

Chubb Elite Professional Indemnity Insurance

Proposal Form (For Construction Professionals)



Important Notices

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, 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 its business, ought to know;
- as to which compliance with your duty is waived by the Insurer.

It is important that all information contained in this proposal is understood by you and is correct, as you will be bound by your answers and by the information provided by you in this proposal. You should obtain advice before you sign this proposal if you do not properly understand any part of it.

Your duty of disclosure continues after the proposal has been completed up until the contract of insurance is entered into.

Non-Disclosure

If you fail to comply with your duty of disclosure, the Insurer may be entitled to avoid the contract from its beginning.

If your non-disclosure is fraudulent, the Insurer may also have the option of avoiding the contract from its beginning, to retain any premium that you have paid for this contract of insurance.

Claims Made Contract

Subject to its terms and conditions the policy will cover your legal liability for any claim:

- first made against you during the policy period;
- resulting from any circumstance of which you become aware during the policy period which may give rise to a future claim against you provided you immediately inform us in writing of such circumstances within the policy

period.

The Policy will not cover your legal liability resulting from any claim, matter, occurrence or circumstance arising from any act, error or omission committed or alleged to have been committed of which you were aware before commencement of the policy period.

Change of Risk or Circumstances

You should advise the Insurer as soon as practicable of any change to your normal business as disclosed in the proposal, such as changes in location, acquisitions and new overseas activities.

Subrogation

Where you have agreed with another person or company, who would otherwise be liable to compensate you for any loss or damage which is covered by the policy, that you will not seek to recover such loss or damage from that person, the Insurer will not cover you, to the extent permitted by law, for such loss or damage.

Instructions To The Applicant

- A. This form is intended for Professionals in construction related industry
- B. This proposal must be completed, signed and dated by a Principal, Partner or Director.
- C. You must answer all the questions in this form. If a question is not applicable, state "N/A". If more space is required to answer a question, continue on your letterhead.
- D. If you are a new business, use the projected figures from your business plan.
- E. If you have any questions concerning this proposal, please contact your insurance broker or adviser to discuss.

Application for Insurance Cover

| | | |
|--|---------------|--|
| Period of Insurance: | From: | To: |
| Limit of Liability Required: | Option 1: HKD | Option 2: HKD |
| Excess/Deductible Requested: | Option 1: HKD | Option 2: HKD |
| Are you requesting cover for Fraud & Dishonesty? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you requesting cover for Principals' Previous Business? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you requesting cover for Automatic Reinstatement? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you requesting cover for Cyber and Privacy Infringement Liability? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If YES, Please complete the Questionnaire for Cyber and Privacy Infringement Risk. | | |

Additional Information to Send with Your Application

| Attach a copy of the following: | Included? |
|--|--|
| Corporate profile, brochures, pamphlets, or other marketing material describing your operations and services | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Standard contracts or service agreements with clients | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Resumes or CVs of all your Principals, Partners or Directors | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| For new businesses only, your business plan with projections of business | <input type="checkbox"/> Yes <input type="checkbox"/> No |

1. Details of Applicant

1.1 Names and Company Registration Numbers of all firms applying to be covered under this insurance (Referred to as "You" in the rest of this form)

1.2 Has your name ever been changed, or have you purchased or merged with any other practice or business?
If YES, please attach details. Yes No

1.3 What is your address?

1.4 What is your website address?

1.5 When was your firm established? (day) (month) (year)

1.6 What is the number of your:

| | | | |
|--------------------------------------|--|------------------------------------|--|
| Principals, partners or directors | | Non-technical administrative staff | |
| Other professionally qualified staff | | Other staff (specify) | |
| Other skilled & technical staff | | Total | |

1.7 What are the qualifications of your Principals, Partners, Directors or other key professional personnel?

| Name | Qualifications | Year Qualified | Years as Principal, Partner or Director | |
|------|----------------|----------------|---|-------------------|
| | | | This practice | Previous practice |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

1.8 If you have only one Principal, what arrangements do you have in place to ensure continuity of business when that Principal is travelling, on leave, ill or away from the office?

2. Details of Business

2.1 Which professional societies & associations are you, your Principals, Partners or Directors members of?

2.2 Are you ISO 9001 certified? Yes No

If YES, when was this achieved and for which activities?

2.3 What percentage of your clients are:

| Type of client | % | Type of client | % |
|------------------------|---|----------------------------|------|
| Governments | | Contractors | |
| Real estate developers | | Other design professionals | |
| Commercial entities | | Others (specify) : | |
| Industrial entities | | Total | 100% |

2.4 What is the percentage breakdown of each type of professional service or advice that you provide to clients?

| Type of work | % | Type of work | % |
|--|---|---|------|
| Architecture | | Civil engineering | |
| Master planning | | Traffic & transportation engineering | |
| Interior design | | Structural engineering | |
| Landscape architecture | | Geotechnical & soil engineering | |
| Land surveying | | Environmental engineering | |
| Hydrographic surveying | | Naval architecture | |
| Setting out | | Marine, aeronautical & automotive engineering | |
| Building surveying | | Industrial & process engineering | |
| Quantity surveying | | Chemical engineering | |
| Electrical engineering | | Project management | |
| Mechanical, hydraulic, plumbing, HVAC & fire engineering | | Others (specify): | |
| Acoustic engineering | | Total | 100% |

2.5 What percentage of your work involves

| Type of project | % | Type of project | % |
|--|---|--|---|
| Air or water testing | | Land reclamation | |
| Asbestos, lead, nuclear or mould related projects | | Machine, product or equipment design | |
| Contaminated site clean up | | Pollution monitoring or control | |
| Environmental impact assessments or audits | | Risk or hazard assessments | |
| Foundation, underpinning, soil testing or substructure | | Subsurface surveys or locating underground utilities | |
| Installation or maintenance | | Waste disposal, treatment or management | |

2.6 What percentage of your work is

| Type of work | % |
|--|------|
| Feasibility studies | |
| Design only, with no construction phase responsibility | |
| Observation of construction only | |
| Design with supervision of construction (where construction is done by others) | |
| Design & construct or turnkey projects | |
| Total | 100% |

2.7 What percentage of your projects are

| Type of work | % | Type of work | % |
|---|---|---------------------------------------|------|
| Airports | | Office buildings | |
| Apartments & condominiums | | Parking structures | |
| Arenas & stadiums | | Pipelines & petrochemicals facilities | |
| Bridges & tunnels | | Power generation facilities | |
| Convention centres | | Quarries & mines | |
| Dams | | Religious buildings | |
| Harbours & jetties | | Roads & highways | |
| Hospitals & healthcare facilities | | Schools & community buildings | |
| Hotels | | Shopping centres & retail outlets | |
| Individual dwellings | | Sports & recreational facilities | |
| Industrial waste water systems | | Theme parks & amusement rides | |
| Landfills | | Underground storage facilities | |
| Manufacturing & industrial buildings | | Warehouses | |
| Mass transit infrastructure | | Water & sewage systems | |
| Military, police & civil defence facilities | | Water treatment plants | |
| Modular buildings involving repetitive design | | Others (specify): | |
| Nuclear facilities | | Total | 100% |

| | |
|--|--|
| 2.8 Do you engage in any other professional or business activities other than what is described in this section 2? If yes, please attach details of the type of work and the fee income from these other activities. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2.9 Are you or any of your Principals, Partners or Directors connected or associated with any other practice or business? If yes, please attach details. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

3. Financial Details

3.1 When does your Financial Year end? _____ (day) _____ (month)

3.2 What is your total turnover or fee income for the:

| | Year | Hong Kong SAR | China & Taiwan | Outside Greater China | Total |
|--------------------|------|-------------------------|----------------|--------------------------|-------|
| Coming year (est) | | | | | |
| Current year (est) | | | | | |
| Past year | | | | | |

3.3 Please indicate whether above figures represent: Fee income Or Total turnover

3.4 What percentage of your fee income is derived from work in

| Hong Kong SAR | Other Asia Countries | Australia/NZ | Europe | USA/Canada | Others | Total |
|-------------------------|-------------------------|--------------|--------|------------|--------|-------|
| % | % | % | % | % | % | 100 % |

3.5 Which are the foreign countries where you provide your services, and how many staff are located in each?

| Country | Number of staff | Country | Number of staff |
|---------|-----------------|---------|-----------------|
| | | | |
| | | | |
| | | | |

3.6 What are your five largest projects or contracts during the past five years?

| Project name & description | Location | Start & end date | Construction value | Fees |
|----------------------------|----------|------------------|--------------------|------|
| | | | | |
| | | | | |
| | | | | |

4. Risk Management

4.1 Do you execute a written contract, agreement or engagement letter for services with every client? Yes No

4.2 Are these client contracts reviewed by a law firm experienced in your profession? Yes No

If NO, how do you review and approve client contracts?

4.3 Do these contracts contain

| | |
|--|--|
| • Specific description of services that you provide? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • Guarantees or warranties of your services? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • Limitation of your liability to your clients? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • Hold harmless or indemnity agreements to your benefit? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | |
|---|--|
| • Hold harmless or indemnity agreements to your client's benefit? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • Disclosure of actual or potential conflicts of interest? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4.4 Are all changes to your contracts confirmed in writing? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4.5 Are verbal reports or advice always confirmed in writing? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4.6 What percentage of your professional services is subcontracted to others? | % |
| 4.7 What services are subcontracted? | |

| | |
|---|--|
| 4.8 Does your subcontractor contractually agree to hold you harmless for liability caused by the subcontractor's acts? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4.9 Do you contractually agree to waive any legal rights you may have against your subcontractors, consultants or agents? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4.10 What percentage of subconsultants do you require to carry professional liability insurance? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

5. Insurance History

| | | | | |
|--|--|---------------------|---------------|-------------------------|
| 5.1 Do you currently have similar insurance? If YES, please provide details | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Period of Insurance | Insurer | Policy Limit | Excess | Retroactive Date |
| | | | | |
| | | | | |
| | | | | |
| 5.2 Has any application for similar insurance been refused, or has any similar insurance ever been rescinded or cancelled? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

If YES, please provide details:

6. Claims Experience

| | |
|---|--|
| 6.1 Have any claims ever been made, or lawsuits been brought against you, your predecessors in business, or any current or former Principals, Partners, Directors, employees, or any other person or entity applying to be insured under this proposed contract of insurance? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6.2 Are any of the Principals, Partners, Directors or employees aware, after inquiry, and as of the date of signing this application, of any errors, omissions, offences, circumstances or allegations which might result in a claim being made against you or any person or entity applying to be insured under this proposed contract of insurance? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6.3 Have you, your predecessors in business, or any current or former Principals, Partners, Directors, or employees ever been the subject of disciplinary action or investigation by any authority or regulator or professional body? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If Yes to any of the questions in this section, please provide full details and the status of each claim, lawsuit,

allegation or matter, including:

- the date of the claim, suit or allegation
- the date you notified your previous insurers
- the name of the claimant and the services rendered
- the allegations made against you
- the amount claimed by the claimant
- whether the status is outstanding or finalised
- the amounts paid for claims and defence costs to date

Declaration

- We acknowledge that we have read and understood the Important Notices contained in this proposal.
- We agree that this proposal, together with any other information or documents supplied, shall form the basis of any contract of insurance.
- We acknowledge that if this proposal is accepted, the contract of insurance will be subject to the terms and conditions as set out in the policy wording as issued or as otherwise specifically varied in writing by the Insurer.
- We declare after enquiry that the statements, particulars and information contained in this proposal and in any documents accompanying this proposal are true and correct in every detail and that no other material facts have been misstated, suppressed or omitted.
- We undertake to inform the Insurer of any material alteration to those facts before completion of the contract of insurance/insurance policy period (if applicable).

Commission Disclosure

The following clauses should be added to Chubb's formal proposals / application forms/ quotations in order to obtain the clients' informed consent:

Disclosure:

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

The applicant further understands that the above agreement is necessary for Chubb to proceed with the application.

