



Markel International Hong Kong Limited
Office No. 4511, Regus Lee Gardens
45/F The Lee Gardens, 33 Hysan Avenue
Causeway Bay, Hong Kong

PROPOSAL FORM

Professional Indemnity Insurance for Miscellaneous Professions

Important Notice

- (1) This is a proposal for a contract of insurance, in which 'Proposer' or 'you/your' means the individual, company, partnership, limited liability partnership, organisation or association proposing cover.
- (2) This proposal must be completed in ink, signed and dated. All questions must be answered to enable a quotation to be given but completion does not bind you or Underwriters to enter into any contract of insurance. If space is insufficient to answer any questions fully, please attach a signed continuation sheet. You should retain a copy of the completed proposal (and of any other supporting information) for future reference.
- (3) All facts material to the proposed insurance must be disclosed, fully and truthfully to the best of your knowledge and belief. Failure to do so may make the contract of insurance voidable or severely prejudice your rights in the event of a claim. A material fact is one likely to influence Underwriters' assessment or acceptance of the proposal; if you are uncertain what may be a material fact, you should consult your broker.
- (4) You are recommended to request a specimen copy of the proposed policy wording from your insurance broker and to consider carefully the terms, conditions, limitations and exclusions applicable to the cover.



Unit 8E Golden Sun Centre 223 Wing Lok St Sheung Wan HK
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1. a. Name of Business or Practice (Assured):

b. Address (Including address of branches):

c. Principal Tel No:

2. a. Date when first established:

b. Detail any Predecessor Business or Practice providing dates(s) if establishment and cessation:

3.

Name of all Directors, Partners, Principals and Consultants (indicate latter with asterisk)	Qualifications	Year Obtained	How long position held with this Business or Practice

4. If sole Director or Principal, answer the following:

a. Is this a part time occupation? **Yes / No**

If YES, please provide details of present full time occupation.

b. Are your full time employers aware of these activities? **Yes / No**

5. Is any Director, Partner, Principal or Consultant connected or associated (financially or otherwise) with any other firm, company or organisation for whom the Business or Practice does work? **Yes / No**

If YES, please provide full details.



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6. Total numbers of permanent staff (ie excluding Directors, Partners, Principals or Consultants)

- i. Qualified – full time: _____
- ii. Qualified – part time: _____
- iii. All other – full time: _____
- iv. All other – part time: _____

7. a. Provide a full description of all you activities.

b. Do you anticipate any major changes in these activities in the forthcoming 12 months?
Yes / No

If YES, please provide full details.

c. Provide brief details of any Quality Control procedures and/or accreditations which are in effect.

8. a. Detail the amount of gross income/fees for the last 3 financial years, and also an estimate for the current financial year:

Territory	Received and rendered during the last 12 months	Estimate for ensuing 12 months
Hong Kong		
USA / Canada		
Rest of the World (Please specify territory)		
Total		

Date of your financial year end: _____

9. a. What is the total fee received in the last year from your largest client?

b. What is the average fee received last year per client?



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10. Provide a category breakdown of your fee income:

TYPE OF WORK (detail by category as appropriate)	% OF FEE INCOME	
	Last year	Forthcoming Year (Estimated)
i.	%	%
ii.	%	%
iii.	%	%
iv.	%	%
v.	%	%
vi.	%	%
vii.	%	%
viii.	%	%
ix.	%	%
x.	%	%
TOTAL	100%	100%

11. List the three largest projects which the Business or Practice has undertaken during the last 5 years.

Project	Country	Client	Fee	Total Contract value	Commenced	Finished



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12. a. Does the Business or Practice undertake any work whatsoever where the 'end product' of such work is carried outside the Principal address, or for overseas clients? **Yes / No**

If YES, please provide the following details.

Project	Country	Client	Fee	Total Contract value	Commenced	Finished

- b. Do you work other than from your Principal office? **Yes / No**

- c. Do you accept liability other than under the jurisdiction of the courts where your Principal office resides? **Yes / No**

If YES to either b) or c) above, please provide full details.

13. Do you use a standard form of contract, agreement or letter of appointment? **Yes / No**

If YES, please enclose copies.

14. Is the Business or Practice involved in any process of manufacture, construction, alteration, repair, installation or sale or supply of products, other than in a pure consultancy capacity as described above? **Yes / No**

15. a. Is any work carried out by sub-contractors? **Yes / No**

If YES, please provide the following information in relation to work undertaken during the last 12 months.

Name of Sub-contractor	Qualifications	Type of Work	Fees



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b. Do you require such sub-contractors to carry Professional Indemnity Insurance?

Yes / No

If YES, for what limit?

NOTE: Underwriters retain rights of recourse against sub-contractors unless specifically agree otherwise.

16. Is the Business Practice a member of a consortium or group practice or engaged in any single project partnership? **Yes / No**

If YES, please provide full details including names of other members/partners and their capacities in the consortium/practice.

NOTE: Special arrangements must be made with Underwriters if coverage is required for work done whilst a member of a consortium. In such cases a copy of the consortium agreement will be required.

17. Is cover required for Partners Previous Business? **Yes / No**

NOTE: This extension of cover is not available where the Previous Business was a Limited Liability Company.

If YES, please provide the following information for each Partner/Principal for whom such cover is required for each Previous Business:

Name the Partner/Principal:

Name the Previous Business:

Dates during which he or she was a Partner/Principal:

Nature of work undertaken by Previous Business:

Reason for leaving:

Clarification as to whether there was a dissolution agreement (if so provide copy):

Details of any claims made against the Previous Business or of any circumstances or incidents which may give rise to a claim:

Was the Previous Business at any time refused similar insurance or quoted increased premiums or had special terms imposed?

Is the Previous Business still in existence?



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18. Can you confirm the following 'good practice'?

a. satisfactory written reference are always obtained from former employers for the three years immediately preceding the engagement of any employee responsible for money, accounts or goods. **Yes / No**

b. all cheques drawn for more than USD2,000 require two signatories **Yes / No**

c. cash in hand and petty cash are checked independently of the employees responsible at least monthly and additionally, without warning, at least every six months. **Yes / No**

d. bank statements, receipts, counterfoils and supporting documents are checked at least monthly against the cash book entries independently of the employees making the cash book entries or paying into the bank. **Yes / No**

e. employees receiving cash and cheques in the course of their duties are required to pay in daily **Yes / No**

f. employees are required to account for money received at least weekly **Yes / No**

If NO to any of the above, please provide details of your system.

19. Have you previously been insured or are you currently insured? **Yes / No**

If YES, please advise:

i. Name of Insurers: _____

ii. Indemnity Limit: _____

iii. Excess: _____

iv. Date of Expiry: _____

20. a. Have any claims (successful or otherwise) been made against you, your predecessors in business, or present or past Partners, Principals, Directors or Consultants to which this Proposal relates? **Yes / No**

b. If YES have such matters been notified to current or previous insurers? **Yes / No**

If YES, please provide full details.



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21. Are you or any of the Partners, Directors, Principals or Consultants after having made full enquiries, including of all staff, aware of any of the following matters? **Yes / No**
- a. Any circumstances which may give rise to a claim against you, your predecessors in business or any past or present Partner, Director, Principal or employee **Yes / No**
 - b. The receipt of any complaints, whether oral or in writing, regarding services performed or advice given by you **Yes / No**

If YES, please provide full details.

22. Have you or your predecessors at any time been refused similar insurance, or quoted increased premiums or had special terms imposed? **Yes / No**

If YES, please provide full details.

23. What limit of indemnity is required? _____

DATA PROTECTION – Consent to use of information

Underwriters will use the information provided herein to manage the insurance Policy, including underwriting and claims handling. This may include disclosing it to other insurers, regulatory authorities or to Underwriter's agents providing services on their behalf.

In order to detect and prevent fraud, Underwriters may at any time:

- (a) share information about the Assured its Directors and/or Officers with other organisations and public bodies including the Police;
- (b) check and/or file the Assured's and/or its Directors' and/or Officers' details with fraud prevention agencies and databases, and if Underwriters suspect fraud, Underwriters will record this. Underwriters and other organisations may also search these agencies and databases to:
 - (i) Help make decisions about the provision and administration of insurance, credit and related services for the Assured, its Directors and/or Officers;
 - (ii) Trace debtors or beneficiaries, recover debt, prevent fraud and to manage the Assured's accounts and insurance policies;
 - (iii) Check identities to prevent money laundering;
- (c) undertake credit searches and additional fraud searches.

Underwriters can supply on request further details of the databases that they access or contribute to.



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DECLARATION

I hereby confirm that I am duly authorised and do give consent to the use of information as set out in Data Protection section above.

I hereby also declare that I am authorised to complete this proposal on behalf of the Assured, its Directors and Officers and that the statements and particulars in this proposal are true and complete and no material facts have been mis-stated or suppressed. I undertake to inform Underwriters of any material alteration or addition to these statements or particulars which occurs before the commencement of the period of insurance. It is hereby acknowledged and agreed that the terms conditions limitations and exclusions of the Policy may be subject to alteration at any time prior to the commencement of the period of insurance should any such material alterations or additions arise. Signing of this proposal does not bind Underwriters to offer nor the applicant to accept insurance, but it is acknowledged and agreed that this proposal (together with all documents accompanying it and any other information supplied by the Assured or the Directors and Officers to Underwriters in connection with the Policy) shall be the basis and form part of any such contract.

Signature:

Name:

Title:

Date:

This proposal should be completed and signed by a Director or Senior Officer of the Assured on behalf of all parties seeking insurance.

Applicable to insurance placement via a registered insurance broker in Hong Kong:

The Applicant/Assured understands, acknowledges and agrees that, as a result of the Applicant/Assured purchasing and taking up the policy to be issued by Syndicate 3000 at Lloyd's, the syndicate will pay the authorized insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where the Applicant/Assured is a body corporate, the authorized person who signs on behalf of the applicant further confirms to Syndicate 3000 that he or she is authorized to do so.

The Applicant/Assured further understands that the above agreement is necessary for Syndicate 3000 to proceed with the application.

PLEASE REMEMBER TO ENCLOSE THE FOLLOWING (UNLESS PREVIOUSLY SUPPLIED TO UNDERWRITERS):

- (a) "C.V.s" for Directors, Partners, Principals, Consultants and other senior staff undertaking 'professional' work
- (b) A copy of your standard form of contract, agreement or letter of appointment (if utilised)
- (c) Consortium Agreements (where applicable)
- (e) A copy of any brochure which may be available in relation to your activities.