Professional Indemnity Insurance

Proposal Form For Technology Professionals Liability



Important Notices to the Applicant

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.

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 void 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.

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 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. Before completing this section, please read the important notices starting on page 1.
- 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. If a question is not applicable, state "N/A". If more space is required to answer a question, continue on your letterhead.
- D. If you are a new business, use the projected figures from your business plan.
- E. If you have any questions concerning this proposal, please contact your insurance broker or adviser to discuss.

App	olication for Insurance Cover			
Peri	od of Insurance	From DD / MM / YYYY	To DD / MM / YYY	<u>'Y</u>
Lim	it of Insurance Required	Option 1 SGD	Option 2 SGD	
Exc	ess / Deductible Requested	Option 1 SGD	Option 2 SGD	
Are	you requesting cover for Fraud & Dishone	esty?		□Yes □No
Are	you requesting cover for Principals' Previ	ous Business?		□Yes □No
1.	Details of Applicant			
1.1.	Names and Company Registration Number	s 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 ha	ive you purchased or merged with any o	ther practice or business?	□Yes □No
	If Yes , please attach details.			
1.3.	What is your address?			
			Postal Code	
1.4.	What is your website address? Include U	RL addresses for all public-facing website	es.	
1.5.	When was your firm established?	(day)	(month)	(year)

1.6.	What is the breakdown of the numb	er of your staff by nature of	work?		
	Principals, partners or directors				
	Other professionally qualified staff				
	Other skilled & technical staff				
	Non-technical administrative staff				
	Other staff (please specify)				
	Total				
1.7.	Do you have a formalised continuing an annual basis?	g education programme req	uired for all professiona	ally qualified staff on	□Yes □No
1.8.	What are the qualifications of your I	Principals, Partners, Directo	rs or other key profession	onal personnel?	
	Name	Qualifications	Year Qualified	Years as Principal,	Partner or Director
				This practice	Previous practice
l .9 .	If you have only one Principal, what on leave, ill or away from the office?		in place to ensure conti	inuity of business when	n that Principal is travelling,

2.	Details of Business
2.1.	What professional licences do you, your Principals, Partners or Directors hold?
2.2.	What professional societies and associations are you, your Principals, Partners or Directors members of?
2.3.	Please provide the percentage breakdown of each type of professional service or advice that you provide to clients.

Type of Product or Service	% of Revenue		Typical Customer
	Current Year	Next Year	
Application Service Provider - Bandwidth			
Application Service Provider - Security			
Bulletin Board System/Forum Sites			
Billing Services			
Computer Aided Design (Structural)			
Computer Aided Design (Non-Structural)			
Colocation Facilities			
Credit Card Processing			
CRM Consulting			
Data Entry / Timesharing			
Data Processing			
E-commerce Consulting			
ERP Consulting			
Graphic Design			

Hardware Assembly		
Hardware Manufacturing		
Healthcare		
Infrastructure Equipment Manufacturing		
Infrastructure Software		
Internet Advertising		
Internet Service Provider		
Manufacturing (General)		
Messaging Services		
Online Banking		
Online Brokerage		
Online Exchange		
Portals		
Retail E-Commerce		
Security Consulting		
Security Software		
Software Development		
Software Installation - Custom		
Software Installation - Prepackaged		
Specialty Programming		
Systems Analysis		
Systems Engineering		
Systems Integration		
Systems Maintenance		
Technical Research		
Technical Support		
Technical Training		
Telecommunication		
Value Added Reselling		
Video Conferencing Services		
Web Hosting		
Web Maintenance Services		
Website Design		
WiFi Service Provider		
Other		

If **Yes**, please attach details of the type of work and the fee income from these other activities.

2.5.	2.5. Are you or any of your Principals, Partners or Directors connected or associated with any other practice or business?									□Yes	□No
	If Yes , please attack	h details.									
2.6.	.6. Do you provide consulting & / or software for the following:										
	(i) Personal Investment Management programs(ii) Programme recording data on past financial performance of companies									□Yes	□ No
					mance of c	ompames				☐ Yes	□No
	(iii) Software for fi		_							☐ Yes	□No
	(iv) Currency conv	ersion progra	amme	s of dealers						⊥ res	□NO
	If you answered Ye	s to 2.6, pleas	se spe	cify percentage of	f each that o	constitute of	their annual fee inc	ome.			
2.7.	Do they enter into	fixed price co	ntracts	s with their client	s?					□Yes	□No
	If Yes , what % of th	eir annual ind	come o	derives from such	ontracts?						%
2.8.	Do you place tempo	orary IT perso	onnel a	at a client's site ar	nd under th	e client's su _l	pervision and direct	ion?		□Yes	□No
3.	Financial Details										
3.1.	When does your Fi	nancial Year e	end?		(d	ay)	(month)			
3.2.	3.2. What is your total turnover or fee income for the:										
		Yea	ır		Singapore		Foreign		Total		
	Coming year (est.		ar		Singapore SGD		Foreign SGD		Total SGD		
	Coming year (est.)	ır								
)	ır		SGD		SGD		SGD		
3.3.	Current year (est.)		derived from wo	SGD SGD SGD		SGD SGD		SGD SGD		
3.3.	Current year (est. Past year What percentage of)	ome is	derived from wo	SGD SGD SGD rk in:		SGD SGD	Others (SGD SGD SGD	Total	
3.3.	Current year (est. Past year What percentage of)) f your fee inco	ome is		SGD SGD SGD rk in:		SGD SGD SGD	Others (SGD SGD SGD	Total	
	Current year (est. Past year What percentage of	f your fee inco	ome is	Australia / NZ (%	SGD SGD sGD rk in:	oe (%)	SGD SGD SGD USA / Canada (%)	Others (SGD SGD SGD		
	Current year (est. Past year What percentage of Singapore (%)	f your fee inco	ome is %) you pro	Australia / NZ (%	SGD SGD sGD rk in:	oe (%)	SGD SGD SGD USA / Canada (%)	Others (SGD SGD SGD		
	Current year (est. Past year What percentage of Singapore (%) Please list the foreign	f your fee inco	ome is %) you pro	Australia / NZ (%	SGD SGD sGD rk in:	ne (%)	SGD SGD SGD USA / Canada (%)		SGD SGD SGD		
	Current year (est. Past year What percentage of Singapore (%) Please list the foreign	f your fee inco	ome is %) you pro	Australia / NZ (%	SGD SGD sGD rk in:	ne (%)	SGD SGD SGD USA / Canada (%)		SGD SGD SGD		
	Current year (est. Past year What percentage of Singapore (%) Please list the foreign	f your fee inco	ome is %) you pro	Australia / NZ (%	SGD SGD sGD rk in:	ne (%)	SGD SGD SGD USA / Canada (%)		SGD SGD SGD		
	Current year (est. Past year What percentage of Singapore (%) Please list the foreign	f your fee inco	ome is %) you pro	Australia / NZ (%	SGD SGD sGD rk in:	ne (%)	SGD SGD SGD USA / Canada (%)		SGD SGD SGD		
	Current year (est. Past year What percentage of Singapore (%) Please list the foreign	f your fee inco	ome is %) you pro	Australia / NZ (%	SGD SGD sGD rk in:	ne (%)	SGD SGD SGD USA / Canada (%)		SGD SGD SGD		
	Current year (est. Past year What percentage of Singapore (%) Please list the foreign	f your fee inco	ome is %) you pro	Australia / NZ (%	SGD SGD sGD rk in:	ne (%)	SGD SGD SGD USA / Canada (%)		SGD SGD SGD		

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

	Cli	ent name	Service performed	Location	Start and End Date	Fees (SGD)
3.6.	Wha	nt is average timeframe j	per contract?			
3.7.	Wha	nt is your average contra	act or licensing agreement v	alue?		
4.	Risk	Management				
	_					П., П.,
4.1.	Do y	ou execute a written co	ontract, agreement or engag	ement letter for services wit	h every client?	∐Yes ∐No
12	Ara	these client contracts re	eviewed by a law firm exper	ionced in your profession?		□Yes □No
7.2.	mc	these chefit contracts re	viewed by a law in in exper	icheed in your profession:		□1c3 □100
	If No	o, how do you review ar	nd approve client contracts?	•		
4.3.	Do t	hese contracts contain				
	a)		services that you provide?			□Yes □No
	b)	Guarantees or warrant				∐Yes ∐No
	c)	Limitation of your liab	ility to your clients?			□Yes □No
	d)	Hold harmless or inde	mnity agreements to your b	enefit?		□Yes □No
	e)	Hold harmless or inde	mnity agreements to your cl	ient's benefit?		□Yes □No
	f)	Disclosure of actual or	potential conflicts of interes	st?		□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 included in any advice that you give?	□Yes	□No
4.7.	What percentage of your professional services is subcontracted to others?		%
4.8.	Please state the services which are subcontracted (other than those already indicated in section 2.15).		
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 or media liability insurance?	□Yes	□No
4.12	. Please identify the quality control procedures that are in place.		
	☐ Written quality control programmes☐ Prototype development guidelines☐ Beta testing		
4.13	. Are formal customer acceptance procedures in place?	□Yes	□No
4.14	. Are formal written system or software development methodologies in place?	□Yes	□No
4.15	. Do contracts or statement of work include performance milestones which are acknowledged and accepted with signoffs by both you and the customer?	□Yes	□No
4.16	. Are final acceptance letters or signoffs required from each customer?	□Yes	□No
4.17.	. Do you have an Internal Audit process in place?	□Yes	□No

