



MSIG

MSIG Insurance (Hong Kong) Limited – Macau Branch
Avenida Da Praia Grande No.693, Edif Tai Wah 13 Andar A & B, Macau
Tel +853 2892 3329, Fax +853 2892 3349
msig.com.hk

A Member of **MS&AD** INSURANCE GROUP

Construction Professional Indemnity Proposal Form

Important Notice

Please read the following advice before completing this proposal form.

This proposal is for a claims made policy. A claims made policy only responds to claims made and notified to us during the period of insurance.

The term “PROPOSER” or “You/Your” means the Company (or organisation) listed below and all of its subsidiaries for which coverage is proposed on this form and the “INSURER” or “We/Us/Our” is MSIG Insurance (Hong Kong) Limited.

This PROPOSER is completing this form on behalf of all Insureds (as defined in the policy), it must be signed and dated by an authorised representative of the PROPOSER.

When completing this Proposal Form:

- Answer all questions giving full and complete answers.
- It is your duty to provide all of the information requested on the form as well as to include all material facts.
- A material fact is a known fact and/or circumstance that may influence our decision whether to accept the risk and if so, on what terms. If you are unsure whether a matter is material, you should disclose it. Full details of your duty of disclosure can be found in the following section.
- If the space provided on this form is insufficient, please provide complete answers on an additional sheet, which must be signed and dated.
- 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 this insurance by the PROPOSER.

This proposal form **DOES NOT BIND** the PROPOSER or the INSURER to complete the insurance but will become part of the insurance policy.

Your Duty of Disclosure

Before you enter into a contract of general insurance with us, you have a duty to disclose every matter within your knowledge that is material to our decision whether to insure you and, if so, upon what terms. You have the same duty to disclose material facts before you renew, extend, vary or reinstate a contract of general insurance.

Your duty however does not require you to tell us anything that:

- Reduces the risk you are insured for; or
- Is common knowledge; or
- We know or, as an insurer, should know; or
- We waive your duty to tell us about.

Note that this duty continues after the proposal form has been completed until the time the policy is in force.

Non-Disclosure

If you fail to comply with this duty of disclosure, we may cancel the policy or reduce the amount we will pay you if you make a claim, or both. If your failure is fraudulent, we may refuse to pay a claim and treat the policy as if it had never existed. It is therefore vital that you make sufficient enquiries before completing this form and before signing the declaration on this form or any addendum; or any declaration that there has been no change in the information you have provided.

Subrogation

Where another person or company would be liable to compensate you for any loss or damage otherwise covered by the policy, but you have agreed with that person either before or after the loss or damage occurred that you would not seek to recover any monies from that person or company, we will not cover you under the insurance for such loss or damage.

Section 1 Details of proposer

Company name:

Company registration number:

Address of head office:

Web address:

Place of incorporation:

Date established:

Describe the company's activities:

Section 2 Nature of profession

1. Please provide a detailed description of the professional business activities which are to be covered by this policy. Brochures and promotional literature that will improve our understanding of your business should be included with this proposal.

Section 3 Financial information

1. Please state gross fees/income by professional business activity for this year and last year. State either the amount or percentage. If you are an accountant, architect, insurance broker, engineer, property manager, surveyor or real estate professional, please complete the corresponding Addendum and attach it to this proposal.

| Professional business | Percentage breakdown | Gross fees (last year) (MOP) | Gross fees (current year) (MOP) |
|-----------------------|----------------------|---------------------------------|------------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total | 100% | | |

2. Please state turnover by territory for the current year and an estimate for next year:

| Territory | Current year (MOP) | Next year estimate (MOP) |
|----------------------------------|-----------------------|-----------------------------|
| Macau | | |
| Asia | | |
| USA and Canada | | |
| Others (please specify location) | | |
| Total | | |

3. Is any turnover derived from the USA or Canada?

☐ Yes ☐ No

If 'yes', please provide further details on the nature of professional business activities conducted in the USA and Canada:

4. Please provide details of your 5 largest contracts or projects. If you are newly incorporated, please provide a forecast of the 5 largest contracts.

| Project/contract | Fee income (MOP) | Project value (MOP) | Completion date (DD/MM/YYYY) |
|------------------|------------------|---------------------|------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Section 4 Employee information

