



ACE elite Professional Indemnity Insurance Proposal Form for Miscellaneous Professional Liability

IMPORTANT NOTICES TO THE APPLICANT

Your Duty of Disclosure

Before you enter into a contract of general insurance with an insurer, you have a duty under the law to disclose to the insurer every matter within your knowledge that is material 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.

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

Your duty of disclosure continues after the application 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 void the contract of insurance from its commencement.

If your non-disclosure is fraudulent, the Insurer may also have the option, in addition to voiding 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 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 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. If a question is not applicable, state **“N/A”**. If more space is required to answer a question, continue on your letterhead.
- C. If you are a new business, use the projected figures from your business plan.
- D. 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	To
Limit of Insurance Required	Option 1 HK\$	Option 2 HK\$
Excess/Deductible Requested	Option 1 HK\$	Option 2 HK\$
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
Are you requesting cover for Automatic Reinstatement?		<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 Yes No any other practices or businesses? If yes, please attach details.

1.3 What is your address?

1.4 What is your website address?



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

1.6 What is the number of your

Principals, partners or directors		Non-technical administrative staff	
Other professionally qualified staff		Other staff (specify)	
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	Years as Principal, Partner or Director	
			Current practice	Previous practice

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

2. Details of Business

2.1 What professional licences do you and your Principals, Partners or Directors hold?

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

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

Type of work	%



Total	100%

2.4 Do you engage in any other professional or business activities other than what is described in this section 2? If yes, please attach details of the type of work and the fee income from these other activities. Yes No

2.5 Are you or any of your Principals, Partners or Directors connected or associated with any other practice or business? If yes, please attach details. Yes No

3. Financial Details

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

3.2 What is your total turnover or fee income for the

	Year	Hong Kong	Foreign	Total
Coming year (est)		\$	\$	\$
Current year (est)		\$	\$	\$
Prior year		\$	\$	\$

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

Hong Kong	Other Asian Countries	Australia/ NZ	Europe	USA/ Canada	Others	Total
%	%	%	%	%	%	100 %

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

Country	Number of staff	Country	Number of staff

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

Client name	Service performed	Start & end date	Location	Fees
				\$
				\$



				\$
				\$
				\$

4. Risk Management

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

4.2 Are these client contracts reviewed by a law firm with experience in your Yes No profession? If no, how do you review and approve client contracts?

- 4.3 Do these contracts contain
- Specific description of services that you provide? Yes No
 - Guarantees or warranties of your services? Yes No
 - Limitation of your liability to your clients? Yes No
 - Hold harmless or indemnity agreements to your benefit? Yes No
 - Hold harmless or indemnity agreements to your client's benefit? Yes No
 - Disclosure of actual or potential conflicts of interest? Yes No

4.4 Are all changes to your contracts confirmed in writing? Yes No

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

4.6 Are written disclaimers always included in any advice that you provide? Yes No

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

4.8 What services are subcontracted?



- 4.9 Does your subcontractor contractually agree to hold you harmless for liability caused by the subcontractor's acts? Yes No
- 4.10 Do you contractually agree to waive any legal rights you may have against your subcontractors, consultants or agents? Yes No
- 4.11 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
		\$	\$	

- 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



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:

- the date of the claim, suit or allegation
- the date you notified your previous insurers
- the name of the claimant and the project
- the allegations made against you
- the amount claimed by the claimant
- whether the status is outstanding or finalized
- the amounts paid for claims and defense costs to date

ADDITIONAL INFORMATION TO SEND WITH YOUR APPLICATION

Attach a copy of the following:	Included?
Corporate profile, brochures, pamphlets, or other marketing material describing your operations and services	<input type="checkbox"/> Yes <input type="checkbox"/> No
Latest financial statements or annual report	<input type="checkbox"/> Yes <input type="checkbox"/> No
Standard contracts or service agreements with clients	<input type="checkbox"/> Yes <input type="checkbox"/> No
Resumes or CVs of all your Principals, Partners or Directors	<input type="checkbox"/> Yes <input type="checkbox"/> No
For new businesses only , your business plan with projections of business	<input type="checkbox"/> Yes <input type="checkbox"/> 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, will be incorporated into and 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**, 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.



ace insurance

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

Signed, Principal/Partner/Director:

_____ Date:
Name of signatory: