



PrivateEdge – for Profits Entities Insurance Quick Application Form

SECTION 1: POLICYHOLDER'S DETAILS

Policyholder's Name:

Policyholder's Address:

Principal Activities of the Policyholder:

Total consolidated asset size of the Policyholder and its subsidiaries:

SECTION 2: CONFIRMATION OF POLICYHOLDER'S STATUS

The Policyholder & its subsidiaries:

(i) are registered within USA, Canada, or any of their territories or possessions	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(ii) have assets, domiciled operations or securities offerings in USA, Canada, or any of their territories or possessions	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(iii) have total consolidated assets of more than HK\$200m	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(iv) have carried on business for less than 18 months	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(v) are financial institutions (ie, bank, fund manager, property investment fund, stock broker, trusts or similar entities)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(vi) operate in insurance broking, medical/pharmaceutical related, lawyer, accountant or educational related industries	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(vii) with latest audited reports and accounts showing negative net worth	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(viii) have had litigation, circumstance or claim against the Policyholder, subsidiaries or any of their directors, officers or employees in the last 5 years	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(ix) have previous claims or circumstances that may lead to a claim under this policy	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If any of the above answers is "Yes", please contact your insurance intermediary for alternative quotation.

SECTION 3: SELECTION OF LIMIT OF LIABILITY BASED ON ASSET SIZE

Section 3.1 D&O / Corporate Liability Cover

PREMIUM TABLE: Please select the desired Limit of Liability according to the total consolidated asset size
(Limit of Liability required cannot exceed the total consolidated asset size)

Total Asset size	Retention	Limit of Liability						
		HK\$2.5m	HK\$5m	HK\$10m	HK\$15m	HK\$20m	HK\$30m	HK\$40m
Below HK\$10m	Nil	<input type="checkbox"/> 4,500	<input type="checkbox"/> 6,000	<input type="checkbox"/> 7,050	n/a	n/a	n/a	n/a
HK\$10m - HK\$20m	HK\$10,000	<input type="checkbox"/> 5,700	<input type="checkbox"/> 6,550	<input type="checkbox"/> 7,550	<input type="checkbox"/> 9,000	<input type="checkbox"/> 10,350	n/a	n/a
HK\$20m - HK\$50m	HK\$15,000	n/a	<input type="checkbox"/> 7,350	<input type="checkbox"/> 8,550	<input type="checkbox"/> 10,200	<input type="checkbox"/> 12,000	<input type="checkbox"/> 14,400	<input type="checkbox"/> 17,250
HK\$50m - HK\$75m	HK\$20,000	n/a	n/a	<input type="checkbox"/> 9,750	<input type="checkbox"/> 11,700	<input type="checkbox"/> 13,950	<input type="checkbox"/> 16,500	<input type="checkbox"/> 19,800
HK\$75m - HK\$100m	HK\$30,000	n/a	n/a	<input type="checkbox"/> 11,250	<input type="checkbox"/> 13,500	<input type="checkbox"/> 16,200	<input type="checkbox"/> 19,500	<input type="checkbox"/> 23,400
HK\$100m - HK\$200m	HK\$40,000	n/a	n/a	<input type="checkbox"/> 12,750	<input type="checkbox"/> 15,550	<input type="checkbox"/> 18,650	<input type="checkbox"/> 22,650	<input type="checkbox"/> 27,250

For Limit of Liability above HK\$40m, please contact your insurance intermediary for alternative quotation.

Section 3.2 Entity Employment Practices Liability Cover (This Cover's limit is shared with the D&O / Corporate Liability Cover)

(i) Do you currently employ less than 100 employees (excluding volunteers)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(ii) Confirm you have not/will not undergo employee layoffs/redundancies in the past/next 12 months.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If all the answers for (i) to (ii) are "Yes", please complete the Entity EPL PREMIUM TABLE below. Otherwise, please complete the Supplementary Employment Practices Liability Questionnaire for alternative quotation.

Entity EPL PREMIUM TABLE: Please tick the desired Limit of Liability according to your Total Asset Size

Limit of Liability for Section 3.2 **CANNOT** be more than 50% of the Limit of Liability selected from Section 3.1

	Retention	Limit of Liability						
		HK\$1.25m	HK\$2.5m	HK\$5m	HK\$7.5m	HK\$10m	HK\$15m	HK\$20m
Asset size								
below HK\$10m	HK\$10,000	<input type="checkbox"/> 2,100	<input type="checkbox"/> 2,700	<input type="checkbox"/> 3,150	n/a	n/a	n/a	n/a
HK\$10m – HK\$20m	HK\$10,000	<input type="checkbox"/> 2,400	<input type="checkbox"/> 2,950	<input type="checkbox"/> 3,450	<input type="checkbox"/> 4,200	<input type="checkbox"/> 4,950	n/a	n/a
HK\$20m – HK\$50m	HK\$25,000	<input type="checkbox"/> 2,700	<input type="checkbox"/> 3,450	<input type="checkbox"/> 4,050	<input type="checkbox"/> 4,800	<input type="checkbox"/> 5,700	<input type="checkbox"/> 6,750	<input type="checkbox"/> 7,950
HK\$50m – HK\$75m	HK\$25,000	<input type="checkbox"/> 3,000	<input type="checkbox"/> 3,900	<input type="checkbox"/> 4,500	<input type="checkbox"/> 5,400	<input type="checkbox"/> 6,450	<input type="checkbox"/> 7,650	<input type="checkbox"/> 9,000
HK\$75m – HK\$100m	HK\$40,000	<input type="checkbox"/> 3,450	<input type="checkbox"/> 4,500	<input type="checkbox"/> 5,250	<input type="checkbox"/> 6,300	<input type="checkbox"/> 7,500	<input type="checkbox"/> 8,850	<input type="checkbox"/> 10,500
HK\$100m – HK\$200m	HK\$40,000	<input type="checkbox"/> 3,950	<input type="checkbox"/> 5,100	<input type="checkbox"/> 5,950	<input type="checkbox"/> 7,250	<input type="checkbox"/> 8,650	<input type="checkbox"/> 10,250	<input type="checkbox"/> 12,250

Premium Calculation (To be completed by the Insurance Intermediary only)

Premium for Section 3.1 D&O/Corporate Liability Cover:	HK\$
Premium for Section 3.2 Entity EPL Cover:	HK\$
Final Premium	HK\$

SECTION 4: DECLARATION

I declare that the statements and particulars in this application form are true and that no material facts have been misstated. I agree that this application form shall form the basis of the Contract of Insurance effected hereon.

Signed Date
Signatory must be a director of the proposed insured

Print Name Position

Date to Incept/Renewal Date: