



Management Liability
Insurance Package
Proposal form



NOTICE

This is a proposal form for a claims made policy. The policy will only respond to claims and/or circumstances which are first made against you and notified to Delta Underwriting Private Limited during the policy period.

This proposal forms the basis of any insurance contract entered into. Please complete it fully and carefully, remembering to sign the Declaration. If you have insufficient space to complete any of your answers please continue on a separate attachment.

You have an ongoing duty to disclose all material facts and failure to do so could prejudice future claims.

APPLICANT DETAILS

- 1 Name of applicant including Subsidiaries:
- 2 Postal address:
- 3 Please advise the number of locations: Singapore: Overseas:
- 4 Please advise the number of staff (including Directors and Principals): Singapore: Overseas:
- 5 Website address:
- 6 Advise the number of years that the business has been operating:
- 7 Outline the nature of the business including a full description of your activities:

FINANCIAL INFORMATION

8 Please provide total gross income split as follows:

Country	Last Financial Year (actual)	Current Financial Year (projected)
Singapore	\$	\$
Asia (specify):	\$	\$
Far East	\$	\$
New Zealand	\$	\$
Australia	\$	\$
Europe/UK	\$	\$
USA/Canada	\$	\$
Other (specify):	\$	\$
Total	\$	\$

Note: If your Gross income is greater than \$20m in a year you may be asked to complete a full proposal form.

- 9 Is the Applicant currently able to meet its debts as they fall due? ☐ Yes ☐ No

HUMAN RESOURCE MANAGEMENT

- 10 Do you have procedures in place to counter the threat of employee theft such as controlled access to computer systems, segregation of duties, dual signing of cheques and dual authorisation of funds transfers? ☐ Yes ☐ No
- 11 Are all employees covered by a written employment contract? ☐ Yes ☐ No
- 12 Do you screen potential employees by use of credit checks, police checks and obtaining references from former employees? ☐ Yes ☐ No

CRIME RISK

- 13 Do External Auditors audit all operations at least annually? ☐ Yes ☐ No
- 14 Are all premises containing stock, money, securities or valuables connected to an intruder alarm? ☐ Yes ☐ No
- 15 Is an independent physical count of stock, raw materials, work in progress and finished goods undertaken and is this count reconciled against stock levels? ☐ Yes ☐ No

INSURANCE HISTORY

- 16 Have you ever had any insurance declined or cancelled, renewal refused, special conditions imposed or a claim rejected? ☐ Yes ☐ No
- If Yes, please provide full details in a separate attachment.
- 17 Please provide details of your current liability insurance coverage:
- Current insurer: _____ Expiry Date: _____
- Limit of indemnity: \$ _____ Excess: \$ _____ Premium: \$ _____

CLAIMS HISTORY

- 18 Have you ever had any insurance declined or cancelled, renewal refused, special conditions imposed or a claim rejected? ☐ Yes ☐ No
- 19 Have any claims for the types of insurance requested in this proposal ever been made against you or have any circumstances ever occurred which would have resulted in a claim under the proposed insurance had the policy been in force? ☐ Yes ☐ No
- 20 Are there any claims currently pending against you, or are you aware, after enquiry, of any circumstances that could give rise to a claim under the proposed insurance? ☐ Yes ☐ No
- If Yes, please provide full details in a separate attachment.

COVER REQUIRED Please select:

Cover	<input type="radio"/> Package A	<input type="radio"/> Package B	<input type="radio"/> Other
Directors & Officers Liability	\$500,000	\$500,000	Other \$
Corporate Liability	\$500,000	\$500,000	Other \$
Employment Practices Liability	\$100,000	\$250,000	Other \$
Crime Insurance	\$50,000	\$100,000	Other \$

DECLARATION

On behalf of all proposed Applicants I/We declare and agree that all information provided in this proposal or attachments is true and correct in every respect and that all information that may be material in considering this proposal form has been fully and accurately disclosed to Delta Underwriting Private Limited in writing in a manner which would not mislead a prudent insurer.

Statement pursuant to Section 25(5) of the Insurance Act (Cap 142) or any amendments thereof; I/We agree that this declaration shall be the basis of and incorporated in the insurance contract and that the insurance contract may be avoided (amongst other things) if I/we fail to disclose in this application, fully and faithfully, all the facts which I/we know or ought to know.

I/We undertake to inform Delta Underwriting Private Limited of any material alteration to the above information whether occurring before or after the completion of this insurance contract.

I/We understand that:

- (a) I/We am/are obliged to advise Delta Underwriting Private Limited of any information which may be material to its consideration of this application. This information includes all information I/We know (or could reasonably be expected to know) which could influence the judgement of Delta Underwriting Private Limited whether or not to accept this application and (if accepted) on what terms, including cost and otherwise.
- (b) Failure to provide this information may result in Delta Underwriting Private Limited refusing to provide the insurance.
- (c) I/We have certain rights of access to and correction of this information.

Full name & title of individual:

Signature of Policyholder:

Date: