



## Proposal Form

### Professional Indemnity Insurance

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#### Important Notice Relating to this Proposal

**PLEASE READ THE FOLLOWING ADVICE BEFORE PROCEEDING TO COMPLETE 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 know 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 for the firm who acts as a PROPOSER.

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



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### **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 matter:

- 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 his business, ought to know;
- 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.)

### **Non – Disclosure**

If you fail to comply with your duty of disclosure, the Insurer may be entitled to reduce their liability under the contract in respect of a Claim or may cancel the contract.

If your non-disclosure is fraudulent, the Insurer may also have the option of avoiding the contract from its beginning. It is therefore vital that you make sufficient enquiries BEFORE you complete your proposal form and BEFORE you sign any declaration that there has been no change in the information proposed.

### **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.

### **Privacy Statement**

DUAL Asia is bound by the obligations of the Personal Data (Privacy) Ordinance (Cap. 486) regarding the collection, use, disclosure and handling of personal information. We will protect the privacy of your personal information.

We will use the information you provide in this Proposal Form (including any supplementary documentation) to consider your application for insurance, to determine policy terms, to assess a claim, etc.

We may disclose your personal information to third parties who we believe are necessary to assist us. These third parties will only use your personal information for the purposes we provided it to them (or if required by law). We may also be required to disclose your personal information to others for the purposes of public safety and/or law enforcement.

If you provide us with personal information about other individuals you must ensure that you obtain consent from those individuals to disclose that information to us.

You are entitled to access your personal information and request any correction if required.



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**PLEASE ENCLOSE WITH THIS PROPOSAL FORM:**

- A. A Brochure (if available)
- B. Copy of Standard Contract Terms (if available)

**HOW TO CONTACT MSIG HK and DUAL Asia**

Address: 9/F, Cityplaza One  
 1111 King's Road  
 Taikoo Shing  
 Hong Kong  
 E-mail:reception@dualasia.com

**SECTION 1: DETAILS OF THE PROPOSER**

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1. Insured Name: \_\_\_\_\_
2. Address of Head Office: \_\_\_\_\_
3. Web Address: \_\_\_\_\_
4. Place of Incorporation: \_\_\_\_\_
5. The Company has continually carried on business since \_\_\_\_\_ / \_\_\_\_\_  
 (Month) (Year)
6. Address of all other locations (if any) from which the Insured operates: \_\_\_\_\_  
 \_\_\_\_\_

**SECTION 2: PROFESSIONAL BUSINESS**

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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: GENERAL INFORMATION**

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1. Does the Company have operations outside of Hong Kong Yes [ ] No [ ]

If YES, does the Company have operations in the USA/Canada? If YES, please provide further details:

\_\_\_\_\_

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





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Territory	Current Year HK\$	Estimate Next Year HK\$
Hong Kong		
China		
Other Asia		
US/Canada		
<b>Total</b>		

3. Please provide details of the 5 largest contracts or projects undertaken by the Insured:

Project Description/Contract	Fees/Income HK\$	Project Value HK\$	Date Completed (dd/mm/yy)

**SECTION 5: 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:

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	Are you aware of any claims or circumstances against the previous business? If YES, please provide details

4. Was the Professional Business conducted at the previous firm as per the details mentioned in SECTION 2: PROFESSIONAL BUSINESS. Yes [ ] No [ ]



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If NO, please provide further details of your Professional Business while working at the previous firm:

\_\_\_\_\_  
\_\_\_\_\_

5. Are you covered under the previous business policy? Yes [ ] No [ ]

If YES, please provide further details: \_\_\_\_\_  
\_\_\_\_\_

**SECTION 6: LIMIT OF INDEMNITY REQUIRED**

1. Please select the amount of Indemnity require:

HK\$ 3,000,000	[ ]	US\$ 1,000,000	[ ]
HK\$ 5,000,000	[ ]	US\$ 3,000,000	[ ]
HK\$ 10,000,000	[ ]	US\$ 5,000,000	[ ]
HK\$ 30,000,000	[ ]	Other – Please State: _____	

2. **OPTIONAL EXTENSIONS**

Is cover required for:

Reinstatement of Indemnity Limit	Yes [ ]	No [ ]
Previous Business	Yes [ ]	No [ ]
Defence Costs in Addition	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.

**TO BE SIGNED BY PARTNER/DIRECTOR OR PRINCIPAL OR EQUIVALENT**

**SIGNATURE** ..... **DATE** .....

**NAME** .....

**POSITION** .....

**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 OR AGENT, SINCE NON-DISCLOSURE MAY AFFECT AN ASSURED'S RIGHT OF RECOVERY UNDER THE POLICY.**