

# Chubb Elite II Association Liability Insurance

## Proposal Form



### Important Notices

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.

#### **1) 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. If you are unsure whether a matter is material, you should disclose it. 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.

#### **2) Non-Disclosure**

If you fail to comply with your duty of disclosure, the insurer may have the option of avoiding the contract of insurance from its beginning. If your non-disclosure is fraudulent, the insurer may also have the right to keep the premium that you have paid.

#### **3) Claims Made Contract**

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

- First made by 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.

#### **4) Change of Risk or Circumstances**

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

#### **5) 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 contract of insurance) 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**

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Before completing this section, 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 question is not applicable, state 'N.A'. If more space is required to answer a question, continue on a new sheet with your association's letterhead.
- C. If you have any questions regarding this proposal, please contact your insurance broker or advisor to discuss.

**Additional Information to send with your proposal**

**Attach a copy of the following:**

**Included?**

Association's profile, membership brochure, pamphlets, or other marketing material describing your operations and services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Association's Constitutions or 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 your Principals or Directors	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part 1: Information About The Association**

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1. Name of Applicant

\_\_\_\_\_

Name of Association

\_\_\_\_\_

Address

\_\_\_\_\_

\_\_\_\_\_ Postal Code \_\_\_\_\_

Tel No. (Office) \_\_\_\_\_ Tel No. (Mobile) \_\_\_\_\_

Fax No. \_\_\_\_\_ Year Established \_\_\_\_\_

Geographical Scope \_\_\_\_\_

Email Address \_\_\_\_\_

Website Address \_\_\_\_\_

2. Limit of Liability requested

- SGD 1,000,000       SGD 2,000,000       SGD 3,000,000       SGD 5,000,000
- SGD 7,000,000       SGD 10,000,000       Other: \_\_\_\_\_

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

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

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5. a) No. of members (If applicable)

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b) No. of services recipients annually

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c) No. of Directors

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d) No. of Full-Time Employees

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e) No. of Part-Time Employees

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f) No. of Volunteers

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g) No. of registered social workers

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h) No. of registered and enrolled nurses

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6. Briefly describe minimum membership requirements.

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7. Indicate the finances of the Association

	Current Year (SGD)	Prior Year (SGD)	2 <sup>nd</sup> Prior Year (SGD)
Annual Budget			
Service and Programme Income			
Government Grants			
Non-Government Grants			
Annual Recurrent Expenditures			
Budget Surpluses (Deficits)			
Accumulated Budget Surpluses (Deficits)			

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

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9. a) Does the Association publish any magazines, periodicals, or newsletters?

Yes  No

If **Yes**, attach a sample of each.

b) Does the Association publish a technical manual? If **Yes**, please describe.

Yes  No

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10. Please answer each of the following and attach additional details for any questions answered Yes.

- a) Does the Association provide a referral, legal aid, or computer service to its members or the public?  Yes  No
- b) Does the Association promote or sponsor any type of group travel, conventions, parades, or similar events, or assume any liability in connection therewith?  Yes  No
- c) Does the Association promote, sponsor, or provide any form of insurance to its members or non-members?  Yes  No
- d) Does the Association act as a fiduciary or administrator under the Central Provident Fund?  Yes  No
- e) Is the Association engaged in any form of research, development, experimentation or testing?  Yes  No
- f) Does the Association act as or participate in a peer review group or committee for assessing the qualifications or performances of others or the quality of products manufactured, sold, handled or distributed by others?  Yes  No
- g) Does the Association take any disciplinary action or recommend disciplinary action as a result of peer review group activities?  Yes  No
- h) Does the Association develop standards used to evaluate the quality of goods, manufactured products, or services rendered?  Yes  No

11. Does the Association maintain any public liability insurance including personal injury coverage?  Yes  No

12. Does the Association maintain Directors and Officers liability coverage?  Yes  No

13. Has any similar association professional indemnity coverage ever been declined or cancelled?  Yes  No

If **Yes**, please attach an explanation.

14. Does the Association currently have similar association liability coverage?  Yes  No

If **Yes**, please give the following details.

Current and Last 4 Years	Insurer	Limits	Deductible / Retention	Premium
Current Year				
Prior Year				
2 <sup>nd</sup> Prior Year				
3 <sup>rd</sup> Prior Year				
4 <sup>th</sup> Prior Year				

15. Does the Association have 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 or other employees have either resigned, been terminated (with or without cause), or retired within the last 2 years?

Directors resigned: \_\_\_\_\_ Employees resigned: \_\_\_\_\_

Directors terminated: \_\_\_\_\_ 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 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 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 External Legal Advisor.

Individual decisions are always reviewed by:	Within HR Manual	HR Department	Legal Department	External Legal Advisor
Written application for employment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Confidential treatment of medical examinations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Legally prohibited discrimination	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sexual harassment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employee disciplinary actions	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Terminations, layoffs and early retirements	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employee outplacement services	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employee appraisals and reviews	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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 Singapore 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 document 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 5 years including amounts of any judgements or settlements and costs of defence.  None  
If no such claims, check '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? If **Yes**, attach full particulars.  Yes  No

22. Attach list and status of all association liability claims made against any proposed insured over the last 5 years.  None  
If none, check 'None'.

## Declaration

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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

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The Proposer understands, acknowledges, and agrees that, as a result of the applicant purchasing and taking up the policy with Chubb Insurance Singapore Limited (Chubb), Chubb will pay the authorised insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. When the Proposer is a body corporate, the authorised person who signs on behalf of the applicant further confirms to Chubb that he / she is authorised to do so.

The Proposer further understands that the above agreement is necessary for Chubb to proceed with the application.

The above Disclosure Statement is only applicable in situations where an insurance broker is used to purchase / place a policy.

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

**By signing this form, I / We hereby declare that the above information provide by me / us or on my / our behalf in the application and other relevant information / document submitted for this application are true and complete and I / We agree that this application shall be the basis of the contract between me / us and Chubb Insurance Limited, otherwise the policy issued may be void or voidable.**

**The insurance applied for shall only take effect when the application has been approved by Chubb Insurance Singapore Limited.**

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Signature of Principal/Director

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Name and Designation of  
Principal/Director

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Date

## Contact Us

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**Chubb. Insured.**<sup>TM</sup>