1. Please state

| | Macau | China | USA/Canada | Others (please specify) |
|---------------------------|--|-------|------------|--|
| Permanent | | | | |
| Temporary and outsourced | | | | |
| Directors and officers | | | | |
| Total number of employees | Total number of directors, principals and partners | | | Number of professionally qualified employees |

2. Please list details of all directors, principals and partners conducting professional business activities

| Name | Qualifications | Date qualified | Years in practice |
|------|----------------|----------------|-------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

If previous business cover is required, please complete the details of the directors, principals and partners requiring this cover below:

| Name | Date of leaving previous business |
|------|-----------------------------------|
| | |
| | |
| | |
| | |
| | |

Section 5 Previous insurance cover

1. Do you presently have, or have you ever had, professional indemnity insurance?

☐ Yes ☐ No

If 'yes', please state:

Insurer

Limit of liability

Expiry date

Deductible

Retroactive date (if applicable)

2. Have you or any partner, principal or director ever been refused this type of insurance, or had similar insurance cancelled, or had an application or renewal declined, or had special terms imposed?

☐ Yes ☐ No

If 'yes', please supply details:

Section 6 Claim history

Please ensure appropriate enquiries are made of all directors, principals and partners prior to answering the following questions.

1. Has any claim been made, or has any civil liability been alleged in the last five (5) years against you, your business or any of its predecessors in business or any prior practice of any of your or 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 supply details:

2. Are there any circumstances not already notified to insurers which may give rise to a claim against you?

☐ Yes ☐ No

If 'yes', please supply details:

Section 7 Indemnity limit

1. Limit of indemnity required:

- | | |
|--|--|
| <input type="checkbox"/> MOP 5,000,000 | <input type="checkbox"/> USD 1,000,000 |
| <input type="checkbox"/> MOP 10,000,000 | <input type="checkbox"/> USD 3,000,000 |
| <input type="checkbox"/> MOP 30,000,000 | <input type="checkbox"/> USD 5,000,000 |
| <input type="checkbox"/> Other MOP _____ | <input type="checkbox"/> Other USD _____ |

Section 8 Declaration

I/We, the undersigned, desire to effect the insurance specified herein and declared that I/We:

- agree that MSIG Insurance (Hong Kong) Limited reserves its right to reject my application.
- warrant that the information given and answers to questions herein are true and correct to the best of my/our knowledge.
- have not withheld facts likely to influence assessment of this application.
- agree that this application, declaration and other information provided shall form the basis of the contract and agree to accept the terms, limitations, exclusions, conditions, clauses and warranties contained in the policy/policies and/or as modified or extended by any endorsements thereon.

Declaration of Broker Commission (if applicable)

The applicant understands, acknowledges and agrees that, as a result of the applicant purchasing and taking up the policy to be issued by MSIG Insurance (Hong Kong) Limited ("MSIG"), MSIG will pay the authorised insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where the applicant is a body corporate, the authorised person who signs on behalf of the applicant further confirms to MSIG that he or she is authorised to do so. The applicant further understands that the above agreement is necessary for MSIG to proceed with the application.

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 document in relation to the Product or any claim made under the Product.

Your personal data may be used for the purpose of:

- our daily operation and administration of the services and facilities in relation to the Product provided to you;
- any sales, marketing, promotion of other general insurance services and products provided by us;
- variation, cancellation or renewal of the Product;
- assessing and processing claims in relation to the Product and any subsequent legal proceedings; or
- exercising any right of subrogation by us.

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

- our related, subsidiary or affiliated companies within the MSIG Group or MS&AD Insurance Group in or out of Macau;
- any other company carrying out insurance or reinsurance related business in or out of Macau;
- any association or federation of insurance companies that exists or is formed from time to time; or
- any agent, contractor or third party who provides administrative, claims handling or other services relating to the Product to MSIG
- or any member of the MSIG Group or MS&AD Insurance Group.

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, and to request to opt out from receiving any direct marketing communication from 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 (for Hong Kong customers) or at Avenida Da Praia Grande No. 693, Edif Tai Wah 13 Andar A&B, Macau (for Macau customers).

Nothing in this statement shall limit your rights under the relevant laws and regulations.

Date (DD/MM/YYYY)

Proposer's signature