5.	Insurance History						
5.1.	Do you currently have similar insura	ance?			□Yes	□No	
	If Yes , please provide details.						
	Period of Insurance	Retroactive Da	ate				
5.2.	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							
6.	Claims Experience						
6.1.	1. Have any claims ever been made, or lawsuits been brought against you, your predecessors in business, or any □ Yes □ No 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.	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 busever been the subject of disciplinary		=	= -	□Yes	□No	

matter, including:
 the date of the claim, suit or allegation the date you notified your previous insurers the name of the claimant(s) and the establishment(s) the allegations made against you the amount claimed by the claimant(s) whether the status is outstanding or finalised the amounts paid for claims and defence costs to date

Additional Information to Send with Your Application

Attach a copy of the following:	Yes	No
Corporate profile, brochures, pamphlets, or other marketing material describing your operations and services		
Latest financial statements or annual report		
Standard contracts or service agreements with clients or patients		
Resumes or CVs of all your Principals, Partners or Directors		
For new businesses only, your business plan with projections of business		

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 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

The Proposer understands, acknowledges and agrees that, as a result of the applicant purchasing and taking up the policy to be issued by Chubb, Chubb will pay the authorised insurance broker commission during the continuance of the policy including renewals, for arranging the said policy.

This form must be reviewed, signed and dated by a duly authorised Principal, Partner or Director. The authorised person who signs on behalf of the Proposer further confirms to Chubb that he or she is authorised to do so.

Personal Information Collection Statement

Chubb Insurance Singapore Limited ("Chubb") is committed to protecting your personal data. Chubb collects, uses, discloses and retains your personal data in accordance with the Personal Data Protection Act 2012 and our own policies and procedures. Our Personal Data Protection Policy is available upon request. Chubb collects your personal data (which may include health information) when you apply for, change or renew an insurance policy with us, or when we process a claim. We collect your personal data to assess your application for insurance, to provide you with competitive insurance products and services and administer them, and to handle any claim that may be made under a policy. If you do not provide us with your personal data, then we may not be able to provide you with insurance products or services or respond to a claim.

We may disclose the personal data we collect to third parties for and in connection with such purposes, including contractors and contracted service providers engaged by us to deliver our services or carry out certain business activities on our behalf (such as actuaries, loss adjusters, claims investigators, claims handlers, third party administrators, call centres and professional advisors, including doctors and other medical service providers), other companies within the Chubb Group, other insurers, our reinsurers, and government agencies (where we are required to by law). These third parties may be located outside of Singapore.

You consent to us using and disclosing your personal data as set out above. This consent remains valid until you alter or revoke it by providing written notice to Chubb's Data Protection Officer ("DPO") (contact details provided below). If you withdraw your consent, then we may not be able to provide you with insurance products or services or respond to a claim.

From time to time, we may use your personal data to send you offers or information regarding our products and services that may be of interest to you. If you do not wish to receive such information, please provide written notice to Chubb's DPO.

If you would like to obtain a copy of Chubb's Personal Data Protection Policy, access a copy of your personal data, correct or update your personal data, or have a complaint or want more information about how Chubb manages your personal data, please contact Chubb's DPO at:

Chubb Data Protection Officer Chubb Insurance Singapore Limited 138 Market Street #11-01 CapitaGreen Singapore 048946 E dpo.sg@chubb.com

Signed, Principal / Partner / Director

Name of Signatory

Date

Contact Us

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