



redefining / insurance

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Proposal Form
Professional Indemnity Insurance
(Architect & Engineers)

Important Notes

Section 25(5) of the Insurance Act Cap 142 or any subsequent amendment thereof requires you to tell us (AXA Insurance Pte Ltd) everything you know, or could reasonably be expected to know, that is relevant to our decision to insure you, otherwise the policy issued may be void.

Our liability in respect of this application does not commence until acceptance has been communicated by us to you. Your policy carries a Premium Warranty Clause, which requires the premium to be paid in full within 60 days from the commencement of the cover. Failing to comply with the above, there would be no liability under the policy.

You must answer all the questions in this application form. Any questions not answered will be taken as answered in the negative. If the space provided is insufficient, please write the details on a separate sheet of paper and attach it to this application form.

1 Proposer Details

- a) Name of Proposer:
b) Principal address:
c) Date of incorporation or charter:
d) Other entities that you wish to be covered under this policy (including service, administrative or nominee companies and subsidiaries that you wish to be covered under this policy):
e) Detailed description of the professional services you wish to be covered as under this policy:

2 Management and Personnel Details

a) Breakdown of Employees

Table with 2 columns: Description of employee category, and a blank column for numerical count. Rows include: Total Number of Employees, Of which, the number of employees who are, Partners, Principals and Directors, Qualified Staff, Non-Technical Administrative Staff (including clerical).

b) Do you always require and obtain satisfactory references when engaging employees?

Yes  No

c) Please provide details of Partners, Principals and Directors

Names of Partners, Principals and Directors	Age	Qualifications	Date Qualified	Period Practicing as Partner, Principal or Director	
				Current Practice	Previous Practices

### 3 Operation Details

a) Please summarize the approximate split of project value in the nature of work involved:

Type of professional services	Total Amount Including any amount sub-contracted		Amount Sub-contracted	
	Contract Value	Fee (SGD)	Contract Value (SGD)	Fee (SGD)
(a) Civil engineering	%			
(b) Mechanical engineering	%			
(c) Electrical engineering	%			
(d) Structural engineering	%			
(e) Heating & ventilating/air conditioning engineering	%			
(f) Acoustical engineering	%			
(g) Chemical engineering	%			
(h) Geotechnical / soil engineering.	%			
(i) Hydraulic/fire engineering	%			
(j) Plumbing engineering	%			
(k) Environmental Engineering				
(i) Environmental Pollution Surveys	%			
(ii) Design of Pollution Control Equipment	%			
(iii) Others (Please specify)	%			
(l) Mining engineering	%			
(m) Nuclear engineering	%			
(n) Marine engineering	%			
(o) Architecture	%			
(p) Drafting	%			
(q) Town planning	%			
(r) Surveying				
(i) land	%			
(ii) quantity	%			
(iii) building	%			
(iv) marine	%			
(s) Interior designing	%			

(t) Project management	%			
(u) Construction management	%			
(v) Registered Inspection/Accredited Checking	%			
(w) Others (please specify)	%			
<b>Total for this Project</b>				

b) Please state which of the following Professional Services are required to be performed by or on behalf of the Main Proposer in connection with this Project

(a) Feasibility studies	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) Cost estimates	<input type="checkbox"/> Yes <input type="checkbox"/> No
(c) Cash flow forecasts	<input type="checkbox"/> Yes <input type="checkbox"/> No
(d) Geotechnical services	<input type="checkbox"/> Yes <input type="checkbox"/> No
(e) Design criteria	<input type="checkbox"/> Yes <input type="checkbox"/> No
(f) Working drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No
(g) Flow sheets	<input type="checkbox"/> Yes <input type="checkbox"/> No
(h) Drafting contract conditions	<input type="checkbox"/> Yes <input type="checkbox"/> No
(i) Quantity estimates	<input type="checkbox"/> Yes <input type="checkbox"/> No
(j) Instructions to Tenderers	<input type="checkbox"/> Yes <input type="checkbox"/> No
(k) Tender adjudication	<input type="checkbox"/> Yes <input type="checkbox"/> No
(l) Approval of detailed design / drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No
(m) Co-ordination / expediting <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
(n) Quality control and assurance	<input type="checkbox"/> Yes <input type="checkbox"/> No
(o) Arranging site insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No
(p) Inspection of installation work	<input type="checkbox"/> Yes <input type="checkbox"/> No
(q) Measurement	<input type="checkbox"/> Yes <input type="checkbox"/> No
(r) Authorising progress payments	<input type="checkbox"/> Yes <input type="checkbox"/> No
(s) Administrating retention fund	<input type="checkbox"/> Yes <input type="checkbox"/> No
(t) Supervision of commissioning	<input type="checkbox"/> Yes <input type="checkbox"/> No
(u) Issuing variation orders	<input type="checkbox"/> Yes <input type="checkbox"/> No
(v) Settling contractual claims	<input type="checkbox"/> Yes <input type="checkbox"/> No
(w) Certifying final payment / completion	<input type="checkbox"/> Yes <input type="checkbox"/> No
(x) Agreeing clearing, forwarding and customs dues	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (please specify) :	<input type="checkbox"/> Yes <input type="checkbox"/> No

*Note: This policy does not provide cover for claims arising out of the supervisory activities which under a traditional form of contract would be the responsibility of the building contractor*

c) Please provide the following details of staff (including agency staff) employed to carry out Professional Services listed in Question 3a) and 3b).

Names	Age	Duties	Professional Qualifications	Years of Experience in Role Undertaken	Employed Since

*Note: If any of the staff listed in Question 3c) above are not professionally qualified to carry out the Professional Services required to be performed by or on behalf of the Proposer in connection with this project, please attach full details of appropriate practical experience acquired in this and previous employment.*

- d) Please state whether the Proposer or any of the parties to be insured under this policy will engage the services of independent sub-contractors?  Yes  No

If answer is "Yes", is coverage under the insurance intended to include such sub-contractor

- i. With a waiver of rights of subrogation against them  Yes  No
- ii. Without a waiver of rights of subrogation against them  Yes  No

- e) If answer to 3d) is "Yes", will the Proposer ensure that:

- i. Such consultants have professional indemnity insurance for not less than the amount of cover requested by this proposal for this insurance?  Yes  No
- ii. Such consultants are required under their contracts to have Professional Indemnity Insurance for not less than the amount of cover requested by this proposal for this insurance?  Yes  No
- iii. Such consultants will be engaged directly by the Proposer's Principal?  Yes  No

*Please note that a premium discount may be available if rights of recourse are to be maintained against any sub-consultants or sub-contractors. The level of discount will be dependent upon the level of professional indemnity carried by such parties and the percentage of the total gross fees earned by such parties. If a discount is being sought in this respect, please provide the following information:*

Names of party against whom rights of recourse are to be maintained:	Annual professional indemnity limit and insurer:	Percentage of total gross fees earned by named party:

- f) Are there any aspects of the Project (or part of the Project) for which this insurance is intended which:

- i. Comprise or include prototype or innovative construction techniques, designs or materials? Please provide details if answer is "Yes".  Yes  No

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- ii. Are unusual with regard to the performance, quality, durability or tolerances required? Please provide details if answer is "Yes".  Yes  No

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- iii. the proposer is unfamiliar with and/or which do not fall within the scope of work with which the proposer is thoroughly experienced? Please provide details if answer is "Yes".  Yes  No

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- iv. the proposer considers should be drawn to insurers' attention? Please provide details if answer is "Yes".  Yes  No

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## 4 Financial Information

a) Please provide the amount of total fee income (Turnover) for the following?

Date of Financial Year-end: _____	Turnover from Services Provided (SGD)
i. Estimate for upcoming year	
ii. Estimate for current year	
iii. Actual for last year	

b) Please provide the approximate percentage of your activities (based on fee income) applicable to each country from which you derive a portion of your income.

Geographical Segment of Business	%
i. Singapore	
ii. Asia (Excluding Singapore)	
iii. Australia / New Zealand	
iv. Europe	
v. USA / Canada	

## 5 Insurance Requirements

a) Please indicate the coverage desired?

(i) Limit of Indemnity Required: SGD \_\_\_\_\_

(ii) Deductible Requested: SGD \_\_\_\_\_ (each and every claim)

*Note: This limit will be in the aggregate for the period of this insurance, and only applies in respect of each and every claim to the extent that such aggregate limit is not exhausted. The limit of indemnity will include associated costs and expenses incurred in the defence and settlement of any claim).*

## 6 Past Activities

a) Has any partner, principal, director or staff member ever been subject to disciplinary proceedings for misconduct? Please provide details if answer is "Yes".  Yes  No

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b) Have any claims for negligence or breach of professional duty been made in the past ten (10) years against your practice or any of its predecessors in business or any prior practice of any of your practice's present or former partners, principals or directors, or have circumstances?  Yes  No

Please provide details if answer is "Yes".

Date Notified	Insurance Company	Identity of claimant or potential claimant	Brief Description	Actual Paid or Estimate of potential Liability	Is the claim ongoing or finalised?

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- c) After enquiry, are any of the partners, principals or directors aware of any facts, circumstances, situations, matters or events which may give rise to a claim under the proposed insurance? Please provide details if answer is "Yes".  Yes  No

**Without prejudice to any other rights and remedies of AXA Insurance Pte Ltd, any claim arising from any claims, facts, circumstances or situations required to be disclosed in response to 6 is excluded from the proposed insurance.**

If any of the questions 6, above were answered "Yes", please provide further details as an attachment to this Proposal.

## 7 Declaration

For the purpose of this proposal, the undersigned being an authorised representative of the Proposer and any other parties to be included for this insurance declare that the statements herein are true, accurate and complete; otherwise the policy issued may be void. AXA Insurance Pte Ltd is authorised to make any inquiry in connection with this proposal. Neither the acceptance of this proposal nor the making of any further inquiry will bind AXA Insurance Pte Ltd to complete the insurance.

The information contained in and submitted with this proposal is on file with AXA Insurance Pte Ltd and along with the proposal is considered physically attached to the Policy and will become part of it. AXA Insurance Pte Ltd has relied upon this proposal and attachments in issuing this Policy. The undersigned authorised representative proposed for this insurance agree that the information contained in and submitted with this proposal is deemed material to the risk assumed by AXA Insurance Pte Ltd.

If the information in this proposal materially changes between the date this proposal is signed and prior to the inception date of the Policy, the proposer will notify AXA Insurance Pte Ltd, who may modify or withdraw the quotation.

The undersigned declares that the individuals and entities proposed for this insurance understand:

- (a) This Policy applies only to claims first made against the insured during the period of insurance;
- (b) The limit of indemnity is reduced by amounts incurred as defence expenses and such expenses shall be subject to the deductible; and
- (c) The Policy does not provide for any duty by AXA Insurance Pte Ltd to defend the insured.

<b>Proposer</b>	
<b>Signature of Partner, Principal or Director</b>	<b>Title</b>
	<b>Date</b>

**Note:** *This Proposal must be signed by the Partner, Principal and/or Director of the Proposer acting as the authorised agent of the persons and entity (ies) proposed for this insurance.*

This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact your insurer or visit the GIA or SDIC websites ([www.gia.org.sg](http://www.gia.org.sg) or [www.sdic.org.sg](http://www.sdic.org.sg)).

## 8 Documents required for submission

- a) Brochures and any other Marketing Materials
- b) Parties financially associated with this project
- c) Breakdown of estimated total project value
- d) Time line for the project
- e) Practical Experience
- f) Professional Associations