

Marine Professional Indemnity Insurance Proposal Form

QBE Insurance (Singapore) Pte Ltd



- This form may be completed by your authorised insurance broker
- If you have insufficient space to answer any questions, please attach a separate sheet.
- It would also assist our understanding of your business if you could include a copy of your company brochure, report and accounts or any other literature relevant to the services you provide.

Please email completed forms to info.sing@qbe.com

YOU ARE TO DISCLOSE IN THIS PROPOSAL FORM, FULLY AND FAITHFULLY, ALL THE FACTS WHICH YOU KNOW OR OUGHT TO KNOW, OTHERWISE, THE POLICY ISSUED HEREUNDER MAY BE VOID.

Your Company Name and Address

Telephone

Fax

Email

Date company established

Names and addresses of any subsidiary, affiliated or associated companies which you wish to include in the insurance

Please describe the services you provide to your customers that you wish to be insured

Please list your directors or partners, noting their professional qualifications or number of years experience

Number of directors, senior managers, brokers or surveyors

Number of clerical staff

Number of manual workers

Total number of employees

Please detail names of any trade associations to which you are affiliated or are members

Have you obtained quality assurance accreditation from any internationally recognised organisation?
If "Yes", please specify

Yes

No

Your annual gross income (fees and commissions only) for the last financial year

What is your estimated annual income for this financial year

Please forecast your annual income for the next financial year

(Please state currency)

Your Services

Please estimate the percentage of this year's annual income that relates to:

Chartering broking	%	Which are your main markets?
S & P broking	%	
Ship management	%	Please complete our supplementary form
Ship agency for liner principals	%	Who are your main principals?
Ship agency for tramp principals	%	Who are your regular principals?
Freight forwarding	%	Please complete our supplementary form if this service represents more than 15% of your annual income.
Bunker broking	%	
Marine surveying	%	Percentage relating to yacht surveys _____ % Do you issue any guarantee surveys <input type="checkbox"/> Yes <input type="checkbox"/> No
Naval architect	%	Please attach a description of the type of work you have undertaken and your areas of expertise.
Marine consultancy	%	Largest fee from a single customer
Stevedoring (where you do not act as agent for your principal)	%	Estimated annual: • Turnover _____ • Percent sub-contracted _____ % • Tonnages handled _____ TEU's _____ Breakbulk _____ Bulk _____ Other _____
Marine engineering	%	Largest fee from a single customer
Ship registry	%	
Acting for insurers e.g. Lloyd's Agent/ P & I Club correspondent	%	Please describe
Other marine related services	%	Please describe

Your Claims History

In the last five years have any:

- professional liability or errors and omissions claims been made against you
- third general party liability claims been made against you
- cargo, pollution or statutory liability claims been made against you
- circumstance arisen that could have resulted in any of the above liability claims being made against you
If yes to any of the above, please attach full details

Your Present Insurance

- are you currently insured for professional indemnity?
- do you require a specific limit of liability and/or deductible to be quoted?

Your Trading Conditions

- do you have any standard trading conditions or contracts?
If "Yes", please attach a copy.
- are all customers advised of your standard conditions before services are provided

Declaration

Has any insurer ever:

- declined to insure you
- cancelled your insurance
- refused to renew your insurance
- imposed special terms

If yes, please attach full details:

We declare that the information and answers given in this form are true to the best of our knowledge and belief and that we have not mis-stated or suppressed any material facts that might influence the assessment of the risk. We also understand that completion of this form does not bind insurers or mean we will accept this insurance but, if terms are agreed, it will form part of the contract.

I/We have read and understood the Personal Information Collection Statement attached to this Proposal Form.

I/We would like to receive information about goods and services of QBE SG or their affiliates via email and/or phone. Yes No

Name/Position

Company Stamp

Signature

Date

Personal Information Collection Statement

In relation to the personal data collected by QBE Insurance (Singapore) Pte. Ltd. ("QBE SG"), I/We agree and acknowledge that:

- a) the personal data requested is necessary for QBE SG to process your application for insurance or claim and any such data not provided may mean this application or claim cannot be processed;
- b) the personal data collected in this form may be used by QBE SG for the purposes stated in its Privacy Policy found at <https://www.qbe.com/sg/privacy-policy>. These include underwriting and administering the insurance policy being applied for (including obtaining reinsurance, underwriting renewals, claim processing, investigation, payment and subrogation and any related purposes);
- c) QBE SG may transfer the personal data to the following classes of persons (whether based in Singapore or overseas) for the purposes identified in (b) above:
 - i. third parties providing services related to the administration of my/our policy (including reinsurance);
 - ii. financial institutions for the purpose of processing this application and obtaining policy payments;
 - iii. in the event of a claim, loss adjustors, assessors, third party administrators, emergency providers, legal services providers, retailers, medical providers and travel carriers;
 - iv. another member of the QBE group (for all of the purposes stated in (b)) in any country; or
 - v. other parties referred to in QBE's Privacy Policy for the purposes stated therein;
- d) I/We may gain access to, or request correction of my/our personal data (in both cases, subject to a reasonable fee), via email or post at:
QBE Insurance (Singapore) Pte. Ltd.
Address: 1 Wallich Street, #35-01, Guoco Tower, Singapore 078881
Email: info.sing@qbe.com
- e) that where I/We are providing personal data on behalf of another person to QBE SG, I/We have obtained consent from the other person who have agreed that their personal data will be released to QBE SG in accordance with paragraphs (a), (b) and (c) above.

QBE Insurance (Singapore) Pte Ltd
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