

IMPORTANT FACTS RELATING TO THIS PROPOSAL

You should read the following advice before proceeding to complete this proposal

1. 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 insurance, and if so, on 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 any 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 the insurer.

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, refuse to pay the 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.

2. This Professional Indemnity Insurance Policy is issued on a claims made and notified basis

This means that the policy responds to claims first made against you during the policy period and notified to the insurer during that policy period.

The policy does not respond to any claim arising out of facts or circumstances of which you were aware at any time prior to the policy period which would have put a reasonable person in your position on notice that a claim may be made against you. (Some cover may be available under the Continuous Cover extension for innocent non-disclosure of facts and circumstances – but only if you are continuously insured under a professional indemnity policy issued by Allied World Assurance Company, Ltd from the time when you first become aware of such facts or circumstances to the time when you notify a claim arising from those facts and circumstances to Allied World Assurance Company, Ltd).

The policy does not respond to any claim resulting from an act, error or omission occurring or committed by you prior to the retroactive date, where a retroactive date is specified in the policy terms which are offered to you.

Once the policy period has expired, no notification of claims or facts or circumstances can be made on the policy even though:

- (a) the event giving rise to the claim against you may have occurred during the policy period.
- (b) you may have first become aware of the facts or circumstances giving rise to the claim during the policy period.

3. Completing Your Proposal

When completing your proposal you are obliged to report and provide full details of all facts or circumstances which have become known to you and which would put a reasonable person in your position on notice that a claim may be made against you.

This is important so as to ensure:

- (a) if you are currently insured with Allied World Assurance Company, Ltd, and you notify such facts or circumstances prior to the expiry of the policy, that you are covered under your current policy in respect of any claim arising out of those facts or circumstances; and
- (b) that you make proper disclosure (refer 'Duty of Disclosure' pursuant to the Insurance Contracts Act) in order that your entitlement to full indemnity under your new policy is not placed in jeopardy.

Note:

- Please answer ALL questions and tick boxes whenever appropriate. If there is insufficient space, please provide details on separate sheet and attach to this proposal form.
- This form does not apply to Accountants, Architects, Auctioneers, Consulting Engineers, Estate Agents, Legal Profession, Quality Surveyors, Surveyors, Trustees, Universities, Valuers.

GENERAL DETAILS

1. Full Name of Business / Practice (hereinafter referred to as "The Proposer")

2. Address(es) of All Office(s)

3. Date of Establishment of the Practice (DD/MM/YYYY)

4. Has The Proposer's name been changed, has any other business been purchased or any merger or consolidation taken place?

Yes No

If 'Yes', please provide details:

MANAGEMENT & PERSONNEL DETAILS

5. Please state the number of staff in each of the following categories:

	Categories	No.		Categories	No.
(a)	Partners / Principals / Directors		(e)	Partners / Principals / Directors	
(b)	Qualified Staff		(f)	Trainee / Internship Staff	
(c)	Technical Staff		(g)	Other (please specify:)	
(d)	Non-technical Staff			Total	

6. Please provide the details of Partners, Principals and Directors:

Names of All Partners, Principals and Directors	Age	Qualifications	Date Qualified (DD/MM/YYYY)	Number of Years practicing as Partner, Principal or Director	
				This Practice	Previous Practice

PRACTICE DETAILS

7. Please describe the nature of business / professional services that The Proposer provides, including full details of the activities taken and any intended change in these.

8. Please categorise the activities described above in Question 7 and state the percentage of fee income generated from such activity.

	Activities	%
(a)		
(b)		
(c)		
(d)		
(e)		
(f)		
(g)		
(h)		
	Total	100 %

9. Please state the date of your financial year end (DD/MM/YYYY)

10. Please state the gross annual fee income in terms of the following:

		Previous Financial Year	Current Financial Year (Estimate)	Next Financial Year (Estimate)
(a)	Hong Kong	HK\$	HK\$	HK\$
(b)	PRC or Macau	HK\$	HK\$	HK\$
(c)	North America (USA / Canada)	HK\$	HK\$	HK\$
(d)	Other (please specify:)	HK\$	HK\$	HK\$
	Total	HK\$	HK\$	HK\$

