

## **FLEXIWRITE PRIMARY PROPOSAL**

### **Contents**

- A. NOTICE TO THE PROPOSED INSURED
- B. JURISDICTION NOTICE
- C. DETAILS OF APPLICANT
- D. MANAGEMENT AND PERSONNEL DETAILS
- E. DETAILS OF PRACTICE
- F. FINANCIAL POSITION OF THE CORPORATION
- G. CLAIMS DETAILS
- H. INSURANCE COVER
- I. APPLICATION OF COVER
- J. DECLARATION
- K. OFFICE DETAILS

# QBE CONFLICT Cover™

PROFESSIONAL INDEMNITY INSURANCE

## PRIMARY PROPOSAL

### A. NOTICE TO THE PROPOSED INSURED

#### 1. Disclosure of Relevant Facts

##### 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 which 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 us before you renew, extend, vary or reinstate a contract of insurance.

##### Comment

The requirement of full and frank disclosure of anything which may be material to the risk for which you seek cover (eg. claims, whether founded or unfounded), or to the magnitude of the risk, is of the utmost importance with this type of insurance. It is better to err on the side of caution by disclosing anything which might conceivably influence the insurer's consideration of your proposal.

#### 2. Claims Made Policy

This proposal is for a "claims made" policy of insurance. This means that the policy covers you for claims made against you and notified to the insurer during the period of cover. This policy does not provide cover in relation to:

- events that occurred prior to the retroactive date of the policy (if such a date is specified);
- claims made after the expiry of the period of cover even though the event giving rise to the claim may have occurred during the period of cover;
- claims notified or arising out of facts or circumstances notified (or which ought reasonably to have been notified) under any previous policy;
- claims made, threatened or intimated against you prior to the commencement of the period of cover;
- facts or circumstances of which you first became aware prior to the period of cover, and which you knew or ought reasonably to have known had the potential to give rise to a claim under this policy;
- claims arising out of circumstances noted on the Proposal Form for the current period of cover or on any previous proposal form.

However, where you give notice in writing to the insurer of any facts that might give rise to a claim against you as soon as reasonably practicable after you become aware of those facts but before the expiry of the period of cover, the policy will, subject to the terms and conditions, cover you notwithstanding that a claim is only made after the expiry of the period of cover.

You should familiarise yourself with our standard form of policy for this type of cover before submitting this proposal.

#### 3. Average Provision

The policy provides that if a payment in excess of the limit of indemnity available under the policy has to be made to dispose of a claim, the insurer's liability for costs and expenses incurred with its consent shall be such proportion thereof as the amount of indemnity available under this policy bears to the amount paid to dispose of the claim.

# QBE CONFLICT Cover™

PROFESSIONAL INDEMNITY INSURANCE

## B. JURISDICTION STATEMENT (PREAMBLE)

This proposal form is only for use in the following jurisdictions: Indonesia, Japan, Macau, Malaysia, Micronesia, Philippines, Papua New Guinea, Singapore, Thailand and Vietnam. For other jurisdictions, please contact your local QBE office for the relevant proposal form.

In addition to the **Notice to the Proposed Insured** (see Section A.) please refer to the table below for the regulatory statement that is relevant to the jurisdiction from which you will be making your application.

REGULATORY STATEMENTS	
If you have accessed this document from a country indicated below, then the regulatory statement appearing beside that country will apply to you.	
Market	Regulatory Statement
Hong Kong	No additional regulatory statement. Please refer to the 'Notice to the Proposed Insured' in Section A of this proposal.
Indonesia	No additional regulatory statement. Please refer to the 'Notice to the Proposed Insured' in Section A of this proposal.
Japan	No additional regulatory statement. Please refer to the 'Notice to the Proposed Insured' in Section A of this proposal.
Macau	No additional regulatory statement. Please refer to the 'Notice to the Proposed Insured' in Section A of this proposal.
Malaysia	<b>WARNING: Statement pursuant to Section 149(4) of the Insurance Act 1996 (Act 553)</b> You are to disclose in this proposal form, fully and faithfully, all the facts which you know, otherwise, the policy issued hereunder may be void. Please also refer to the 'Notice to the Proposed Insured' in Section A of this proposal.
Micronesia	No additional regulatory statement. Please refer to the 'Notice to the Proposed Insured' in Section A of this proposal.
Philippines	No additional regulatory statement. Please refer to the 'Notice to the Proposed Insured' in Section A of this proposal.
Papua New Guinea	No additional regulatory statement. Please refer to the 'Notice to the Proposed Insured' in Section A of this proposal.
Singapore	Pursuant to Section 25(5) of the Insurance Act (Chapter 142 – Revised Edition as at 1 July 2000) and any subsequent amendments, modifications or re-enactment thereof that insured are to fully and faithfully disclose in the proposal form all the facts and matters which they know or ought to know, otherwise the Policy issued hereunder may be void. Please also refer to the 'Notice to the Proposed Insured' in Section A of this proposal.
Thailand	<b>Warning of Insurance Department</b> Under the Civil & Commercial Code section 865, Insured must answer all questions truthfully. Any non-disclosure or misrepresentation may cause the company to deny claims under the policy. Please also refer to the 'Notice to the Proposed Insured' in Section A of this proposal.
Vietnam	No additional regulatory statement. Please refer to the 'Notice to the Proposed Insured' in Section A of this proposal.
Other Markets	Do not use this proposal form. Please contact your local QBE office for the proposal form relevant to the jurisdiction of your market.

The content and use of this form and any agreement entered into pursuant to this form or any dealing in relation to or arising from this form is governed by the laws of the country in which this form is submitted and in relation to those matters, the parties submit to the jurisdiction of the courts of that country.

# QBE CONFLICT Cover™

PROFESSIONAL INDEMNITY INSURANCE

## IMPORTANT

- Please answer ALL questions fully. If there is insufficient space please provide details on your letterhead.
- Where provided, tick (✓) appropriate box to indicate answer.
- The Applicant will be referred to in this Proposal as “You” or “Your”.

## C. DETAILS OF APPLICANT

1. Full name of all entities to be insured (including service, administrative or nominee companies and subsidiaries that you wish to be covered by this policy):

(Hereinafter the applicant will be referred to as “You” or “Your”)

.....

.....

2. Your Principal Address:

.....

.....

.....

3. Address(es) of branch offices or other locations.

.....

.....

.....

4. Date on which the Practice was established:

...../...../.....

## D. MANAGEMENT AND PERSONNEL DETAILS

1. Please supply the following details.

Names of Partners, Principals and Directors	Age	Qualifications	Date Qualified	Period Practicing as Partner, Principal or Director	
				This Practice	Previous Practices

# QBE CONFLICT Cover™

PROFESSIONAL INDEMNITY INSURANCE

2. Please supply total numbers of:
- |   |  |
|---|--|
| (a) Partners/principals/directors ..... | (e) Non-technical administrative staff ..... |
| (b) Qualified staff .....               | (f) Clerical staff .....                     |
| (c) Other technical staff .....         | (g) Other staff (please specify) .....       |
| (d) Trainee staff .....                 | <b>TOTAL</b> .....                           |

Please enclose curriculum vitae or resumes for all partners/principals/directors detailing qualifications and a summary of career experience.

For sole proprietors only – questions C.3, C.4:

3. State the experience of your assistants and their length of service.
- .....
- .....
4. What arrangements do you have to assist you during your temporary absence on business, leave, sickness, or unforeseen emergency?
- .....
- .....

## E. DETAILS OF PRACTICE

1. 1.1 Has the name of the practice ever been changed? .....YES  NO
- 1.2 Has any other practice or business amalgamated or merged with you? .....YES  NO
- 1.3 Have you purchased any other practice or business? .....YES  NO

If you have answered YES to either part E.1.1, E.1.2 or E.1.3, please supply details.

.....

.....

2. Is any partner, principal or director connected or associated (financially or otherwise) with any other practice or business? .....YES  NO

If you have answered YES please supply details.

.....

.....

3. Please list the professional bodies or associations to which the applicant belongs.
- .....
- .....

# QBE CONFLICT Cover™

PROFESSIONAL INDEMNITY INSURANCE

4. 4.1 Please provide details of the precise nature of activities or business.

.....  
.....  
.....  
.....  
.....  
.....

4.2 Please categorise the activities or business outlined in Question 4.4.1 above and indicate the approximate percentage of your fee income derived from same.

**Type of Work**

..... %  
..... %  
..... %  
..... %

4.3 Please provide details of advice given in relation to the activities or business outlined in Question 4.4.1 previously.

.....  
.....

4.4 Are verbal reports always confirmed in writing? ..... YES  NO

If NO, how do you substantiate such verbal reports?

.....  
.....

5. Do you provide written reports to clients? ..... YES  NO

If YES, please provide sample copies of typical reports together with details of any disclaimers and/or warranties used in connection with such reports.

.....  
.....  
.....



# QBE CONFLICT Cover™

PROFESSIONAL INDEMNITY INSURANCE

6. Please provide brief description and fees for the five (5) largest contracts undertaken over the past five (5) years.

Brief Description	Fees
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....

7. Does any contract or client represent more than 50% of your annual work or fees? .....YES  NO

If YES, please provide details:

.....

.....

8. Do you engage consultants, sub-contractors or agents? .....YES  NO

If YES,

8.1 do you insist they carry their own professional indemnity insurance? .....YES  NO

8.2 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

9. Do you envisage any substantial changes in your activities or are there any major new operations contemplated during the next 12 months? .....YES  NO

If YES, please supply details.

.....

.....

10. Do you issue any brochures or other promotional material (including capability statements) describing your activities or services? .....YES  NO

If YES, please enclose copies.

11. Do you perform work outside of Hong Kong, or work for clients located overseas? .....YES  NO

.....

.....

# QBE CONFLICT Cover™

PROFESSIONAL INDEMNITY INSURANCE

## F. FINANCIAL POSITION OF THE CORPORATION

1. Please advise the date of your financial year end : ...../...../.....

2. Please provide the amount of gross income/fees for the following:

	HONG KONG	OTHER
(a) Current financial year (estimate)	.....	.....
(b) Last financial year	.....	.....
(c) Previous financial year	.....	.....

3. Please provide the amount of the largest annual fee for any one client:  
.....

4. Please provide the approximate percentage of your activities (based on fee income) applicable to each country from which you derive a portion of your income.

Country	HONG KONG	ASIA	EUROPE	USA/CANADA	OTHER
Percentage of Income	.....%	.....%	.....%	.....%	.....%

## G. CLAIMS DETAILS

1. Has any partner, principal, director or staff member ever been subject to disciplinary proceedings for professional misconduct? .....YES  NO

If YES, please supply details.  
.....  
.....

2. Have any claims for negligence or breach of professional duty been made in the last ten (10) years against the Practice or any of their predecessors in business or any prior Practice of any of their present or former partners, principals or directors, or have circumstances been notified to insurers that might give rise to a claim? .....YES  NO

If YES, please provide the following details in respect of each matter.

Date Matter Notified	Name of Insurer (if any)	Name of Claimant or Potential Claimant	Brief description of the Matter	Amount Paid or Estimate of Potential Liability	Is Matter Finalised or outstanding?
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....

# QBE CONFLICT Cover™

PROFESSIONAL INDEMNITY INSURANCE

3. 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 Practice or any prior Practice or any of their present or former Partners, Principals or Directors which matter is not referred to in question 2 above?.....YES  NO

If YES, please provide the following details in respect to each matter.

Name of Claimant or Potential Claimant	Brief description of the Matter	Estimate of Potential Liability
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

## H. INSURANCE COVER

1. Does the Practice presently carry, or has the Practice ever carried, professional indemnity insurance?.....YES  NO

If YES, please supply details:

Insurer: .....

Expiry Date: .....

Limit of Indemnity: .....

Premium: .....

2. Has the practice or any partner, principal or director ever been refused this type of insurance, or had similar insurance cancelled, or had an application of renewal declined, or had special terms imposed?.....YES  NO

If YES, please supply details.

.....

.....

# QBE CONFLICT Cover™

PROFESSIONAL INDEMNITY INSURANCE

## I. APPLICATION FOR COVER

- 1. 1.1 Limit of indemnity required: .....
- 1.2 Deductible/excess requested: ..... (each and every claim)
- 1.3 Extensions:

(i) Automatic extensions

- ✓ Libel and slander ..... Automatically Included
- ✓ Loss of documents..... Automatically Included
- ✓ Consultants, subcontractors and agents ..... Automatically Included
- ✓ Intellectual property ..... Automatically Included
- ✓ Joint venture liability..... Automatically Included
- ✓ Newly created or acquired entity or subsidiary..... Automatically Included
- ✓ Run-off cover insured entity or subsidiary ..... Automatically Included
- ✓ Estates and legal representatives..... Automatically Included
- ✓ Outgoing principals..... Automatically Included

(ii) Please indicate if you seek cover for the following optional extension.

- Fraud and dishonesty .....YES  NO
- Previous business.....YES  NO
- Continuous cover .....YES  NO
- Increased aggregate limit of indemnity .....YES  NO
- Fidelity .....YES  NO

2 Fidelity Cover

To be completed only when the applicant is applying for the Fidelity Extension

2.1 Does the Practice presently carry any fidelity guarantee insurance? .....YES  NO

If YES, please supply the following details.

Insurer: .....

Expiry date: .....

Limit of indemnity: .....

Deductible / excess: .....

2.2 Has the Practice sustained any loss through the fraud or dishonesty of an employee? .....YES  NO

If YES, please supply details.

.....  
.....

# QBE CONFLICT Cover™

PROFESSIONAL INDEMNITY INSURANCE

2.3 Is any member of the Practice's staff allowed to handle cash or transferable documents or sign cheques in his / her own name? .....YES  NO

2.4 How often and by whom are the entries in the cash book checked with the vouchers and reconciled with the book statements and returned cheques?  
.....  
.....

2.5 Does the Practice always require and obtain satisfactory references when engaging employees? .....YES  NO

## J. DECLARATION

I am /We the undersigned authorised Insured Person(s), after enquiry declare as follows:

1. I am /We are authorised by each of the other Applicants to make this Proposal.
2. I /We have read and understood the Notice to the Proposed Insured on the front of this Proposal Form.
3. I /We have read this Proposal and the accompanying documents and acknowledge the contents of same to be true and complete.
4. I /We understand that, up until a contract of insurance is entered into, I/We are under a continuing obligation to immediately inform QBE of any change in the particulars or statements contained in this Proposal or in the accompanying documents.

Although the signing of this Proposal does not bind the Applicants to effect insurance the Applicants acknowledge that the particulars and statements contained in this Proposal and in the accompanying documents shall be the basis of the contract should a Policy be issued; and further, the Applicants acknowledge that the Proposal and the accompanying documents will be incorporated in the Policy.

Name of Establishment: .....

Signed: .....

Partner, Principal or Director: ..... Date:...../...../.....

**Your Insurance Adviser or Broker**

# QBE CONFLICT Cover™

PROFESSIONAL INDEMNITY INSURANCE

## K. OFFICE DETAILS

Licensed insurers providing QBE Specialist Risks Unit products are:

### Specialist Risks Unit – Markets

#### Hong Kong

QBE Hongkong & Shanghai  
Insurance Co. Limited  
6/F DCH Commercial Centre  
25 Westlands Road, Quarry Bay  
Hong Kong  
Tel: +852 2877 8488

#### Indonesia

PT Asuransi QBE Pool Indonesia  
MidPlaza 2, 23rd floor  
Jalan Jenderal Sudirman Kav. 10–11  
Jakarta 10220  
Tel: +62 (21) 572 3737

#### Macau

QBE Insurance (International) Limited  
ABN 11 000 000 948  
No. 369–371, Avenida Da Praia Grande  
9 andar 'B', Edificio Keng Ou  
Tel: +853 323 909

#### Mainland China

QBE Insurance Group Limited  
Guangzhou Representative Office  
Unit 1812, South Tower  
World Trade Centre  
371–375 Huan Shi Dong Road  
Guangzhou 510095  
Guangdong Province  
Tel: +86 (20) 8778 1286

### Other Markets

#### Fiji

QBE Insurance (Fiji) Limited  
QBE Centre  
Victoria Parade  
GPO Box 101  
Suva  
Tel: +679 331 5455

#### New Zealand

QBE Insurance (International) Limited  
ABN 11 000 000 948  
Level 6, Quay Tower  
29 Customs Street West  
Auckland  
Tel: +64 (9) 366 9920

#### Malaysia

QBE Insurance (Malaysia) Berhad (J61086-D)  
(Formerly known as QBE-MBF Insurans Berhad)  
15th floor, Bangunan MAS  
Jalan Sultan Ismail  
50250 Kuala Lumpur  
Tel: +60 (3) 2161 5799

#### Papua New Guinea

QBE Insurance (PNG) Limited  
QBE Building  
Musgrave Street  
PO Box 814  
Port Moresby  
Tel: +675 3212 144

#### Philippines

QBE Insurance (Philippines) Inc.  
16th floor, Equitable Bank Tower Building  
8751 Paseo de Roxas  
Makati City 1226  
Tel: +63 (2) 840 4000

#### Singapore

QBE Insurance (International) Limited  
ABN 11 000 000 948  
65 Chulia Street #36-01  
OCBC Centre (West Lobby)  
Singapore 049513  
Tel: +65 6224 6633

#### Thailand

QBE Insurance (Thailand) Company Limited  
161/1, 11th–12th floor, SG Tower Building  
Soi Mahatlekluang 3  
Rajdamri Road  
Lumpinee, Pathumwan  
Bangkok 10330  
Tel: +66 (2) 651 8780

#### Vietnam

BIDV-QBE Insurance Company Limited  
7th floor, North Star Building  
4 Da Tuong Street  
Hoan Kiem District  
Hanoi  
Tel: +84 (4) 822 3738

#### French Polynesia

QBE Insurance (International) Limited  
ABN 11 000 000 948  
Immeuble Gallieni  
Front de Mer  
PO Box 283  
Papeete, Tahiti  
Tel: +689 50 6600

#### Solomon Islands

QBE Insurance (International) Limited  
ABN 11 000 000 948  
1st floor, Centrepoint Building  
Mendana Avenue  
PO Box 764  
Honiara  
Tel: +677 237 14

#### New Caledonia

QBE Insurance (International) Limited  
ABN 11 000 000 948  
5 Rue Anatole France, BP 449  
98845 Noumea-Cedex  
Noumea  
Tel: +687 246 300

#### Vanuatu

QBE Insurance (Vanuatu) Limited  
La Casa  
D'Andrea Building  
Port Villa  
PO Box 186  
Tel: +678 (2) 2299

For literature in use in the markets listed above, please contact the local office.