



ACE elite Association Liability Insurance Proposal Form

IMPORTANT NOTICES TO THE ASSOCIATION

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 avoid 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.

Claims Made Contract

Subject to its terms and conditions the policy will cover your legal liability for any claim:

- first made against you during the policy period;
- resulting from any circumstance of which you become aware during the policy period which may give rise to a future claim against you, provided you immediately inform us in writing of such circumstances within the policy period.



ace insurance

ACE Insurance Limited (852) 3191 6800 tel
25th Floor, Shui On Centre (852) 2560 3565 fax
No. 6-8 Harbour Road www.aceinsurance.com.hk
Wanchai, Hong Kong SAR

The Policy will not cover your legal liability resulting from any claim, matter occurrence or circumstance arising from any act, error or omission committed or alleged to have been committed of which you were aware before commencement of the policy period.

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 business activities, 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 ASSOCIATION

Before completing this proposal please read the Important Notices starting on page 1.

This proposal should be answered after detailed enquiry of all persons to be covered.

- A. This proposal must be completed, signed and dated by a Principal or Director.
- B. You must answer all the questions in this form. If a questions is not applicable, state 'N/A'. If more space is required to answer a question, continue on your letterhead.
- C. If you have any questions concerning this proposal, please contact your insurance broker or adviser to discuss.

Additional Information to Send with your Proposal

Attach a copy of the following:

	Included?
Association's profile, membership brochures, pamphlets, or other marketing material describing your operations and services	<input type="checkbox"/> Yes <input type="checkbox"/> No
Association's Constitution and By-Laws	<input type="checkbox"/> Yes <input type="checkbox"/> No
Latest financial statements or annual report	<input type="checkbox"/> Yes <input type="checkbox"/> No
Resumes or CVs of all your Principals or Directors	<input type="checkbox"/> Yes <input type="checkbox"/> No

1. Name of Association: _____
 Address: _____
 Website address: _____
 Year established: _____
 Geographical scope: _____

2. Limit of Liability requested:
- HK\$5,000,000 HK\$10,000,000 HK\$20,000,000 HK\$30,000,000
 HK\$40,000,000 HK\$50,000,000 HK\$75,000,000 Other HK\$

3. Are you requesting cover for Fraud & Dishonesty? Yes No



4. Briefly describe the objects and the scope of services of the Association:

- 5. a) Number of members (if applicable): _____
- b) Number of services recipient annually: _____
- c) Number of directors: _____
- d) Number of full-time employees: _____
- e) Number of part-time employees: _____
- f) Number of volunteers: _____
- g) Number of registered social workers: _____
- h) Number of registered & enrolled nurses: _____

6. Briefly describe minimum membership qualifications:

7. Indicate the finances of the Association:

	CURRENT YEAR	PRIOR YEAR	2ND PRIOR YEAR
Annual Budget			
Service and Programme income			
Government grants			
Non-Government grants			
Annual Recurrent Expenditures			
Budget Surplus (Deficits)			
Accumulated Budget Deficit/Surplus			

8. What is the future direction or development of the Association in the coming 12 months?

9. a) Does the Association publish any magazines, periodicals or newsletters? Yes No

If so, attach a sample of each.

b) Does the Association publish a technical manual? Yes No

If so, describe:



10. Please answer each of the following and attach details of any “yes” answer.

- | | YES | NO |
|---|------------------------------|-----------------------------|
| a) Does the Association provide a referral, legal aid, or computer service to its members or the public? | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Does the Association promote or sponsor any type of group travel, conventions, parades or other similar events, or assume any liability in connection therewith? | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Does the Association promote, sponsor or provide any form of insurance to its members or non-members? | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Does the Association act as a fiduciary or administrator under the Mutual Provident Fund? | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Is the Association engaged in any form of research, development, experimentation or testing? | <input type="checkbox"/> | <input type="checkbox"/> |
| f) Does the Association act as or participate in a peer review group or committee for assessing the qualifications and performance of others or the quality of products manufactured, sold, handled or distributed by others? | <input type="checkbox"/> | <input type="checkbox"/> |
| g) Does the Association take any disciplinary action or recommend disciplinary action as a result of peer review group activities? | <input type="checkbox"/> | <input type="checkbox"/> |
| h) Does the Association develop standards used to evaluate the quality of goods, manufactured products or services rendered? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Does the Association maintain any public liability insurance including personal injury coverage? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Does the Association maintain directors and officers liability coverage? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. Has any similar association professional indemnity coverage ever been declined or cancelled? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If so, attach an explanation. | | |
| 14. Does the Association currently have similar association liability coverage? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, please give the following details: | | |

CURRENT & LAST FOUR YEARS	INSURER	LIMITS	DEDUCTIBLE / RETENTION	PREMIUM
Current Year				
Prior Year				
2 nd Prior Yr				
3 rd Prior Yr				
4 th Prior Yr				



15. Does the Association have a human resources department? [] Yes [] No

If Yes, how many employees are in this department? _____

If No, how is this function handled? Please attach full details.

16. How many directors and other employees have either resigned, been terminated (with or without cause) or retired within the last 2 years:

Directors resigned: _____ Director terminated: _____
Employees resigned: _____ Employees terminated: _____

17. a) Does the Association have a written human resources manual or equivalent written management guidelines and, if so, please indicate whether the manual/guidelines contain a policy or procedure with respect to the events below. (If such manual or guidelines exist, please attach to this application) [] Yes [] No

b) Whether or not such manual or guidelines exist, please also indicate whether decisions regarding these events below are subject to prior review by the Applicant's Human Resources Department, Legal Department or Outside Legal Advisor.

Individual decisions are always reviewed by: Within HR Manual HR Dept Legal Dept Outside Legal

Written application for employment []Yes []No []Yes []No []Yes []No []Yes []No

Confidential treatment of medical examinations []Yes []No []Yes []No []Yes []No []Yes []No

Legally prohibited Discrimination []Yes []No []Yes []No []Yes []No []Yes []No

Sexual Harassment []Yes []No []Yes []No []Yes []No []Yes []No

Employee disciplinary actions []Yes []No []Yes []No []Yes []No []Yes []No

Terminations, layoffs and early retirements []Yes []No []Yes []No []Yes []No []Yes []No

Employee outplacement services []Yes []No []Yes []No []Yes []No []Yes []No

Employee appraisals/reviews []Yes []No []Yes []No []Yes []No []Yes []No

c) Does the Association have an employee handbook which is distributed to all employees? [] Yes [] No



-
18. Does the Association maintain any pension scheme outside Hong Kong for the employee? Yes No
If Yes, please attach full details.
19. Is the Association currently undergoing or does the Association contemplate undergoing during the next 1 year any employee layoffs or early retirements (including those resulting from any type of restructuring or office, branch or chapter closing)? Yes No
If Yes, please attach full details.
20. Please provide on a separate attachment full details of all wrongful termination, Discrimination and/or Harassment claims made against the Applicant or any of its directors or employees during the last five years including amounts of any judgments or settlements and costs of defense.
If no such claims, check "None". None
21. Does any person propose to be insured have knowledge or information of any act, error or omission which might reasonably be expected to give rise to a claim against him? Yes No
If Yes, attach full particulars.
22. Attach list and status of all association liability claims made against any proposed insured during the past five years. None
If none, check "None".



ace insurance

ACE Insurance Limited (852) 3191 6800 tel
25th Floor, Shui On Centre (852) 2560 3565 fax
No. 6-8 Harbour Road www.aceinsurance.com.hk
Wanchai, Hong Kong SAR

DECLARATION

- We acknowledge that we have read and understood the Important Notices contained in this proposal.
- We agree that this proposal, together with any other information or documents supplied, will be incorporated into and form the basis of any contract of insurance.
- We acknowledge that if this proposal 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 enquiry 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.
- We undertake to inform the Insurer 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 or Director.

Signed, Principal/ Director:

Date:

Name of signatory: