you know or ought to know, otherwise you may not receive any benefit from your policy.

Applicant hereby represents after inquiry, that information contained herein and in any supplemental applications or forms required hereby, is true, accurate and complete, and that no material facts have been suppressed or misstated. Applicant acknowledges a continuing obligation to report to the Company, as soon as practicable, any material changes in all such information, after signing the application and prior to issuance of the policy, and acknowledges that the Company shall have the right to withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance based upon such changes.

Further, Applicant understands and acknowledges that:

1. If a policy is issued, the Company will have relied upon, as representations, this application, any supplemental applications, and any other statements furnished to the Company in conjunction with this application, all of which are hereby incorporated by reference into this application and made a part thereof;
2. This application will be the basis of the contract and will be incorporated by references into and made part of such policy; and
3. Applicant's failure to report to its current insurance company any claim made against it during the current policy term, or act, omission or circumstances which Applicant is aware of which may give rise to a claim before the expiration of the current policy may create a lack of coverage for each Applicant who had a basis to believe that any such act, error, omission or circumstance might reasonably be expected to be the basis of a claim.
4. The policy applied for provides coverage on a claims made and reported basis and will apply only to claims that are first made against the insured and reported in writing to the Company during the policy period. Claims expenses are within and reduce the limit of liability.

Claims Made Policy

This is a claims made and reported policy. This policy applies to those claims that are first made against the insured and reported in writing to the company during the policy period. Claim expenses are within and reduce the limit of liability.

Instructions to the Applicant

- A. This form is intended for Architects, Engineers, Surveyors, Project Managers, Interior Designers, Landscape Architects and other Construction Industry Professionals
- 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. Please state **NA** where not applicable.
- D. Do provide details on your letterhead should you require more space to answer a question.
- E. New Business - Please use the Projected Figures from your Business Plan.

Application for Insurance Cover

Period of Insurance From _____ To _____
 Limit of Insurance Required Option 1 _____ Option 2 _____
 Excess/Deductible Requested Option 1 _____ Option 2 _____

	Yes	No
Are you requesting cover for Fraud & Dishonesty?	<input type="checkbox"/>	<input type="checkbox"/>
Are you requesting cover for Principals' Previous Business?	<input type="checkbox"/>	<input type="checkbox"/>

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 acquired or merged with any other practice or business?
If yes, please attach details. **Yes** **No**

1.3 What is your address? _____

1.4 What is your website address? _____

1.5 When was your firm established? (MM/DD/YYYY) _____

1. Details of Applicant Continued

1.6 What is the number of your

Principals, Partners or Directors _____	Non-Technical Administrative Staff _____
Other Registered Professionals _____	Other Staff <i>(please specify)</i> _____
Other Skilled & Technical Staff _____	_____
Total _____	

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

Name	Qualifications	Year Qualified	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

	Yes	No
--	------------	-----------

2.1 Which professional societies & associations are you, your Principals, Partners or Directors members of? _____

2.2 Are you ISO 9001 certified?
If yes, when was this achieved and for which activities? _____

2.3 What percentage of your clients are

Governments _____ %	Contractors _____ %	
Real Estate Developers _____ %	Auctioneering _____ %	
Commercial Entities _____ %	Other Design Professionals _____ %	
	Others <i>(specify)</i> _____	
Industrial Entities _____ %	_____ %	
Total		100%

2.4 What is the percentage breakdown of each type of Professional Service or advice that you provide to clients?

Architecture _____ %	Civil Engineering _____ %	
Master Planning _____ %	Traffic & Transportation Engineering _____ %	
Interior Design _____ %	Structural Engineering _____ %	
Landscape Architecture _____ %	Geo-Technical & Soil Engineering _____ %	
Land Surveying _____ %	Environmental Engineering _____ %	
Hydrographic Surveying _____ %	Naval Architecture _____ %	
Setting Out _____ %	Marine, Aeronautical & Automotive Engineering _____ %	
Building Surveying _____ %	Industrial & Process Engineering _____ %	
Quantity Surveying _____ %	Chemical Engineering _____ %	
Electrical Engineering _____ %	Project Management _____ %	
Mechanical / Hydraulic, Plumbing, HVAC & Fire Engineering _____ %	Others <i>(specify)</i> _____ %	
Acoustic Engineering _____ %		
Total		100%

2. Details of Business Continued

2.6 What percentage of your work is			
Feasibility Studies	_____ %	Observation of Construction Only	_____ %
Design Only, with no Construction Phase Responsibility	_____ %	Design & Construct or Turnkey Projects	_____ %
Design with Supervision of Construction (where construction is done by others)	_____ %	Total	100%
2.7 What percentage of your projects are			
Airports	_____ %	Office Buildings	_____ %
Apartments & Condominium	_____ %	Parking Structures	_____ %
Arenas & Stadiums	_____ %	Pipelines & Petrochemicals Facilities	_____ %
Bridges & Tunnels	_____ %	Power Generation Facilities	_____ %
Convention Centres	_____ %	Quarries & Mines	_____ %
Dams	_____ %	Religious Buildings	_____ %
Harbours & Jetties	_____ %	Roads & Highways	_____ %
Hospitals & Healthcare Facilities	_____ %	Schools & Community Buildings	_____ %
Hotels	_____ %	Shopping Centres & Retails Outlets	_____ %
Individual Dwellings	_____ %	Sports & Recreational Facilities	_____ %
Industrial Waste Water Systems	_____ %	Theme Parks & Amusement Rides	_____ %
Landfills	_____ %	Underground Storage Facilities	_____ %
Manufacturing & Industrial Buildings	_____ %	Warehouses	_____ %
Mass Transit Infrastructure	_____ %	Water & Sewage Systems	_____ %
Military Police, & Civil Defence Facilities	_____ %	Water Treatment Plants	_____ %
Modular Buildings involving repetitive design	_____ %	Others (specify) _____	_____ %
Nuclear Facilities	_____ %	Total	100%
2.8 Do you engage in any other Professional or Business activities other than what is described in this Section 2?		Yes	No
If yes , please attach details of the type of work and the fee income from these other activities.		<input type="checkbox"/>	<input type="checkbox"/>
2.9 Are you or any of your Principals, Partners or Directors connected or associated with any other Practice or Business?		<input type="checkbox"/>	<input type="checkbox"/>
If yes , please attach details.			

3. Financial Details

3.1 When does your Financial Year end? (DD/MM) _____				
3.2 What is your total turnover or fee income for the following:				
	Year	Singapore(\$)	Foreign(\$)	Total(\$)
Coming Year <i>(Estimated)</i>				
Current Year <i>(Estimated)</i>				
Past Year				

3. Financial Details *Continued*

3.3 What percentage of your fee income is derived from work in

Singapore	_____ %	Other Asia	_____ %
Australia / New Zealand	_____ %	Europe	_____ %
USA / Canada	_____ %	Others	_____ %
Total		100%	

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

Country	Number of Staff

3.5 What are your five largest projects or contracts during the past five years?

Project Name & Description	Location	Start & End Date	Construction Value	Fees
1.				
2.				
3.				
4.				
5.				

4. Risk Management

	Yes	No
4.1 Do you execute a written contract, agreement or engagement letter for services with every client?	<input type="checkbox"/>	<input type="checkbox"/>
4.2 Are these client contracts reviewed by a law firm experienced in your profession? If no, how do you review and approve client contracts? _____	<input type="checkbox"/>	<input type="checkbox"/>
4.3 Do these contracts contain:	<input type="checkbox"/>	<input type="checkbox"/>
Specific description of services that you provide?	<input type="checkbox"/>	<input type="checkbox"/>
Guarantees or warranties of your services?	<input type="checkbox"/>	<input type="checkbox"/>
Limitation of your liability to your clients?	<input type="checkbox"/>	<input type="checkbox"/>
Hold harmless or indemnity agreements to your benefit?	<input type="checkbox"/>	<input type="checkbox"/>
Hold harmless or indemnity agreements to your client's benefit?	<input type="checkbox"/>	<input type="checkbox"/>
Disclosure of actual or potential conflicts of interest?	<input type="checkbox"/>	<input type="checkbox"/>
4.4 Are all changes to your contracts confirmed in writing?	<input type="checkbox"/>	<input type="checkbox"/>
4.5 Are verbal reports or advice always confirmed in writing?	<input type="checkbox"/>	<input type="checkbox"/>
4.6 What percentage of your professional services is subcontracted to others? _____ %		
4.7 What services are subcontracted? _____		
4.8 Does your subcontractor contractually agree to hold you harmless for liability caused by the subcontractor's acts?	<input type="checkbox"/>	<input type="checkbox"/>
4.9 Do you contractually agree to waive any legal rights you may have against your subcontractors, consultants or agents?	<input type="checkbox"/>	<input type="checkbox"/>
4.10 What percentage of Sub-Consultants do you require to carry Professional Liability Insurance? _____ %		

5. Insurance History

Yes No

5.1 Do you currently have similar Insurance?
If yes, please provide details

Period of Insurance _____

Insurer _____

Policy Limit _____

Excess _____

Retroactive Date _____

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 _____

6. Claims Experience

Yes No

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?

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?

6.3 Have you, your predecessors in Business, or any current or former Principals, Partners, Directors or Employees ever been subject of disciplinary action or investigation by any authority or regulator or professional body?

If yes to any of the questions in this Section, please **provide full details** and the **status** of each claim, lawsuit, allegation or matter, including;

- Date of the claim, suit or allegation
- Date you notified your previous Insurers
- Name of the claimant and the project
- Allegations made against you
- Amount claimed by the Claimant
- Whether the status is outstanding or finalised
- Amounts paid for claims and defence cost to date

Additional Information to Send with your Application

Yes No

Attach a copy of the following:

Resumes or CVs of all your Principals, Partners or Directors

For new businesses only, your business plan with business projection

Declaration

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

We agree that this Proposal, together with any other information or documents supplied, 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 GAIC.

We declare, **after inquiry**, that the statements, particulars and information contained in this Application and in any documents accompanying this application are true and correct in every details and that no other material facts have been misstated, suppressed or omitted.

We undertake to inform GAIC of any material alteration to those facts before completion of the Contract of Insurance.

This form **MUST** be reviewed, signed and dated by a duly authorised Principal, Partner or Director.

Name of Signatory

Signed, Principal/Partner/Director

Date