

# Chubb Comprehensive General Liability Insurance

## Proposal Form



### Important Notices

#### **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.

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 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 Insured

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. Please state your answers clearly.
- B. Answer all questions completely, leaving no blanks. If any questions, or part thereof, do not apply, type or print 'N/A' in the space.
- C. Provide any supporting information on a separate sheet using your Company's letterhead and reference the applicable question number.
- D. Check YES, NO or N/A answers.
- E. This form must be completed, dated and signed by an authorised officer of your Company.

### Additional Information to send with your proposal

Attach a copy of the following:	Included?
Assumed Liability / Purchasing Contract or Hold Harmless Agreement	<input type="checkbox"/> Yes <input type="checkbox"/> No
Company Profile / Business Brochures	<input type="checkbox"/> Yes <input type="checkbox"/> No
Latest Property Survey Report	<input type="checkbox"/> Yes <input type="checkbox"/> No
Detailed scope of work in relation to the project	<input type="checkbox"/> Yes <input type="checkbox"/> No
Location of map indicating the said property where the work is to be carried out in relation to the surrounding property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Product Catalogues or other advertising materials	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Proposer Details

1. Name of Applicant \_\_\_\_\_  
Name of Company \_\_\_\_\_  
Registered Address \_\_\_\_\_  
Postal Code \_\_\_\_\_  
Tel No. (Office) \_\_\_\_\_ Tel No. (Mobile) \_\_\_\_\_  
Fax No. \_\_\_\_\_ Date of Establishment DD / MM / YYYY  
Email \_\_\_\_\_  
Company Website URL \_\_\_\_\_

### Section A - Business And Premises Details

1. Please provide details of the company's business activities and locations of premises.

	Premise 1	Premise 2	Premise 3
Address			
Description of Business			
Purpose of Premise e.g. Warehouse, factory, Office etc			
Leased or Owned?			

2. Are your premises, together with your plant, equipment, and machinery in good condition and well maintained?  Yes  No
3. a) Do you undertake any manual work away from your premises (other than delivery)?  Yes  No
- b) If **Yes**, does any of the work involve:
- (i) the application of heat (e.g. use of welding equipment, blowlamps or no air strippers)?  Yes  No
- (ii) any work on ships, at airports, chemical works at offshore structures, oil or gas refineries?  Yes  No
- (iii) any work outside the country?  Yes  No
- (iv) work at a height above 10 metres or underground?  Yes  No

If you answered **Yes** to any of the above, please state nature of work and the approximate percentage proportion of work away wages.

Nature of Work	Percentage (%)

4. Do you sub-contract any work?  Yes  No

If **Yes**, please provide the following information:

- a) Details of the work(s) sub-contracted and estimated payments for the next 12 months.

Nature of Work	Estimated Payment
	S\$
	S\$
	S\$
	S\$

- b) Do you ensure that the sub-contractors have adequate liability insurances in force with an indemnity limit at least as high as that which you are arranging, and do you ensure that such insurance are maintained in force?  Yes  No
5. a) Do you handle, store or transport any hazardous substances such as toxic chemicals, explosive substances, gases, asbestos, radioactive substances or any materials giving rise to dust, fumes or vapours?

If **Yes**, please provide more details.

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- b) Do you discharge any hazardous waste product (e.g. toxic chemicals gases, acids, radioactive substances, dust, fumes or vapours) into the atmosphere, ground, sewers, waterways or elsewhere?  Yes  No

If **Yes**, please complete the following.

Type of waste: \_\_\_\_\_

Storage and disposal methods: \_\_\_\_\_

Treatment of waste: \_\_\_\_\_

Disposal licenses held: \_\_\_\_\_

6. Are you represented in any form (e.g. branch office, subsidiary or associated company, sales office, agent holding power of attorney) in another country?  Yes  No

If Yes, please provide more details.

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**Please proceed to:**

- Section B for Product Liability
- Section C for Single Project
- Section D for Application for Cover (Compulsory)

**Section B - Products / Completed Operation Liability**

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1. Describe and list separately, in the manner requested below, all products manufactured handled, distributed or sold by applicant:

a) Products manufactured or prepared by applicant or which bear applicant's name or label.

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b) Products handled, distributed or sold which do not bear applicant's name or label and which are manufactured and prepared by others.

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2. How long has applicant operated in this business, how many products are added each year and what are the quality controls? (If applicant is a branch operation, these questions refer to the branch.)

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3. Are all of your products designed by you?  Yes  No

If No, please explain and indicate who the products are designed by.

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4. List all products manufactured, sold or distributed for the upcoming year for each of the following markets/area:

<b>Products</b>	i)	ii)	iii)	iv)
<b>USA / Canada</b>	Sales (S\$)			
	Units Produced			
<b>Europe</b>	Sales (S\$)			
	Units Produced			
<b>Australia / New Zealand</b>	Sales (S\$)			
	Units Produced			
<b>Rest of the World (ROW)</b>	Sales (S\$)			
	Units Produced			
<b>Domestic - Singapore Only</b>	Sales (S\$)			
	Units Produced			

Should you have any additional products, please attach details on a separate piece of paper.

**Section C - Single Project**

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1. Contract Title and Contract No. (As per Letter of Awards)

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2. Contract Value S\$ \_\_\_\_\_

3. Date of commencement of the works / services DD / MM / YYYY

4. Date of completion of the works / services DD / MM / YYYY

5. Maintenance Period / Defect Liability Period, if any \_\_\_\_\_

6. Scope of work in relation to the project. (Please attach a detailed copy of works / services rendered)

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7. Location(s) of the works / services

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8. List the surrounding property within the location of works / services

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9. Is there any aggravated risk of fire or explosion?  Yes  No

If **Yes**, please provide details.

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10. Is Completed Operation Liability cover required?  Yes  No

**Section D - Application For Cover (Compulsory)**

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1. Limit required \_\_\_\_\_

2. Period of Insurance From DD / MM / YYYY To DD / MM / YYYY

3. Deductible S\$ \_\_\_\_\_

4. Is there any insurance currently in force which also provides coverage afforded by this proposed insurance?  Yes  No

If **Yes**, please provide the details as follows:

Name of the Insurer	Limit of Liability (\$\$)	Deductible (\$\$)	Expiry Date (DD/MM/YYYY)

5. Have there been any reported incidents or claims in the past five years?  Yes  No

If **Yes**, please provide details including no. of incidents, paid outstanding and description of incident(s) for each year.

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6. If there is prior loss history, has the cause of loss situation been corrected?  Yes  No

If **Yes**, please describe the cause of loss. Cause of loss could have been design error, lack of maintenance, exceeding of design limits and environmental condition.

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7. Has any Insurer ever declined, cancelled or refused to renew your insurance or imposed special terms on you?  Yes  No

If **Yes**, please give details including name of such insurer.

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## 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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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 Singapore 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 Applicant

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Name and Designation of Applicant

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Date

## Contact Us

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