

# Chubb Elite School Liability Insurance

## Proposal Form



### Important Notices to 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 School

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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 school'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:

Audited financial statement for the most recent available fiscal year  
Current employee handbook  
Current student handbook  
Copy of the school's employment termination procedures  
Resumes or CVs of your Principals or Directors

#### Included?

Yes  No  
 Yes  No  
 Yes  No  
 Yes  No  
 Yes  No

### Part 1 - Information About The School

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1. Name of Applicant

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Name of School

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Address

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

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

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

Email \_\_\_\_\_

2. Type of School (check all boxes that apply)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Kindergarten           | <input type="checkbox"/> Whole-day Primary School | <input type="checkbox"/> Bi-sessional Primary School |
| <input type="checkbox"/> Secondary School       | <input type="checkbox"/> College / University     | <input type="checkbox"/> Special School              |
| <input type="checkbox"/> International School   | <input type="checkbox"/> Boarding School          | <input type="checkbox"/> Vocational / Technical      |
| <input type="checkbox"/> Public School          | <input type="checkbox"/> Private for Profit       | <input type="checkbox"/> Private not for Profit      |
| <input type="checkbox"/> Others (Explain) _____ |   |  |

3. Please provide the following details if coverage for your subsidiary is required. Special audited financial statement is required if its financials are not consolidated in your statement.

Company Name	Principal Activities	Total Assets	Total Revenue	Net Profit

4. No. of Board Members \_\_\_\_\_ Length of Term \_\_\_\_\_

Board Members are:  Elected  Appointed

If Board Members are appointed, by whom are they appointed?

\_\_\_\_\_

5. Enrolment and Employment Information

Enrolment	Current Year	Prior Year	2 <sup>nd</sup> Prior Year
Full Time Students			
Part Time Students			
Special Education			
Disabled Students			
Others			
<b>Total</b>			
Employment	Current Year	Prior Year	2 <sup>nd</sup> Prior Year
Full Time Professors / Teachers			
Part Time Professors / Teachers			
Non-certified Professors / Teachers			
Administrative Personnel, including officials, principals, administrators etc.			
Other Professional Staff			
Social Workers			
Volunteers			
<b>Total</b>			

6. Have you had any staff reductions in the past 24 months?  Yes  No

a) Were Professors / Teachers involved in this reduction?  Yes  No

b) If **Yes**, how many Professors / Teachers were involved?

\_\_\_\_\_

c) How was it decided which Professors / Teachers would be let go?

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**Part 2 - Financial Information**

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7. a. Budget for current and prior fiscal years

	Current Year (SGD)	Prior Year (SGD)	2 <sup>nd</sup> Prior Year (SGD)
Revenues			
Government Grants			
Expenditures			
Budget Surplus (Deficits)			
Accumulated Budget Surplus / Deficits			

b. Provide an explanation for any budget deficits in the past three years and anticipated steps to address accumulated deficits.

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**Part 3 - Operations and Policy**

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8. Any accreditation provided?  Yes  No  N/A

If **Yes**, which body is the accreditation provided by?

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Date of last accreditation: DD / MM / YYYY

Has any accrediting body threatened or taken any probationary activity?  Yes  No

If **Yes**, please explain.

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9. Have any expansions or reductions in study courses or programmes, including music, athletic or other courses or programme, taken place in the past 12 months, or are any anticipated in the next 12 months?  Yes  No

If **Yes**, please explain.

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10. Does the School have a disaster planning document in place and in practice for natural disasters, terrorist acts, acts of violence, or unauthorised intrusions?  Yes  No

11. Do you perform background checks on all employees before employment?  Yes  No

If **Yes**, please explain.

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12. Which of the following processes and policies have you adopted?

**A. As pertains to Professors / Teachers:**

Student suspensions or expulsions	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> In Writing
Use of corporal punishments	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> In Writing
Disciplinary action	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> In Writing
Testing standards	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> In Writing
Teacher / student relationships	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> In Writing
Sexual harassment/molestation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> In Writing
Drug testing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> In Writing

**B. As pertains to Students**

Suspensions or expulsions	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> In Writing
Corporal punishments	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> In Writing
Possession of weapons	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> In Writing
Drugs testing and searches	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> In Writing
Internet access	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> In Writing
Students with disabilities	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> In Writing
Special education	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> In Writing
Public displays of affection	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> In Writing

**C. Have the above policies and procedures been reviewed by the council?**  Yes  No  Some

13. Does the School maintain any pension scheme outside Singapore for its employees?  Yes  No  
If **Yes**, please attach full details.

14. Does the School have any activities in North America?  Yes  No  
If **Yes**, please attach full details.

15. Did the School hold any study tour activities in the past or will be doing so in the coming 12 months? If **Yes**, please attach full details.  Yes  No

16. Have all recommendations, advice or criticism of the examination conducted by the Ministry of Education, Ministry of Manpower or any other similar regulatory body been complied with?  Yes  No  
If **No**, please provide details by attachment.

17. Has a subcontractor or independent contractor been hired?  Yes  No

If **Yes**, please attach full details and state what procedure and selection criteria does the School have in place when selecting the appropriateness of the subcontractor and/or independent contract if applicable?

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#### Part 4 - Employment Practices Liability

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18. During the last 3 years, has any School or unit thereof been involved in any employment or labour related litigation?  Yes  No
19. During the last 3 years, has any educational organisation or unit thereof been involved in any administrative proceedings with:  Yes  No
- a) the Tripartite Alliance for Fair and Progressive Employment Practices  Yes  No
- b) the Ministry of Manpower  Yes  No
- c) any state or local government agency whose purpose is to address employee-related claims  Yes  No

If the answer to question 18 or 19 is **Yes**, please state the type and number of each proceeding and, for each proceeding (including claims expenses), attach full details.

20. Who is responsible for providing employment counsel for employment advice?

External Legal Counsel Name of Firm: \_\_\_\_\_

In-house Legal Counsel  Other, please explain \_\_\_\_\_

21. a) How often are your human resources documents, policies, guidelines and procedures reviewed?

Annually  Semi-annually  Other \_\_\_\_\_

- b) Who is responsible for the review?

External Legal Counsel Name of Firm: \_\_\_\_\_

In-house Legal Counsel  Other, please explain \_\_\_\_\_

22. Does the educational organisation have written guidelines, policies, or procedures for addressing human resources or personnel management in the following areas?

- a) Hiring or interviewing?  Yes  No
- b) Employee contract disclaimer?  Yes  No
- c) Performance appraisals?  Yes  No
- d) Discipline?  Yes  No
- e) Discharge?  Yes  No
- f) Accommodating for the disabled?  Yes  No
- g) Non-union grievance procedures?  Yes  No
- h) Sexual harassment?  Yes  No
- i) Use of Educational Organisation's electronic mail, voice mail and internet access?  Yes  No

23. Do all employees receive a copy of these guidelines, policies, or procedures, and acknowledge such receipt in writing?  Yes  No

24. Does the School have a full-time human resources manager?  Yes  No

If **No**, who is responsible for human resources?

**Part 5 - Insurance Information**

25. Please provide School Liability and/or Director and Officers Liability and / or Employment Practices Liability policy information.

Year	Professional Liability Carrier	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				

26. Current Liability Carrier and Limits: \_\_\_\_\_

27. Has any insurance been declined, cancelled or not renewed in the past 5 years? If **Yes**, please explain.  Yes  No

28. 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: \_\_\_\_\_

29. Optional extensions requested:

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Fraud and Dishonesty Cover                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Public Relations Expenses Cover              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Parent-Teacher Association Liability Cover   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Alumni Association Liability Cover           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Student Association Liability Cover          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Governing or Management Body Liability Cover | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

## Part 6 - Claims Experience

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30. Do any principals, directors, committee members, officers, senate, or employees of the School have knowledge or information of any act or omission which might reasonably be expected to give rise to a claim?  Yes  No

If **Yes**, please attach full details.

31. Has the School, or any of its predecessors in educational services, subsidiaries, or affiliates, or any of its principals, directors, committee members, senate or employees, ever been the subject of a disciplinary action as a result of professional activities? If **Yes**, please attach full details.  Yes  No

32. During the past 5 years, have any claims been made or suits brought against the School, any predecessors in educational services, subsidiaries, or affiliates, or any of its principals, directors, committee members, senate or employees? If **Yes**, please attach full details.  Yes  No

### 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

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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