

## 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, legal, 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) (HKD)	Gross fees (current year) (HKD)
Total	100%		

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

Territory	Current year (HKD)	Next year estimate (HKD)
Hong Kong		
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 (HKD)	Project value (HKD)	Completion date (DD/MM/YYYY)

### Section 4 Employee information

1. Please state:

	Hong Kong	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?  
If 'yes', please state:

Yes  No

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?  
If 'yes', please supply details:

Yes  No

## 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?  
If 'yes', please supply details:

Yes  No

2. Are there any circumstances not already notified to insurers which may give rise to a claim against you?  
If 'yes', please supply details:

Yes  No

## Section 7 Indemnity limit

1. Limit of indemnity required:

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

## Appendix: Notice to customers relating to the Personal Data (Privacy) Ordinance ("the Ordinance")

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

MSIG takes 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. MSIG takes 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 purposes. MSIG imposes 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 will require our agent, contractor or third party who provides administrative or other services on our behalf to protect personal data they may receive in a manner consistent with this policy. 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 [msig.com.hk](http://msig.com.hk). 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 send us a copy of this Notice at the address listed below together with the required information which are necessary for us to process your opt-out request. 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](http://msig.com.hk). In your notification, you must supply the same required information as listed below.



To enable us to process your opt-out request, please provide us below information and send to:  
The Data Protection Officer at 9/F 1111 King's Road, Taikoo Shing, Hong Kong.

Full name:

Contact number:

HKID number: (for identification purpose)

Policy/Certificate/Acknowledgement 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 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.

Authorised signature (with company stamp)

\_\_\_\_\_  
Name and position

Date \_\_\_\_\_ (DD/MM/YY)