

Professional Indemnity Solutions Proposal Form for Miscellaneous Risks



Broker Name:

Broker No:

Important

1. You must read and understand the IMPORTANT NOTICE on the last page of this form before completing this proposal form.
2. Please answer all questions giving full and complete answers.
3. If the space provided on the proposal form is insufficient, please use a separate signed and dated sheet in order to provide a complete answer to any questions.
4. Please attach copies or originals of any brochures, promotional pamphlets or other publications issued by the Business.
5. If the answer to any question is none, state NONE.
6. If the answer to any question is NOT APPLICABLE, state N/A.
7. Application must be signed and dated by the owner or a partner, principal or director.
8. The Applicant will be referred to in this Proposal as "You" or "Your".

Section 1 - Information about the Applicant

1. Full name(s) of the Applicant(s) to be insured including trading names (the Business).
Where the Applicant is a company, please give the name of the company and their subsidiaries requiring cover.

2. Your Principal Address.

3. Please state the addresses of all other locations including any overseas locations to be insured under this proposed insurance.

4. Do you have a Website on the Internet? Yes No

If yes, please provide URL.

Email Address?

Section 2 - The Business

5. (a) On what date was the Business established? Day Month Year

(b) Please give a complete description of the Business and professional activities including details of any advice given and/or services provided.

(c) Please categorise the activities or business outlined in **Question 5 (b)** above and indicate the approximate percentage of your fee income derived therefrom.

Type of Work	%
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Section 2 - The Business (continued)

6. (a) Has the name of the Business ever been changed? Yes No
 (b) Has any other practice or business amalgamated or merged with you? Yes No
 (c) Have you purchased any other business or practice? Yes No

If you have answered yes to either (a), (b) or (c), please supply details.

7. Does the Business envisage that any changes in ownership or operations may take place over the next 12 months? Yes No

If yes, please provide details:

8. Please supply details in respect of the total number of:

Principals/Partners/Directors		Non-technical administrative staff	
Professional qualified staff		Clerical staff – typists, receptionists etc.	
Other technical staff		Other staff (please specify)	
Trainee staff		Total	

9. In respect of each principal, partner or director of the Business, please provide the following details:

Full Name	Age	Qualifications	Date Qualified	No. of years in this capacity with the Business

10. Are any of the principals, partners or directors financially or otherwise associated with any other business? Yes No

If yes, please provide details:

11. Please list the professional bodies or associations to which the Applicant belongs.

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12. Please advise date of your Financial Year End
- | | | |
|---|---|---|
| Day | Month | Year |
| <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> | <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> | <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> |

13. Please provide the following details of the Business's annual gross fees/turnover (including all subsidiaries requiring cover, noted under **Section 1**):

	Hong Kong	Other
(a) Estimate of fees/turnover for the current financial year From <input style="width: 40px; height: 20px;" type="text"/> / <input style="width: 40px; height: 20px;" type="text"/> / <input style="width: 40px; height: 20px;" type="text"/> to <input style="width: 40px; height: 20px;" type="text"/> / <input style="width: 40px; height: 20px;" type="text"/> / <input style="width: 40px; height: 20px;" type="text"/>	HKD	HKD
(b) Fees/Turnover received or rendered during the last financial year From <input style="width: 40px; height: 20px;" type="text"/> / <input style="width: 40px; height: 20px;" type="text"/> / <input style="width: 40px; height: 20px;" type="text"/> to <input style="width: 40px; height: 20px;" type="text"/> / <input style="width: 40px; height: 20px;" type="text"/> / <input style="width: 40px; height: 20px;" type="text"/>	HKD	HKD
(c) Fees/Turnover received or rendered during the previous financial year From <input style="width: 40px; height: 20px;" type="text"/> / <input style="width: 40px; height: 20px;" type="text"/> / <input style="width: 40px; height: 20px;" type="text"/> to <input style="width: 40px; height: 20px;" type="text"/> / <input style="width: 40px; height: 20px;" type="text"/> / <input style="width: 40px; height: 20px;" type="text"/>	HKD	HKD

- (d) Please indicate whether figures above represent: Fees or Gross Turnover

14. Please provide the approximate percentage of your activities (based on fee income) applicable to each state, territory and overseas.

	Hong Kong	PRC	Europe	Asia	Australia	USA/Canada	Other
Income	%	%	%	%	%	%	%

Section 2 - The Business (continued)

15. Do you undertake any work which involves you in: manufacturing, construction, erection, installation or supply of materials, plant, goods or equipment? Yes No
 If yes, please state what percentage of the turnover declared relates to such work/goods %

16. Please provide details of the Business' 5 largest contracts undertaken during the last 5 years:

Particulars	Fees Received	Period	Contract Values
	HKD		HKD
	HKD		HKD
	HKD		HKD
	HKD		HKD
	HKD		HKD

17. (a) Do you provide written reports to clients? Yes No
 (If yes, please attach copies including any disclaimers)

(b) Are verbal reports always confirmed in writing? Yes No

If no, how do you substantiate such verbal reports?

18. Do you engage consultants, sub-contractors or agents? Yes No
 If yes:

(a) do you insist they carry their own Professional Indemnity Insurance? Yes No

(b) do you enter into any hold-harmless agreements or otherwise waive any legal rights or entitlements which you may have against such consultants, sub-contractors or agents? Yes No

(c) please advise what percentage of your fees/turnover is outsourced to sub-contractors. %

Section 3 - Risk Management

19. Who is responsible for risk management? To whom is the Risk Manager reporting?

20. What steps are taken to minimize a potential liability risk?
 Please provide detailed information/documentation concerning your risk management, internal guidelines and compliance directives.

21. Describe the type of negligent acts, incidents, circumstances or exposures, which you believe, could result in a professional liability or errors and omissions claim or expose your company to a professional liability or errors and omissions Claim.

22. Describe your quality control program, including any procedures, precautions or safeguards used to avoid professional liability or errors and omissions Claims.

23. Describe the reporting routines in case of a professional indemnity or errors and omissions Claims or a potential Claim (circumstances that might lead to a Claim).

Section 4 - Details of Cover

24. Do you presently carry or have you ever carried Professional Indemnity Insurance? Yes No

If yes, please supply the following details:

Insurer

Expiry Date Day Month Year

Limit of Liability

Deductible

Premium

25. Have you or any principal, partner or director ever been refused insurance of the type proposed, or had a similar policy cancelled or had special terms imposed? Yes No

If yes, please provide details:

Application for Cover

26. (a) Limit of Liability Required

(b) Deductible Required (each & every Claim)

Section 5 - Claims Information

27. Have you or any principals, partners, directors or employees ever been subject to disciplinary proceedings for professional misconduct? Yes No

If yes, please provide details:

28. Have any Claims ever been made in the last ten (10) years against you or have circumstances been notified to insurers that might give rise to a Claim? Yes No

If yes, please provide details:

Date Matter Notified	Name of Insurer (if any)	Name of Claimant or Potential Claimant	Brief Description of Matter	Amount Paid or Estimate of Potential Liability	Is Matter Finalised or Outstanding?

29. Are any of the partners, principals or directors, AFTER ENQUIRY, aware of any Claim or circumstances that might give rise to a Claim against the Business or any of their present or former partners, principals or directors which matter is not referred to in Question 28 above? Yes No

If yes, please provide details:

Name of Claimant or Potential Claimant	Brief Description of Matter	Estimate of Potential Liability

Section 6 - Declaration

Important

Signature of this form does not bind the applicant or the Insurers to complete the insurance.

I/We hereby declare that the statements and particulars in this proposal are true and that I/We have not mis-stated or suppressed any material facts. I/We agree that this proposal form with any other information supplied on behalf of the business shall form the basis of any Contract of Insurance effected thereon. I/We undertake to inform the Insurer of any material alteration to these facts whether occurring before or after completion of the Contract of Insurance.

I/We understand, acknowledge and agree that, as a result of my/our purchasing and taking up the policy to be issued by Zurich Insurance Company Ltd ("Company"), the Company will pay the authorized insurance broker commission during the continuance of the policy including for renewals, for arranging the said policy. Where I/we am/are a body corporate, the authorized person who signs on behalf of me/us further confirms to the Company that he or she is authorized to do so.

I/We further understand that the above consent is necessary for the Company to proceed with the application.

For and on behalf of (the Business)

Company Chop

Signature of Partner, Principal or Director

Date

Section 7 - Important Notice

This policy is issued on a Claims Made basis:

This means that the policy responds to:-

1. Claims first made against the Insured during the Period of Insurance and notified to the Insurer during that Period of Insurance, provided that the Insured was not aware prior to the policy inception of circumstances which would have put a reasonable person on notice that a Claim may be made against the Insured; and
2. If during the currency of the policy, the Insured becomes aware of any occurrence which may give rise to a Claim under the policy and during the Period of Insurance gives written notice to the Insurer of such occurrence, any Claim which may be subsequently made arising out of the occurrence of which notification has been given shall be deemed to be a Claim made during the period of this policy whenever such Claim may actually be made.

When the policy expires, no new notification generally can be made on the expired policy even though the event giving rise to the Claim may have occurred during the Period of Insurance.

No indemnity will be provided under this policy in respect of any Claim arising out of circumstances of which the Insured was aware at any time prior to policy inception and which would have put a reasonable person on notice that a Claim may be made.

Your Duty of Disclosure

Before entering into a contract of general insurance, 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 Insurers 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.

Non-Disclosure

If you fail to comply with your duty of disclosure, the Insurer may be entitled to reduce their liability in respect of a Claim or may cancel the contract.

If your non-disclosure is fraudulent, the Insurer may also have the option of avoiding the contract from the beginning.

Surrender or Waiver of any Right of Contribution or Indemnity

Where another person or company would be liable to compensate the Insured or hold the Insured harmless for part or all of any Loss or damage otherwise covered by the policy, but the Insured has agreed with that person or company either before or after the inception of the policy that recovery of any Loss or damage from that person or company would not be sought, the Insured will not be covered under the policy for any such Loss or damage.

Contracts by the Insured Affecting Rights to Subrogation

If the proposed contract of insurance includes a provision which excludes or limits the Insurers liability in respect of any Loss because the Insured is a party to an agreement which excludes or limits rights to recover damages from a third party in respect of that Loss, signature of any such agreement may place the indemnity under the proposed contract of insurance at risk.

Zurich Insurance Company Ltd (a company incorporated in Switzerland)

25-26/F, One Island East, 18 Westlands Road, Island East, Hong Kong

Customer Services Hotline: +852 2968 2288

Fax: +852 2968 0639

Website: www.zurich.com.hk