

Proposal Form

Professional Indemnity- Lawyers

Please complete all sections to facilitate the processing of your application.

Statement pursuant to Section 25(5) Cap. 142 of the Insurance Act or any subsequent amendments thereof. You are to disclose in the proposal form fully and faithfully all facts which you know or ought to know, otherwise the Policy issued hereunder may be void.

Name of Producer & Producer Code: _____

Particulars of Proposer

Name of Proposer:	Business Registration No.:
_____	_____

Mailing Address: _____ Postal Code ()

Email :	Contact No.:
_____	_____

Date of Business Established:	If under five (5) years, please provide details of previous activities of all partners or principals:
_____	_____

Address(es) of branch offices or other locations: _____ Postal Code: ()

During the past five (5) years, has the name of the firm ever changed or has any other firm been purchased or any merger or consolidation taken place? Yes No

If Yes, please provide details:

Name and address(es) of all branch office(s) and name(s) of resident partner (if there is no resident partner at any branch office, provide full details of supervision with qualifications and experience of supervisor).

Name of Resident Partner(s)	Address

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Name of Proposer: _____

Details of Management and Personnel

Please provide the details of all practicing partners or principals.

Name	Date Qualified	Qualification	How long practicing with	
			This Firm	Previous Firm

Total No. of Partners, Principals and Staff (permanent and temporary)

Partners & Principals: _____	Staff other than typists, office boys & messengers: _____	Typists, office boys & messengers: _____
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Dates of firm’s financial year:
 From _____ To _____

Gross fees of:

Last financial year (as confirmed by your auditor): S\$ _____	Estimate for current financial year: S\$ _____	Estimate for next financial year: S\$ _____
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Describe your firm by showing the percentage of gross fee to be received from the following during the current financial year:

a) Commercial Matter	_____ %
b) Corporation Law	_____ %
c) Estate Work	_____ %
d) Litigation	_____ %
e) Patents	_____ %
f) Real Estate Conveyancing	_____ %
g) Others (please specify)	_____ %
Total	_____ %

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Name of Proposer: _____

Details of Management and Personnel

Does your firm, any partner or principal manage, own or have financial control over any bank, trust company, mortgage or loan association, title guarantee or real estate company? Yes No

If Yes, please provide details:

Claims Information & Insurance History

1. Please provide details of any Professional Liability claims made against or negligence alleged against you, or any if your past or present partners or principals. Yes No

If Yes, please provide details:

2. Have any claims (whether successful or not) for negligence or breach of professional duty been made against the Proposer or any principal, partner or director (either as a principal, partner or director of the Proposer or of any previous business), consultant or employee? Yes No

If Yes, please provide details:

Date of Circumstances	Claimant	Details of Circumstances

3. Has any application made by you, any of your partners or principals for Professional Indemnity insurance been declined, refused renewal, canceled such insurance or subject to special terms and conditions? Yes No

If Yes, please provide details:

4. Have you ever bought Professional Indemnity Insurance in the past? Yes No

If Yes, please provide details of the insurance effected during the past three (3) years?

Name of Insurers	Limit of Indemnity	Deductible	Policy Period

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Name of Proposer: _____

Insurance Cover Required

Limit of Indemnity: _____	Deductible (in most cases it is compulsory): _____	Effective Date Desired: _____
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Is coverage required in respect of past work for any Partner/Principal who has left, retired or died? Yes No
 If Yes, please provide details:

Name	Qualifications	Start Date	Leaving Date

Complete the following if any extension is required:

a) Extension 1-Loss of Documents
 This extension insures liability for destroyed, damaged, lost or mislaid documents whilst in the custody of the firm. Do you require insurance for this extension? Yes No
 If Yes, do you keep documents in fireproof cabinets? Yes No
 If No, please specify:

b) Extension 2-Partner’s Previous Business
 This extension insures liability before joining the firm of INCOMING PARTNERS and after leaving the firm of OUTGOING PARTNERS. Do you require insurance for?
 i. Incoming Partners Yes No
 ii. Outgoing Partners Yes No
 If Yes, please provide names of partners for whom insurance is required:

c) Extension 3-Libel and Slander
 This extension insures liability for claims arising from civil libel or slander. Do you require insurance for this extension? Yes No
 If Yes, please provide details of any claim made against firm involving libel and slander:

d) Extension 4-Dishonesty of Employees
 This extension insures liability for dishonesty, fraudulent, criminal or malicious acts of employees. Do you require insurance for this extension? Yes No
 If Yes, please answer the following questions: (If Yes to any of these questions below, please provide details)
 i. Has the firm sustained any loss through the fraud or dishonesty of any employee? Yes No

Name of Proposer: _____

Insurance Cover Required

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|--|------------------------------|-----------------------------|
| ii. Does the firm know of any fraud or dishonesty at any time of any present or former employee? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| _____ | | |
| iii. Does the firm always obtain satisfactory reference when engaging employees? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| _____ | | |
| iv. Is any employee allowed to sign checks without countersigned by a partner? If Yes, please advice the maximum amount. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| _____ | | |

IMPORTANT NOTES:

- The liability of the Company does not commence until this Proposal has been accepted by the Company.

PAYMENT BEFORE COVER WARRANTY (INDIVIDUAL)

Please note that the total premium must be paid and actually received in full by the Company (or the intermediary through whom this Policy was effected) on or before the inception date of the coverage, failing which the Policy shall be deemed to be automatically canceled and no benefits whatsoever shall be payable by the Company.

PREMIUM PAYMENT WARRANTY (CORPORATE)

Please note that the total premium must be paid and actually received in full by the Company (or the intermediary through whom this Policy was effected) within 60 days of the inception date of the coverage, failing which the Policy shall be deemed to be automatically canceled and a pro-rata premium is to be charged for the period that the Company is on risk.

PERSONAL DATA PROTECTION

I give consent to Liberty Insurance Pte Ltd and third-parties including related entities, employees, agents, other insurers, contractors & service-providers (collectively, "Appointees") to collect, use and disclose all personal data relating to myself or other individuals that I have furnished in the past, present & in the future, for one or more of the purposes described in Liberty's Data Protection Policy, including but not limited to considering whether to provide insurance, carrying out due diligence, pricing, administering and servicing my policies, communicating with me, renewals, reinsurance, collections, claims, accounting, audit, legal, compliance, research, analysis, information-sharing, surveys, data storage & backups. I have read and agreed to the full Policy at www.libertyinsurance.com.sg/data-protection-policy/. If there is any personal data relating not to myself but to other individuals that I have furnished in the past, present & in the future, I warrant that I have obtained prior consent from these data subjects (or if they are lacking in legal capacity, from their legal representatives, guardians or parents as the case may be) for Liberty Insurance Pte Ltd and its Appointees to collect, use and disclose their personal data for the abovementioned purposes and on the same terms herewith. I warrant that all personal data I have provided are accurate and complete, and I shall inform Liberty of any changes to the personal data to my knowledge as soon as practicable.

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Name of Proposer: _____

DECLARATION

I/We do hereby declare and warrant that:

- a) All information provided by me/us in connection with this application is true, accurate and complete
- b) I/We understand that any inaccurate, incomplete or false information given or any omission of information required, may at Liberty Insurance Pte Ltd's ("**Liberty**", the "**Company**") discretion, render this application invalid
- c) I/We agree that this application and declaration shall be the basis of the contract between Liberty and myself
- d) I/We agree to accept the Company's policy subject to the terms, exclusions and conditions to be expressed therein, endorsed thereon or attached thereto
- e) If we/I do not fully and faithfully give the facts as we/I know them or ought to know them, we/I may receive nothing from the policy

For and on behalf of
Name of Company:

Company Stamp:

Date:

Signature of Proposer
(Must be signed by a Principal/Partner/
Director)

Name:

Designation:

Date: