# Professional Indemnity Miscellaneous Risk Renewal Form





## **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**

- 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.

Α.	Υοι	Your Details			
	1.	Full name of all entities to be insured			
	2	Va. w with a lead and			
	2.	Your principal address			
		Postal Code			
	3.	Email			
	3.	EIIIdii			
	4.	Address(es) of branch offices or other locations			
		Postal Code			

# B. Details Of Practice

1. Please categorise your activities or business conducted and indicate the approximate percentage of your fee income derived from each activity.

Type of Activity	Current Year (%)	Forthcoming Year (%)	
Total	100	100	

2. Please provide a brief description and fees of the five (5) largest contracts(in terms of contract value) undertaken over the past five (5) years:

Client	Brief Description	Type of Work	Fees

	Do you envisage any substantial changes in your activities or are there any major new operations contemplated for the next 12 months? If "Yes", please provide details.				operations Yes N
Fir	nancials				
	lancials				
1.	Please provide your tot	tal income/fees for the	following:		
	Currency		Sing	gapore	Others
	Estimate For Next Fina	nncial Year			
	Current Financial Year Estimate				
	Current Financial Year				
	Current Financial Year Last Financial Year				
2.	Last Financial Year  Please provide the app		f your activities (ba	ased on fee income) de	rived from clients based in the followir
2.	Last Financial Year		f your activities (ba	ased on fee income) de USA/Canada	rived from clients based in the followir  Others (Please specify)
2.	Last Financial Year  Please provide the apprountry/regions:	roximate percentage of			rived from clients based in the followir Others (Please specify)
2.	Please provide the apprountry/regions:  Country/Region  Percentage of	roximate percentage of			
	Please provide the apprountry/regions:  Country/Region  Percentage of Total Income (100%)	roximate percentage of			
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### F. Personal Information Collection Statement ("PICS")

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 www.qbe.com/sg. 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;

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.

Please tick here if you do not want us to use your personal data to contact you by email with information about goods and services of QBE SG or their affiliates.

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

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

### G. 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 authorized partner, principal or director, after enquiry declare as follows:

I am authorized 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.

Name of Practice	Name of Partner, Principal or Director
Signed	Date