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Marine Professionals Indemnity Proposal Form

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.

Further, **Applicant** understands and acknowledges that:

- a. If a **Policy** is issued, **Great American** will have relied upon, as representations, this application, any supplemental applications, and any other statements furnished to **Great American** in conjunction with this application, all of which are hereby incorporated by reference into this application and made a part thereof.
- b. This **Proposal** will be the basis of the contract and will be incorporated by references into and made part of such **Policy**; and
- c. In this **Proposal**:
 - **Applicant** means the entity intended to be the insured, defined as the **Insured** in the **Policy**.
 - **Great American** means Great American Insurance Company, Singapore Branch.
 - **Policy** means Great American Marine Professionals Indemnity Insurance Policy, a sample of which is available on request. For avoidance of doubt, references to the **Policy** shall not bind **Great American** to issue one.

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 **Great American** during the **Period of Insurance**. Claims expenses are within and reduce the **Limit of Indemnity**.

Instructions to the Applicant

- a. This **Proposal** **MUST** be completed, signed and dated by a Principal, Partner or Director.
- b. You must answer **ALL** the questions in this form. Please state **NA** where not applicable.
- c. If there is insufficient space on this form for you to complete any of your answers, please attach a separate signed and dated sheet on your letterhead with your complete answer(s) and identify the question number(s) concerned.

Section 1: Application for Insurance Coverage

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

Section 2: Details of Applicant

2.1 Company Details

Company Name and Website _____

Company Address _____

Date in which Company was Established (DD/MM/YY) _____

Professional Services _____

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.

2.2 Subsidiary Companies to be Covered Under This Insurance

Subsidiary Companies	Corresponding Business/Professional Services (If different from main applicant)

Section 2: Details of Applicant *Continued*

2.3 Breakdown of Employees

Number of:

Principals, Partners or Directors _____ Clerical Staff _____

Other Professionally Qualified Staff _____ Other Staff (Please specify) _____

Skilled & Technical/Manual Workers _____

Total _____

Qualifications of Principals, Partners, Directors or other key professional personnel

Name	Qualification	Year of Qualification	No. of Years in This Practice	No. of Years in Previous Practice

Type(s) of Professional License Held by the Principals, Partners, or Directors:

Name(s) Of Any Professional Society or Association to which the Principals, Partners or Directors are Affiliated or Members of:

2.4 Business Details

2.4.1 Percentage Estimation of this Year's Annual Income that Relates to:

Chartering Broking	_____ %	Marine Consultancy	_____ %
S&P Broking	_____ %	Marine Engineering	_____ %
Bunker Broking	_____ %	Marine Surveying	_____ %
Ship Management	_____ %	Naval Architect	_____ %
Stevedoring	_____ %	Ship Registry/Classification Society	_____ %
Ship Agency	_____ %	Average Adjuster	_____ %
Freight Forwarding	_____ %	Acting for Insurers (e.g. Lloyd's Agent/P&I Club Correspondent)	_____ %
Other Marine Services	_____ %		
Please Specify: _____			

Section 2: Details of Applicant *Continued*

2.4.2 5 Largest Projects or Contracts for the Past 3 Years:

Client Name	Service Performed	Year	Location	Fees (\$\$)
1				
2				
3				
4				
5				

2.5 Financial Details

2.5.1 Total Turnover or Fee Income for:

Coming Year (Estimated)

Year _____ Singapore S\$ _____ Foreign S\$ _____

Total S\$ _____

Current Year (Estimated)

Year _____ Singapore S\$ _____ Foreign S\$ _____

Total S\$ _____

Past Year

Year _____ Singapore S\$ _____ Foreign S\$ _____

Total S\$ _____

2.5.2 Percentage of Fee Income Derived from Work in:

Singapore _____ % Other Asia _____ %

Australia/New Zealand _____ % Europe _____ %

USA/Canada _____ %

Total **100%**

2.5.3 Foreign Countries where Services are Provided (If any):

Foreign Country	Number of Staff Located in the Corresponding Country

Section 3: Risk Management

	Yes	No
3.1 Have you entered into any client contracts during the course of your business?	<input type="checkbox"/>	<input type="checkbox"/>
3.2 Are these client contracts reviewed by a law firm experienced in your profession? If no , how do your review and approve client contracts? Please provide details:	<input type="checkbox"/>	<input type="checkbox"/>

Section 3: Risk Management <i>Continued</i>		Yes	No
3.3	Do these contracts contain:		
	a. Specific description of services that you provide?	<input type="checkbox"/>	<input type="checkbox"/>
	b. Guarantees or warranties of your services?	<input type="checkbox"/>	<input type="checkbox"/>
	c. Limitation of your liability to your clients?	<input type="checkbox"/>	<input type="checkbox"/>
	d. Hold harmless or indemnity agreements to your benefits?	<input type="checkbox"/>	<input type="checkbox"/>
	e. Hold harmless or indemnity agreements to your client's benefits?	<input type="checkbox"/>	<input type="checkbox"/>
	f. Disclosure of actual or potential conflicts of interest?	<input type="checkbox"/>	<input type="checkbox"/>
3.4	Are all changes to your contracts confirmed in writing?	<input type="checkbox"/>	<input type="checkbox"/>
3.5	Are verbal reports or advice always confirmed in writing?	<input type="checkbox"/>	<input type="checkbox"/>
3.6	Are written disclaimers included with any advice that you give?	<input type="checkbox"/>	<input type="checkbox"/>
3.7	What percentage of your professional services is subcontracted to others? If yes , please provide details of services subcontracted	<input type="checkbox"/>	<input type="checkbox"/>
3.8	Does your subcontractor contractually agree to hold you harmless for liability caused by the subcontractor's acts?	<input type="checkbox"/>	<input type="checkbox"/>
3.9	Do you contractually agree to waive any legal rights you may have against your subcontractors, consultants or agents?	<input type="checkbox"/>	<input type="checkbox"/>
3.10	Do you ask for verification that the subcontractor carries professional indemnity insurance?	<input type="checkbox"/>	<input type="checkbox"/>
Section 4: Insurance History		Yes	No
4.1	Do you currently have similar insurance? If yes , please provide details as follows.	<input type="checkbox"/>	<input type="checkbox"/>
	a. Period of Insurance _____		
	b. Insurer _____		
	c. Limit of Indemnity _____		
	d. Excess/Deductible _____		
	e. Retroactive Date _____		
4.2	Has any application for similar insurance been refused, or has any similar insurance ever been rescinded or cancelled?	<input type="checkbox"/>	<input type="checkbox"/>
Section 5: Claims Experience		Yes	No
In the past five (5) years,			
5.1	Has any professional indemnity, or errors or omissions claim 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 Proposal ?	<input type="checkbox"/>	<input type="checkbox"/>
5.2	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 Proposal ?	<input type="checkbox"/>	<input type="checkbox"/>
5.3	Have you, your predecessors in business, or any current or former Principals, Partners, Directors or Employees ever been subject to disciplinary action or investigation by any authority or regulator or professional body?	<input type="checkbox"/>	<input type="checkbox"/>

Section 5: Claims Experience *Continued***Yes****No**

- 5.4 Have any cargo, pollution or statutory liability claims been made 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 **Proposal**?

If yes, to any of the questions in Section 5 above, please provide **full details** and the **status** of each claim, lawsuit, allegation or matter below:

Section 6: Declaration And Signature**Warranty**

I hereby warrant and declare on behalf of all Insured Person(s) as follows:

- a. I/We have read and understood the Important Notices in this **Proposal**.
- b. I/We hereby declare that I/we have received, read and understood, or have been advised of and understand, the contents of the brochure and any information or material relating to Great American Marine Professionals Indemnity Insurance.
- c. I/We understand and agree that no insurance is in force until this **Proposal** is accepted by **Great American** and a **Policy** is issued.
- d. I/We are aware of and agree to abide by the **Policy**'s terms, conditions and exclusions.
- e. I/We undertake to inform **Great American** of any material alteration to those facts before a **Policy** is being issued.
- f. I/We agree that this **Proposal**, together with any other information or documents supplied, will form the basis of a **Policy** issued.
- g. I/We declare, **after inquiry**, that the statements, particulars and information contained in this **Proposal** and in any documents accompanying this **Proposal** are true and correct in every detail and that no other material facts have been misstated, suppressed or omitted.

False Information

Please note that any person who, knowingly and with intent to defraud any insurance company or other person, files a proposal for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

Section 6: Declaration And Signature *Continued***Personal Data Protection**

1. In order to process, evaluate, administer and/or manage your application, relationship, account and/or policy with **Great American**, **Great American** will necessarily need to collect, use, disclose and/or process your personal data or personal information about you. Such personal data includes (i) information set out in this statement and any other personal information provided by you or already in the possession of **Great American** as previously provided by you; and (ii) your claims.
2. Such personal data will be collected, used, disclosed and/or processed by **Great American** for the purpose(s) of:
 - a. considering whether to provide you with the insurance you applied for including considering whether to accept any renewal request;
 - b. processing your application for underwriting and insurance;
 - c. administering and/or managing your relationship, account and/or policy with **Great American**;
 - d. processing and/or dealing with any claims including the settlement of claims and any necessary investigations relating to the claims, under your policy;
 - e. carrying out due diligence or other screening activities (including background checks) in accordance with legal or regulatory obligations or risk management procedures that may be required by law or that may have been put in place by **Great American**;
 - f. carrying out your instructions or responding to any inquiries by you;
 - g. dealing in any matters relating to the services and/or products which you are entitled to under a policy which you are applying for or have applied for; (including the mailing of correspondence, statements, invoices, reports or notices to you, which could involve disclosure of certain personal data about you to bring about delivery of the same as well as on the external cover of envelopes/mail packages);
 - h. investigating fraud, misconduct, any unlawful action or omission, whether relating to your application, your renewal request, your claims or any other matter relating to your policy, and whether or not there is any suspicion of the aforementioned; and/or
 - i. complying with applicable law in administering and managing your relationship with **Great American**.

(collectively the "**Purposes**")

3. **Great American** may/will also be collecting from sources other than yourself, personal data about you, for one or more of the above **Purposes**, and thereafter using, disclosing and/or processing such personal data for one or more of the above **Purposes**.
4. Your personal data may/will be disclosed by **Great American** to affiliates of **Great American** and third parties such as third party service providers, reinsurers or agents (including its lawyers/law firms) ("**Relevant Parties**"), which may be sited outside of Singapore, for one or more of the above **Purposes**, and such **Relevant Parties** would be processing your personal data for **Great American** in relation to one or more of the above **Purposes**.
5. By signing below, you:
 - a. consent to **Great American** collecting, using, disclosing and/or processing your personal data for the Purposes as described above;
 - b. consent to **Great American** collecting personal data about you from sources other than yourself and using, disclosing and/or processing the same, for one or more of the Purposes as described above;
 - c. consent to **Great American** disclosing your personal data to the **Relevant Parties**, for the **Purposes** as described above; and
 - d. consent to **Great American** transferring your personal data out of Singapore to the **Relevant Parties**, for the **Purposes** as described above.

I have read and agree to the above.

Declaration And Signature

The undersigned authorized Principal, Partner or Director of the **Applicant** hereby declare that to the best of his/her knowledge and belief, the statements set forth herein and all attachments and schedules hereto are true and complete, and immediate notice will be given should any of the above information alter between the date of this **Proposal** and the proposed inception date of the **Policy**. Although the signing of this **Proposal** does not bind the undersigned on behalf of the **Applicant** or any potential **Insured** to effect insurance, the undersigned agree on behalf of all potential **Insured** that this **Proposal** and all attachments and schedules hereto and the said statements herein shall be the basis and will be incorporated in the **Policy** should one be issued.

Name and Signature of Applicant

Date