

A. Notice To The Proposed Insured Persons And Company

1. Disclosure of Relevant Facts

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 which 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 us before you renew, extend, vary or reinstate a contract of insurance.

Warning: Be aware of your duty of disclosure pursuant to Section 25 (5) of the Insurance Act (CAP 142).

Comment

The requirement of full and frank disclosure of anything which may be material to the risk for which you seek cover (e.g. claims, whether founded or unfounded), or to the magnitude of the risk, is of the utmost importance with this type of insurance. It is better to err on the side of caution by disclosing anything which might conceivably influence the insurer's consideration of your proposal.

2. Claims Made Policy

This proposal is for a "claims made" policy of insurance. This means that the policy covers you for claims made against you and notified to the insurer during the period of cover. This policy does not provide cover in relation to:

- events that occurred prior to the retroactive date of the policy (if such a date is specified);

- claims made after the expiry of the period of cover even though the event giving rise to the claim may have occurred during the period of insurance;
- claims notified or arising out of facts or circumstances notified (or which ought reasonably to have been notified) under any previous policy;
- claims made, threatened or intimated against you prior to the commencement of the period of insurance;
- facts or circumstances of which you first became aware prior to the period of insurance, and which you knew or ought reasonably to have known had the potential to give rise to a claim under this policy;
- claims arising out of circumstances noted on the Proposal Form for the current period of insurance or on any previous proposal form.

However, where you give notice in writing to the insurer of any facts that might give rise to a claim against you as soon as reasonably practicable after you become aware of those facts but before the expiry of the period of cover, the policy will, subject to the terms and conditions, cover you notwithstanding that a claim is only made after the expiry of the period of insurance.

You should familiarise yourself with our standard form of policy for this type of cover before submitting this proposal.

IMPORTANT

- Please answer ALL questions fully. If there is insufficient space, please provide details on your letterhead.
- Where provided, tick the appropriate box to indicate answer.
- The applicant will be referred to in this proposal as “You” or “Your”.

B. Details Of Applicant

a) Name of the Company or Organisation.
(Hereinafter referred to as the “Company” in this Proposal and in the Policy.)

b) Principal address

c) Email

d) Date the Company commenced business

e) Principal business of the Company

f) Is the Company Listed Unlisted

g) If listed, please detail the stock exchanges whereby the Company or its Subsidiary Companies are listed below

Country Of Listing	Date Of Listing	Amount Raised (Please Provide Currency)

C. Financial Position And Practices Of The Company

a) Is any proposed Insured Person aware of facts or circumstances that might affect the ability of the Company to meet all its debts as and when they fall due? Yes No

b) Does the Company have any plans to remove or replace its external auditor in the next 12 months? Yes No

c) Are any of your significant accounting practices, including revenue recognition, anticipated to change in the next 13 months? Yes No

If you have answered “Yes” to any of the above, please elaborate:

D. Capital Raisings

Has the Company issued a prospectus or any other securities offering documents in the last twelve (12) months? Yes No

If “Yes”, please provide a copy of the document.

E. Shareholder Information

Does any shareholder, or associated group of shareholders, own or control (directly or beneficially) more than ten percent (10%) of the share capital of the Company? Yes No

If "Yes", please provide names of the shareholders and the percentage owned/controlled.

F. Merger, Acquisition Or Takeover Activity

a) Is the **Company** considering any merger, acquisition, takeover or divestiture proposal at present? Yes No

b) Is the **Company** subject to any takeover attempt, or has there been any attempted takeover of the **Company** in the last twelve (12) months? Yes No

If you have answered "Yes" to any of the above, please elaborate.

G. North American Operations

Does the **Company** conduct any business in the United States of America or Dominion of Canada or their territories or protectorates? Yes No

If "Yes", please provide the following details.

a) Total assets held in North America: US\$ _____

b) Total revenue generated from North America: US\$ _____

c) Does the **Company** have any American Depository Receipts (ADR) traded in the USA? Yes No

If "Yes", please provide the following details:

i) What level is the ADR? _____

ii) How many outstanding ADRs are there? _____

H. Insurance Cover

a) Does the **Company** presently carry or has the **Company** ever carried Directors and Officers Liability Insurance? Yes No

If "Yes", please supply details:

Insurer _____

Expiry Date _____

Limit of Indemnity _____

Retention _____

b) Has the **Company** or any proposed **Insured Person** ever been refused this type of insurance, or had similar insurance cancelled, or had an application of renewal declined, or had special terms imposed? Yes No

If "Yes", please supply details.

I. Employee Information

a) Please complete the table below:

	Location of Employees	
	USA/Canada	Excluding USA/Canada
Number of Employees		

- b) Are all employment terminations reviewed prior to termination? Yes No
- c) Do you have an employee handbook? Yes No
- d) Do your employment procedures conform to local employment legislation? Yes No
If you have answered "No" to any of the questions from (b) to (d), please elaborate:

- e) Are you anticipating any redundancies, early retirements or downsizing in the next twelve (12) months? Yes No
- f) Have there been any **Employment Related Matters** or **Claims** in the last five (5) years? Yes No
If you have answered "Yes" to any of the questions from (e) and (f), please elaborate:

J. Claims History Of Directors And Officers

After full enquiry,

- a) Has there been or is there now any prior or pending **Claim** against any proposed **Insured Person**, in their capacity as a director or officer of either the **Company** or any other company, organisation, association or trust? Yes No
- b) Has there been or is there now any prior or pending litigation against any proposed **Insured Person**? Yes No
- c) Do any circumstances exist that might give rise to a **Claim** against any proposed **Insured Person**? Yes No
If you have answered "Yes" to any of the above, please elaborate.

K. Claims History Of Company

After full enquiry,

- a) Has there been or is there now any prior or pending action, litigation or other proceeding against the **Company**? Yes No
- b) Has there been or is there now any prior or pending investigation, examination, inquiry or other proceedings in relation to the affairs of the **Company**? Yes No
- c) Do any circumstances exist that might give rise to any event described under (a) or (b) above? Yes No
If you have answered "Yes" to any of the above, please elaborate

L. Application For Cover

1. Limit of indemnity required: _____
2. Deductible/Excess requested: _____ (Each and Every Claim)

M. Declaration

I/We the undersigned authorised **Insured Person** or **Company**, after enquiry declare as follows:

- a) I am/We are authorised by each of the other Applicants to make this **Proposal**.
- b) I/We have read and understood the Notice to the Proposed Insured Persons or Company on the front of this **Proposal**.
- c) I/We have read this **Proposal** and the accompanying documents and acknowledge the contents of same to be true and complete.
- d) I/We understand that, up until a contract of insurance is entered into, I am/we are under a continuing obligation to immediately inform **QBE** of any change in the particulars or statements contained in this **Proposal** or in the accompanying documents.

Although the signing of this **Proposal** does not bind the Applicants to effect insurance, the Applicants 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 issued; and further, the Applicants acknowledge that the **Proposal** and the accompanying documents will be incorporated in the **Policy**.

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 of Chairman/
Managing Director/Chief Executive Officer

Signature of Chairman/ Managing Director/Chief Executive Officer	Date
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Please enclose with this Proposal:

- a) **The latest Annual Report or audited financial statements of the Company.**
- b) **The last Interim Statement of the Company (if applicable).**

N. 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.

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Your Insurance Adviser or Broker