11. Please list the five largest contracts undertaken in the past three years:

	Brief Description of Contracts	Fees
(a)		
(b)		
(c)		
(d)		
(e)		
	Total	

12. Does any contract or client represent over 50% of your annual fee income? Yes No

If 'Yes', please provide details:

13. Does The Proposer and/or its Partners / Principals / Directors belong to any professional associations? Yes No

If 'Yes', please provide details:

14. Is The Proposer:

(a) working with other firms in joint ventures?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(b) connected with other firms financially or in any other way?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If 'Yes' in either case, please provide details:

CLAIMS DETAILS

15. Has any claims ever been made against The Proposer? Yes No

If 'Yes', please provide details separately of the circumstances of each incident including any amount paid and the estimated potential cost of the incident:

16. Is The Proposer, after enquiry, aware of any circumstances which might give rise to a claim against The Proposer? Yes No

If 'Yes', please provide details:

INSURANCE DETAILS

17. Does The Proposer hold any Professional Indemnity, &/or Public Liability Insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
---	------------------------------	-----------------------------

If 'Yes', please provide details:

Type of Insurance	Period of Insurance	Limit of Indemnity	Amount of Excess	Insurer

18. Has any insurance company in respect of the risks to which this proposal relates ever:

(a) declined a proposal, refused renewal or terminated an insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(b) required an increased premium or imposed special conditions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If 'Yes' in either case, please provide details:

19. Application of Insurance Cover

(a) Limit of Indemnity Required	HK\$
(b) Amount of Deductible / Excess	HK\$

DECLARATION

I / We warrant that the above statements made by me / us or my / our behalf are true and complete and I / We agree that this proposal together with any other information supplied shall be the basis of and are considered as incorporated within the policy between me / us and the Company. I / We agree to accept a policy in the Company's usual form for this class of insurance.

I do not want to receive any promotion materials or updates on other products, services or offers of Allied World.

SIGNATURE

DATE (DD/MM/YYYY)

ON BEHALF OF (INSERT NAME OF THE COMPANY)

Personal Information Collection Statement

Purpose of Collection

Allied World Assurance Company, Ltd ("Allied World") may collect and use your personal data to enable it to carry on its insurance business and to serve the purposes of:

- Processing your insurance application;
- Arranging a contract of insurance with you and administering the policy issued;
- Claims handling, investigation and analysis;
- Designing products and/or services for customers;
- Promoting, improving and furthering the provision of products and/or services by Allied World and its group companies; and
- Complying with any legal or regulatory requirements applicable to Allied World.

In general it is voluntary for you to provide Allied World with your personal data. However, if you do not provide sufficient information, Allied World may not be able to provide insurance services to you.

Transferee

Data held by Allied World relating to you will be kept confidential but Allied World may, for the purposes set out above, transfer your personal data to:

- Allied World's group companies;
- Reinsurers;
- intermediaries including insurance brokers and insurance agents;
- claims investigators, loss adjusters and other professional advisors;
- Allied World's other appointed service providers, including for the following services: telecommunications, information technology, administration, data processing, payment processing, emergency assistance, legal, and medical;
- any insurance industry association or federation and their respective members; and
- any other person necessary to comply with applicable legal or regulatory requirements, or orders of competent authorities, in each case both within and outside of the Hong Kong Special Administrative Region.

Marketing and Promotion

Treating you as a valued customer, Allied World and its group companies may use the personal data, including name and contact details, collected from you for the purposes of direct marketing of Allied World and its group companies' general insurance products, services or offers and for sending you the promotional materials or updates of such products, services or offers when they become available.

Allied World may not use your personal data for direct marketing if you have indicated objection to such use by ticking the box next to the statement above the proposer's signature block in the proposal form. You may also, at any time, request Allied World to cease the use of your personal data for direct marketing purposes, by informing Allied World's Compliance Officer at the contacts set out below.

Access Requests and Corrections

You have the right to obtain access to and to request correction of any personal information concerning yourself held by Allied World. Requests can be made to the Compliance Officer of Allied World Assurance Company, Ltd, by mail to 22/F One Island East, Taikoo Place, 18 Westlands Road, Quarry Bay, Hong Kong or fax to +852 2968 5111, or email to hkcompliance@awac.com.