Proposal Form

Professional Indemnity Insurance

IMPORTANT NOTICE

Please Read The Following Advice Before Completing This Proposal Form

Your Professional Indemnity Insurance Policy is issued on a CLAIMS MADE basis.

Please note that this proposal form is being completed by the PROPOSER on behalf of all Insureds (as defined in the policy).

The term "PROPOSER" shall mean the Company listed below and all Subsidiaries of the Company for which coverage is proposed under this proposal form.

When completing this Proposal Form

- Please answer all questions giving full and complete answers.
- It is the duty of the PROPOSER to provide all information that is requested in the proposal form as well as to add additional relevant facts.
- A relevant fact is such known fact and/or circumstance that may influence in the evaluation of the risk by the insurer. If you have any doubts about what a relevant fact is, please do not hesitate to contact your broker or insurer.
- 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 question.
- The proposal form must be completed, signed and dated by a person, who must be of legal capacity and authorised for the purpose of requesting Professional Indemnity Insurance who acts as a PROPOSER.

This proposal form DOES NOT BIND the PROPOSER or the Insurer to complete the insurance but will form part of any insurance policy incepted.

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 that 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, upon 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.

Your duty however does not require disclosure of matters:

- That diminishes the risk to be undertaken by the Insurer;
- That is of common knowledge;
- That your Insurer knows or, in the ordinary course of its business, ought to know; or
- As to which compliance with your duty is waived by their Insurer.

(It should be noted that this duty continues after the proposal form has been completed up until the time the policy is entered into.)

Insured by:

MSIG

Non-Disclosure

If you fail to comply with your duty of disclosure, the Insurer may be entitled to reduce its liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure or misrepresentation is fraudulent, the Insurer may also have the option of avoiding the contract in its entirety. It is therefore vital that you make sufficient enquiries BEFORE you complete this proposal form and BEFORE you sign any declaration that there has been no change in the information provided.

Surrender or Waiver of any Right of Contribution or Indemnity

Where another person or company would be liable to compensate you or hold you harmless for part or all or any loss or damage otherwise covered by the policy, but you have agreed with that person either before or after the inception of the policy that you would not seek to recover any loss or damage from that person, you are NOT covered under the policy for any such loss or damage.

Contract by the Insured Affecting Rights of Subrogation

If the proposed contract of insurance includes a provision which excludes or limits the Insurer's liability in respect of any loss because you are a party to an agreement which excludes or limits your rights to recover damages from a third party in respect of that loss, you are hereby notified that signing any such agreement may place your indemnity under the proposed contract of insurance at risk.

MSIG Insurance (Hong Kong) Limited ("MSIG", "we" or "us") would ask that you take the time to read this privacy policy carefully. In case of discrepancies between the English and Chinese versions of this statement, the English version shall prevail.

Privacy Policy

DUAL and MSIG take your privacy very seriously. To ensure your personal information is secure, we communicate and enforce our privacy and security guidelines according to the relevant laws and regulations. DUAL and MSIG both take precautions to safeguard your personal information against loss, theft, and misuse, as well as against unauthorised access, disclosure, alteration, and destruction. Furthermore, we will not sell your personal information to anyone for any purpose. Both DUAL and MSIG impose very strict sanction control and only authorised staff on a need-to-know basis are given access to or will handle your personal data, and we provide regular training to our staff to keep them abreast of any new developments in privacy laws and regulations.

We will only retain your personal data in our business records for as long as it is necessary for business and tax purposes as permitted by the laws. We require our agents, contractors or third parties who provide administrative or other services on our behalf to protect personal data they may receive in a manner consistent with this policy and the laws. We do not allow them to use such information for any other purposes. If you have any questions or inquiries regarding our privacy policy, please feel free to contact us.

We may amend this Privacy Policy at any time and for any reason. The updated version will be available by following the 'Privacy Policy' link on our website homepage at www.msig.com.hk. You should check the Privacy Policy regularly for changes.

For DUAL's Privacy Policy, please follow the link on our website homepage at www.dualasia.com. You should check the Privacy Policy regularly for changes.

Personal Information Collection Statement

Personal information is data that can be used to uniquely identify or contact a single person. As our customers, it is necessary from time to time for you to supply us with your personal data in relation to the general insurance services and products ("the Product") that we provide to you and in order for us to deliver and improve the customer service. This includes but not limited to the personal data contained in the proposal form or in any documents in relation to the Product or any claim made under the Product.

Your personal data may be used for obligatory purpose or voluntary purpose. If personal data are to be used for an obligatory purpose, you MUST provide your personal data to MSIG if you want MSIG to provide the Product. Failure to supply such data for obligatory purpose may result in MSIG being unable to provide the Product.

The obligatory purposes for which your personal data may be used are as follows:-

- processing and evaluating your insurance application and any future insurance application you may make;
- our daily operation and administration of the services and facilities in relation to the Product provided to you;

- variation, cancellation or renewal of the Product;
- invoicing and collecting premiums and outstanding amounts from you;
- assessing and processing claims in relation to the Product and any subsequent legal proceedings;
- exercising any right of subrogation by us;
- contacting you for any of the above purposes;
- other ancillary purposes which are directly related to the above purposes;
- complying with applicable laws, regulations or any industry codes or guidelines; and
- detecting and preventing fraud (whether or not relating to the policy issued in respect of this application).

The voluntary purposes for which your personal data may be used are any sales, marketing, promotion of other general insurance services and products provided by MSIG. The personal data we intend to use for voluntary purposes are your name, your address, your phone number and email address.

If you do not wish MSIG to use your personal data for the voluntary purposes listed above, you should tick the box on the right and provide us with the following information. You may also notify us by filling in the General enquiry form - Opt-out from direct marketing activities on our website at msig.com.hk. In your notification, you must supply the same required information as listed below. ☐

Full Name: _____

Contact Number: _____

HKID Number (for identification purpose): _____

Policy / Certificate / Acknowledgment Number (if you have one): _____

NOTE: This instruction will override all previous instructions relating to direct marketing that have been given to MSIG.

In connection with any of the above purposes, the personal data that we have collected might be transferred to:

- third party agents, contractors and advisors who provide administrative, communications, computer, payment, security or other services which assist us to carry out the above purposes (including medical service providers, emergency assistance service providers, telemarketers, mailing houses, IT service providers and data processors);
- in the event of a claim, loss adjudicators, claims investigators and medical advisors;
- reinsurers and reinsurance brokers;
- your insurance broker;
- our legal and professional advisors;
- our related companies as defined in the Companies Ordinance;
- the Hong Kong Federation of Insurers (or any similar association of insurance companies) and its members;
- the Insurance Claims Complaints Bureau and similar industry bodies; and
- government agencies and authorities as required or permitted by law:
- fraud prevention organizations;
- other insurance companies (whether directly or through fraud prevention organization or other persons named in this paragraph);
- the police; and
- databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information.

In order to confirm the accuracy of your personal data, you agree to provide us with authorisation to access to and to verify any of your personal data with the information collected by any federation of insurance companies from the insurance industry.

Under the relevant laws and regulations, you have the right to request access to and to request correction of your personal data held by us. If you wish to exercise these rights, please write to our Data Protection Officer at 9/F 1111 King's Road, Taikoo Shing, Hong Kong.

If you have any enquiries or require assistance with this Personal Information Collection Statement, please call us at (852) 3122 6922.

Please enclose with this proposal form:

a. A Brochure (if available)

b. Copy of Standard Contract Terms (if available)

Section 1 Details of Proposer

Insured Name: _____

Address of Head Office: _____

Web Address: _____

Place of Incorporation: _____

Date Established: _____

Section 2 Professional Business

1. Please provide a detailed description of your professional business which is required to be covered by this policy. You should attach any brochures or promotional material that may provide greater clarity in respect to your professional business.

_____

_____

_____

_____

Section 3 Income Details

1. Please provide a breakdown of your gross fees/income by Professional Business for the last financial year and the current financial year, either by stating the whole amounts in Hong Kong Dollar ($) or the percentage: (Should your profession be an accountant, an insurance broker, an architect, an engineer, real estate professional, property manager, surveyor please complete the relevant Addendum Questionnaire).