Personal Information Collection Statement

The Company ("We/Us") want to ensure that Our **Insured Persons** ("You") are confident that any personal data collected by **Us** is treated with the appropriate degree of confidentiality and privacy.

This Personal Information Collection Statement sets out the purposes for which **We** collect and use personally identifiable information provided by **You** ("**Personal Data**"), the circumstances when **Personal Data** may be disclosed and information regarding Your rights to request access to and correction of **Personal Data**.

(a) Purposes of Collection of Personal Data

We will collect and use **Personal Data** for the purposes of providing competitive insurance products and services to **You**, including considering Your application(s) for any new insurance policies and administering policies to be taken out with **Us**, arranging the cover and administering and managing Your and Our rights and obligations in relation to such cover. **We** also collect the **Personal Data** to be able to develop and identify products and services that may interest **You**, to conduct market or customer satisfaction research, and to develop, establish and administer alliances and other arrangements with other organisations in relation to the promotion, administration and use of Our respective products and services. **We** may also use your **Personal**

Data in other ways with your consent.

(b) Direct marketing

Only with your consent, **We** may also use your contact, demographic, policy and payment details to contact **You** with marketing information regarding our insurance products by mail, email, phone or SMS.

(c) Transfer of Personal Data

Personal Data will be kept confidential and **We** will not sell Your **Personal Data** to any third party. **We** limit the disclosure of Your **Personal Data** but, subject to the provisions of any applicable law, Your **Personal Data** may be disclosed to:

- (i) third parties who assist **Us** to achieve the purposes set out in paragraphs a and b above. For example, **We** provide it to Our relevant staff and contractors, agents and others involved in the above purposes such as data processors, professional advisers, loss adjudicators and claims investigators, doctors and other medical service providers, emergency assistance providers, insurance reference bureaus or credit reference bureaus, government agencies, reinsurers and reinsurance brokers (which may include third parties located outside Hong Kong SAR);
- (ii) Our parent and affiliated companies, or any company within Chubb local and outside Hong Kong SAR;
- (iii) the insurance intermediary through which **You** accessed the system;
- (iv) provided to others for the purposes of public safety and law enforcement; and
- (v) other third parties with your consent.

With regard to the above transfers of **Personal Data**, where applicable, **You** consent to the transfer of Your **Personal Data** outside of Hong Kong SAR.

(d) Access and correction of Personal Data

Under the **Personal Data** (Privacy) Ordinance ("PDPO"), **You** have the right to request access to and correction of **Personal Data** held by **Us** about **You** and **We** will grant **You** access to and correct Your **Personal Data** as requested by **You** unless there is an applicable exemption under the PDPO under which **We** may refuse to do so. **You** may also request **Us** to inform **You** of the type of **Personal Data** held by **Us** about **You**.

Requests for access or correction of **Personal Data** should be addressed in writing to:

Chubb Data Privacy Officer
39/F, One Taikoo Place,
979 King's Road,
Quarry Bay, Hong Kong SAR
O +852 3191 6222
F +852 2519 3233
E Privacy.HK@chubb.com

Your request to obtain access or correction will be considered within forty (40) days of Our receipt of Your request. **We** will not charge **You** for lodging a request for access to Your **Personal Data** and if **We** levy any charges for providing information, such charges will not be excessive. No fee is charged for data correction requests.

Signature

Applicant's Signature:

Applicant Name:

Position:

Date (DD/MM/YY):

About Chubb in Hong Kong [SAR](#)

Chubb is the world's largest publicly traded property and casualty insurer. With both general and life insurance operations, Chubb has been present in Hong Kong [SAR](#) for more than 90 years via acquisitions by its predecessor companies. Its general insurance operation in Hong Kong [SAR](#) (Chubb Insurance Hong Kong Limited) is a niche and specialist general insurer. The company's product offerings include Property, Casualty, Marine, as well as Accident & Health programs for large corporates, midsized commercial and small business customers. Over the years, it has established strong client relationships by offering responsive service, developing innovative products and providing market leadership built on financial strength.

More information can be found at www.chubb.com/hk.

Contact Us

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