

Professional Indemnity Single Project Professional Proposal Form

QBE Insurance (Singapore) Pte Ltd



Notice to the Proposed Insured

Your duty of disclosure - If a proposer does not fully and faithfully give the facts as he knows them or ought to know them, he may receive nothing from the policy.

A Sample Policy Wording is available on request.

IMPORTANT

- Note that this is a named insured policy. Only parties listed, identified, accepted and named are covered. Please include contractors/subcontractors who you wish to insure.
- The applicant will be referred to in this proposal as 'You' or 'Your'.
- Please answer all questions fully. If there is insufficient space, please provide details on your letterhead.
- Where applicable, please tick the appropriate box to indicate your answer.

A. Your Details

1. Name of main applicant

2. Your principal address

3. Email

4. Date established

5. Please list all parties (excluding main applicant) applying for this insurance

Name	Address

Please note: The main applicant referred to in A1 and all parties referred to in A4 are collectively referred to in this proposal as 'You' or 'Your'.

B. Details of Projects

1. Please provide the following details

a. Title of Project

b. Location

c. Estimated total contract value of project

d. Estimated total contract value for all of you to be included for this insurance

e. Estimated gross fee income of portion of project to be received by all of you to be included for this insurance

f. Name of Principal

g. Type of project

- Conventional Contract
 Design and Build Contract
 Management Contract
 Others (please elaborate)

h. Brief description of project (Please also provide full details of the contractual scope of work, contract matrix/structure and conceptual design drawing via attachment)

2. Please summarise the expected time schedule for the project

Design Phase	Start Date	Completion Date
Construction Phase	Start Date	Completion Date
Maintenance Phase	Start Date	Completion Date
Discovery/ Extended Reporting Period	Start Date	Completion Date

3 Please categorise all the professional services required to be performed by you or on your behalf in connection with this project

Activity	Total Gross Fees* including any amount subcontracted (\$)	Fees sub-contracted (\$)
a. Consultant Engineering		
(i) Civil		
(ii) Structural		
(iii) Mechanical		
(iv) Electrical		
(v) Acoustical		
(vi) Geotechnical/Soil/Foundation		
(vii) Heating and Ventilation		
(viii) Mining		
(ix) Nuclear		
(x) Environmental		
b. Architecture		
c. Drafting		
d. Town Planning		
e. Surveying		
(i) Building Surveying		
(ii) Land Surveying		
(iii) Quantity Surveying		
f. Interior Designing		
g. Project Management/Construction Management		
h. Registered Inspection/Accredited Checking		
i. Others (please elaborate)		
Total		

4. Which of the following professional duties are required to be performed by or on behalf of you within the provisions of the contract?

- | | | |
|---|------------------------------|-----------------------------|
| a. Administrating retention fund | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Agreeing clearing, forwarding and customs dues | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Approval of detailed design/drawings | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Arranging site insurance | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Authorising progress payments | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Cash flow forecasts | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. Certifying final payment/completion | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| h. Co-ordination/expediting | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| i. Cost estimates | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| j. Design criteria | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| k. Drafting contract conditions | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| l. Feasibility studies | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

- | | | |
|------------------------------------|------------------------------|-----------------------------|
| m. Flow sheets | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| n. Geotechnical services | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| o. Inspection of installation work | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| p. Instructions to Tenderers | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| q. Issuing variation orders | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| r. Measurement | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| s. Quality control and assurance | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| t. Quantity estimates | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| u. Settling contractual claims | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| v. Supervision of commissioning | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| w. Tender adjudication | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| x. Working drawings | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| y. Other (please elaborate) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

C. Methods Employed By You

1. Are there any aspects of the project (or part of the project) which:
 - a. Do not utilise well-established tried and tested technique Yes No
 - b. Comprise or include prototype or innovative construction techniques, designs or materials? Yes No
 - c. Involve the performance of professional services in regards to off-shore or sub-aqueous works? Yes No
 - d. You are unfamiliar with and/or do not fall within the scope of work with which you are experienced? Yes No
 - e. Are unusual with regards to the performance quality, durability or tolerance required? Yes No
 - f. You consider should be brought to the insurer's attention? Yes No

If "Yes" to any above, please provide full details by attachment
2. Please provide resume of similar projects undertaken by you via attachment

D. Claims Details

1. Has any partner, principal, director or employee ever been subject to disciplinary proceedings for professional misconduct? Yes No
If "Yes", please provide details.

2. Has any claim been made, or has any civil liability been alleged in the last ten (10) years against you, your practice or any of its predecessors in business or any prior practice of any of their present or former partners, principals or directors, or have circumstance been notified to insurers that might give rise to a claim? Yes No
If "Yes", please provide the following details in respect of each matter on your company's letterhead and attach
 - Date of Claim made
 - Name of Insurer (if any)
 - Name of Claimant or Potential Claimant
 - Brief description of matter and latest update
 - Amounts (If any) of claim paid and estimated outstanding amounts
 - Is matter finalised or outstanding and when was the last update?
 - What actions have been undertaken to prevent a recurrence of the situation which gave rise to each claim?
3. Are there any circumstances not already notified to Insurers which may give rise to a claim against you? Yes No
If "Yes", please provide the following details in respect of each matter on your company's letterhead and attach
 - Name of Claimant or Potential Claimant
 - Brief Description of Matter
 - Estimate of Potential Liability

E. Other Insurance

1. Please provide details (limits and deductibles) of other insurances which are likely to be in force in respect of and during the lifetime of the Project and which can be expected to provide elements of coverage for professional indemnity exposures for the parties included in this insurance:

Insurance

Details including Limits and Deductible

Construction "All Risk" (e.g. design cover following "damage")

Building/other warranties

General products liability (e.g. no exclusion of professional acts)

Product guarantees (e.g. 12 months on equipment supplied)

Other Professional Indemnity (e.g. consultants annual practice policies)

Other Policies (please elaborate):

F. Insurance Cover Requested

Limit of Indemnity Required _____

Deductible/Excess Required _____

Period of Insurance Required Start Date _____

End Date _____

G. Personal Data Protection Act (PDPA) 2012

Supplementary Consent Clauses

To process, administer and/or manage your relationship, account and policy with QBE Insurance (Singapore) Pte Ltd (QBE), QBE will need to collect, use, disclose and/or process your personal data. Such personal data includes (i) information set out in this [form] and any other personal information provided by you or possessed by QBE; and (ii) your claims.

Such personal data will be collected, used, disclosed and/or processed by QBE for the purpose(s) of:

- a) considering whether to provide you with the insurance you applied for;
- b) processing your application for underwriting and insurance;
- c) administering and/or managing your relationship, account and/or policy with QBE;
- d) processing and/or dealing with any claims including the settlement of claims and any necessary investigations relating to the claims, under your policy;
- e) carrying out due diligence or other screening activities (including background checks) in accordance with legal or regulatory obligations or risk management procedures that may be required by law or that may have been put in place by QBE;
- f) carrying out your instructions or responding to any enquiries by you;
- g) dealing in any matters relating to the services and/or products you are entitled to when applying for this or other policies you applied for. This includes the disclosure of some of your personal data when mailing of correspondence, statements, invoices, reports or notices to you, as well as the disclosure of some of your personal data on the cover of envelopes/mail packages;
- h) investigating fraud, misconduct, any unlawful action or omission, whether relating to your application, your claims or any other matter relating to your policy, and whether or not there is any suspicion relating to these;
- i) compiling a claims history for the purpose of investigation and detecting fraud in present and future claims
- j) complying with applicable law in administering and managing your relationship with QBE;
- k) providing you with direct marketing communications about QBE's products and services; if you do not want to receive any direct marketing, you may withdraw your consent at any time free of charge by writing in to info.sing@qbe.com

We may/will also be collecting from sources other than yourself, personal data about you, for one or more of the purposes described above, and using, disclosing and/or processing such personal data for one or more of those purposes.

Your personal data may/will be disclosed by QBE to its third party service providers or agents (including its lawyers/law firms), which may be situated outside of Singapore, for one or more of the purposes described above, meaning third party service providers or agents, if engaged by QBE, will be processing your personal data for QBE.

By signing below, you:

- consent to QBE collecting, using, disclosing and/or processing your personal data for the purposes described above;
- consent to QBE collecting personal data about you from sources other than yourself and using, disclosing and/or processing the same, for one or more of the purposes described above;
- consent to QBE disclosing your personal data to its third party service providers, or agents (including its lawyers/law firms), for the purposes described above; and
- consent to QBE transferring your personal data out of Singapore to its third party service providers, or agents where such third party service providers or agents are sited (whether in Singapore or outside of Singapore), for the purposes described above.

Name	Signature of Applicant
Date	

H. Declaration

Before signing the declaration, please check your answers carefully particularly if the proposal form is not completed in your own hand.

I, the undersigned authorised partner, principal or director, after enquiry declare as follows:

I am authorised by each of the other applicants to make this proposal;

I have read and understood the my duty of disclosure under the Notice to the Proposed Insured in the front of this proposal form;

I have read and understood this proposal and the accompanying documents and acknowledge the contents herein filled to be true and complete;

I understand that, up until a contract of insurance is entered into, I am under a continuing obligation to immediately inform QBE of any change in the particulars or statements contained in this proposal form or in the accompanying documents.

Although the signing of this proposal does not bind the applicants to effect insurance, you acknowledge that the particulars and statements contained in this proposal and in the accompanying documents shall be the basis of the contract should a policy be effected; and further, you acknowledge that the proposal and the accompanying documents will be incorporated in such policy.

Practice (Main Applicant)	Name of Partner, Principal or Director
Signed	Date

Important

When submitting this application, please check that you have attached the following :

- Question B1h. Extract of your contractual Scope of Work for this project
- Question B1h. Details of contract matrix/structure
- Question B1h. Conceptual design drawing
- Question C1. (If any) Details to question C1
- Question C2. Resume of similar projects
- Question D2/D3. (If any) Claim details