Professional Business	Percentage Breakdown %	Last Financial Year's Gross Fees HKD	Current Financial Year's Gross Fees HKD
Total	**100%**		

2. Please provide a breakdown of turnover derived in the respective territories for the current financial year and an estimate for the next year.

Territory	Current Year HKD	Estimate Next Year HKD
Hong Kong		
China		
Other Asia		
USA / Canada*		
Other, please specify		
Total		

* If USA/Canada turnover derived, please provide further details on the professional business undertaken:

_____

_____

3. Please provide details of the 5 largest contracts or projects undertaken by the Insured. For newly incorporated companies, please provide details of the expected top 5 contracts:

Project Description / Contract	Fees Income HKD	Project Value HKD	Date Completed (DD/MM/YYYY)

4. Do you use the services of consultants, contractors or agents? Yes ☐ No ☐

If YES, what percentage of services are provided by sub-contractors? _____%

5. Are the sub-contractors required to carry professional indemnity insurance? Yes ☐ No ☐

If YES, please indicate the minimum level of cover: _____

_____

_____

Section 4 | Employee Information

1. Please state the following:

   a. Total Number of Employees: _____

   b. Number of Principals, Partners, Directors: _____

   c. Number of qualified Employees: _____

2. Please provide the following details for each of the Insured's Principals, Partners or Directors which carries professional business in its day to day operation:

Name	Qualifications	Date Qualified	No. Years of this Practice

3. If Previous Business Cover is required, please complete the following details:

Name of Principal, Director or Partner requiring this coverage	Date Left Previous Business

Section 5 | Claims Information

1. Have any Claims been made against the Company for professional negligence, error or omission in the last 5 years? Yes ☐ No ☐

If YES, please provide further details of the Claim, the Claim amount and any payments: _____

_____

_____

2. Is the PROPOSER aware, after enquiry of any circumstances or incident, which may give rise to a claim? Yes ☐ No ☐

If YES, please provide further details: _____

_____

_____

3. Do you have any Professional Indemnity Insurance cover currently in place? Yes ☐ No ☐

If YES, please provide further details:

Name of Insurer: _____

Limit of Indemnity: _____

Deductible: _____

Expiry Date of the Policy: _____

Retroactive Date of the Policy: _____

Section 6 | Indemnity Limit

1. Please select the amount of Indemnity required:

HKD 10,000,000	☐	USD 1,000,000	☐
HKD 30,000,000	☐	USD 3,000,000	☐
HKD 50,000,000	☐	USD 5,000,000	☐

Other (please state): _____

2. OPTIONAL EXTENSIONS

Is cover required for:

EPL	Yes ☐	No ☐
USA / Canada	Yes ☐	No ☐

Section 7 | Declaration

Signing this proposal form does not bind the proposer or the insurer to complete this insurance

The undersigned declares that the statement and particulars in this proposal form are true and that no material facts have been misstated or suppressed after enquiry. The undersigned agree that should any of the information given by us alter between the date of this proposal and the inception date of the insurance to which this proposal relates, the undersigned will give immediate notice thereof. The undersigned agrees that this proposal, together with any other information supplied by us shall form the basis of any contract of insurance effected thereon.

The applicant further understands that the above agreement is necessary for MSIG to proceed with the application.

TO BE SIGNED BY CHAIRMAN OR MANAGING DIRECTOR OR EQUIVALENT

Full Name: _____

Position: _____

Signature: _____ Date: / /

IT IS IMPORTANT THE UNDERSIGNED OF THE DECLARATION ABOVE IS FULLY AWARE OF THE SCOPE OF THIS INSURANCE SO THAT THESE QUESTIONS CAN BE ANSWERED CORRECTLY. IF IN DOUBT PLEASE CONTACT THE BROKER, SINCE NON-DISCLOSURE MAY AFFECT AN ASSURED'S RIGHT OF RECOVERY UNDER THE POLICY.