



# MSIG

**MSIG Insurance (Hong Kong) Limited – Macau Branch**  
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A Member of **MS&AD** INSURANCE GROUP

## Educators Liability 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 registration:

Date established:

School name (If different to company name):

## Section 2 School details

1. Student enrolment:

Current year \_\_\_\_\_ Last year \_\_\_\_\_

2. School category:

- ☐ Kindergarten ☐ Special  
☐ Primary ☐ Technical/vocational  
☐ Secondary ☐ International  
☐ Other (please provide details) \_\_\_\_\_

## Section 3 School history

1. Have you made any acquisitions, divestments or mergers, and do you have any plans pending or under consideration? ☐ Yes ☐ No
2. Do you plan to raise capital in the next 12 months? ☐ Yes ☐ No
3. Are you involved in any business activities in the USA or Canada? ☐ Yes ☐ No
- If you have answered 'yes' to any question, please provide details:

## Section 4 Financial information

1. Please summarise your income and expenditure below:

	Current year (MOP)	Last year (MOP)
Revenue		
Government Grants		
Expenditure		
Budget surplus or deficit		
Accumulated surplus or deficit		

Please attach most recent annual report or financial statements.

2. During the past 3 years has there been or is there currently under consideration any change in the school's capital structure or financial position that could materially affect its performance? ☐ Yes ☐ No
3. Is any director or officer aware of anything which may affect the school's ability to meet its debts as and when they fall due? ☐ Yes ☐ No

If you have answered 'yes' to any question, please provide details:

## Section 5 Employment practices

1. Total employee numbers (this year):

	Numbers
Administrative staff	
Governors	
Trustees	
Full time faculty	
Part time faculty	
Other employees	

2. Number of retrenchments, redundancies or layoffs in the last year \_\_\_\_\_

3. Are you planning to make any retrenchments, redundancies or layoffs in the coming year? ☐ Yes ☐ No  
If 'yes', please supply details:

\_\_\_\_\_

4. Employee turnover in the past 2 years (percentage) \_\_\_\_\_ %

5. Do you have an employee handbook or manual which defines company policies for matters such as workplace harassment, grievance procedures, disciplinary processes, employment termination and redundancy? ☐ Yes ☐ No  
If 'yes', please provide a copy.  
If 'no', please describe how these issues are handled:

\_\_\_\_\_

6. Do you have written guidelines governing the non-renewal of employment contracts? ☐ Yes ☐ No

## Section 6 Subsidiaries

1. Please list all subsidiaries (if any) in which you hold a controlling interest and which are to be insured under this policy:

Name of entity	Description of operations	School shareholding	Acquisition date

## Section 7 Employee theft/crime

1. Do you segregate duties so that no individual can execute the following activities without referral to another (e.g. financial controllers, director and executive officers)?

Signing cheques, cheque requisitions, reconciling bank statements or giving fund transfer instructions for more than MOP30,000 per transaction? ☐ Yes ☐ No

Refunds or return of goods of more than MOP30,000? ☐ Yes ☐ No

2. Is an annual independent stock take reconciled against your inventory records? ☐ Yes ☐ No

## Section 8 Claim history

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

1. Are you aware of any circumstance, incident or action which may be grounds for or result in a future claim? ☐ Yes ☐ No
2. Have you in the last three years, been the subject of any complaints, suits, enquiries or proceedings by any party or regulator? ☐ Yes ☐ No
3. Have you in the last three years, suffered losses due to employee dishonesty, theft, disappearance or forgery? ☐ Yes ☐ No
4. Have you 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 you have answered 'yes' to any question, please provide details:

## Section 9 Indemnity limit

1. Limit of indemnity required:

- ☐ MOP 5,000,000
- ☐ MOP 10,000,000
- ☐ MOP 30,000,000
- ☐ Other MOP \_\_\_\_\_

## Section 10 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.

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Date (DD/MM/YYYY)

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Proposer's signature