

Asia Harvest Insurance Agency Ltd

The agent for Asia Insurance Co. Ltd with PLUS as the underwriting.
www.asiaharvest.hk, Email: info@asiaharvest.hk, patrickng.asia@gmail.com
Tel: 39051312, Fax: 30206196

Professional Indemnity Insurance Proposal Form

Single Project

Please read the following note before you complete the proposal.

1. YOUR DUTY OF DISCLOSURE

Before you enter into any contract of general insurance with an insurer, you have a duty to disclose to the insurer every matter that 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 the insurer before you renew, extend, vary or reinstate a contract of general insurance.

Your duty does not require disclosure of a matter :

- that diminishes the risk to be undertaken by the insurer;
- that is of common knowledge;
- that your insurer knows or, in the ordinary course of his business, ought to know;
- as to which compliance with your duty is waived by the insurer.

Non-disclosure

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce his liability under the contract in respect of a claim or may cancel the contract.

If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.

2. CLAIMS MADE POLICY

Claims made insurance only covers claims made against you during the period of insurance. However, provided you give the insurers notice in writing of any facts that might give rise to a claim against you, as soon as reasonably practicable after you became aware of those facts and before the expiry date of this insurance then this insurance will respond notwithstanding the fact that no claim has actually been made against you prior to the expiry date.

3. UTMOST GOOD FAITH

This Insurance is a contract based on the utmost good faith requiring the Insurer(s) and the Proposer/Insured(s) to act towards each other with the utmost good faith in respect of any matter arising in relation to this insurance.

1. Please answer all questions, leaving no blank spaces.
2. If you have insufficient space to complete any of your answers, please continue on your headed paper.
3. This form must be signed and dated by a Partner, Principal or Identified Officer of the Proposer.
4. If you have a brochure about your operation(s), please forward a copy with this application.

1	<p>Name of Proposer(s): (List all entities to be insured)</p> <p>Address(es):</p> <p>Date(s) established:</p>								
2	<p>Please give the total turnover or fee income (state which) of the Proposer.</p> <p>If a consortium, of each its members separately:</p> <table border="1"> <thead> <tr> <th>Name</th><th>Annual Turnover</th></tr> </thead> <tbody> <tr> <td></td><td></td></tr> <tr> <td></td><td></td></tr> <tr> <td></td><td></td></tr> </tbody> </table>	Name	Annual Turnover						
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3	<p>Has the Proposer suffered any losses during the past five years in respect of those activities for which insurance is being proposed? YES / NO</p> <p>If YES, please give brief details including contract value and amount of claim.</p>								
4	<p>Is the Proposer or any senior officer thereof financially associated with any other organisation involved in this project? YES / NO</p> <p>If YES, please give full details.</p>								
5	<p>Has any application for similar insurance, whether for this project or not, ever been declined or cancelled or increased terms applied? YES / NO</p> <p>If YES, please give full details.</p>								

6	Title:
7 a)	Nature of Proposer's responsibilities in respect of this project (e.g. please describe whether an architect, engineer, building contractor, consortium etc.)
b)	Does the Proposer have the experience and expertise necessary to fulfil the responsibilities described in 7a). YES / NO
c)	In respect of this project, will the Proposer use or recommend design concepts which have not been previously proven to be successful in a production environment ? YES / NO If YES , please provide details.
8	<p>Please give a brief description of works. <i>(If the Proposer is a Design & Build contractor, please describe the design work to be undertaken by the Proposer in respect of this project for which this insurance is being proposed)</i></p> <p><u>The value of the elements of work with design responsibility should be provided (relevant scope may be attached).</u></p> <p>IMPORTANT: Enclose a copy of the contract or if this is not available a copy of the clauses defining the Proposer's liabilities and in case of Design & Build contract, a copy of the clauses specifying the Proposer's design responsibility in respect of this project.</p>
9	<p>State which of the following is applicable :</p> <p>a) The Proposer is currently in the process of tendering for this work and is unaware of the outcome of its tender. YES / NO</p> <p>b) The Proposer's tender / application has been successful. YES / NO</p>
10	<p>If independent specialist designers or consultants are required would they be appointed by:</p> <p>a) The Proposer YES / NO</p> <p>b) The Principal YES / NO</p> <p>If appointed by the proposer what steps are taken to ensure that they are insured for their professional responsibilities, and to what extent is the Proposer responsible for such work?</p> <p>c) Does the contract call for the Proposer to assume responsibility for any independent specialist? YES / NO If YES, please explain in detail.</p>

11	Are there any aspects of the project (or part of the project) for which this insurance is intended to cover:			
a)	Comprise or include prototype or innovative construction techniques, designs or materials? YES / NO If YES , please provide detail. (If necessary by attachment):			
b)	Are unusual with regard to the performance, quality, durability or tolerances required? YES / NO If YES , please provide details. (If necessary by attachment):			
c)	The proposer is unfamiliar with and / or which do not fall within the scope of work with which the proposer is thoroughly experienced? YES / NO If YES , please provide details. (If necessary by attachment):			
d)	The proposer considers should be drawn to underwriters' attention? YES / NO If YES , please provide details.			
12	Please complete the following in respect of the senior designers and project managers:			
	NAME	QUALIFICATIONS	DATE QUALIFIED	EXPERIENCE WITH THIS TYPE OF CONTRACT
13	Please complete the following dates:			
			COMMENCEMENT	COMPLETED
	Feasibility study			
	Design			
	Construction			
	Maintenance / Defects			

14	What is the estimated final contract value?		\$ _____		
15 (a)	Please provide the following information for each activity included in the project (<i>for Design & Build contractor, please go to Question 15 (b)</i>)				
		Total cost including amounts subcontracted Contract Value	Fee	Amount subcontracted Contract Value	Fee
	1. Consulting Engineering a) Civil b) Structural c) Soil Foundation d) Mechanical e) Electrical f) Heating and ventilating				
	2. Architectural				
	3. Quantity Surveying				
	4. Project Management				
	5. Consultancy on IT Services				
	6. System Integration				
	7. Software Developer				
	8. Hardware Maintainance				
	9. System and Data Processing				
	10. Facilities Management				
	11. Telecom & Network Consulting				
	12. Application Service Provider				
	13. Internet Service Provider				
	14. Website Development				
	15. Education and Training				
	16. Data Warehousing				
	17. Other (Please specify)				
	TOTAL:				
15 (b)	Please provide the following split of the total contract value in report of of this project (<i>for Design & Build contractor only</i>)				
				Contract Value	
	1. Contract value where responsibility for design,technical supervision and construction is yours and you undertake all the activities				

	2. Contract Value where responsibility for design, technical supervision and construction is your but you sub-contract the following parts: i) Design ii) Design and technical supervision iii) Construction	i) ii) iii)
	3. Contract value where you undertake construction but have no responsibility in design (other than temporary works) or technical supervision	
	4. Contract value derived from other activities connected with your contract (Please give description of the activities)	
	TOTAL:	
16	<p>Is the Proposer aware of any circumstances which are likely to give rise to a claim under this proposed insurance? YES / NO</p> <p>If YES, please give full details.</p>	
17	<p>Indemnity required \$ _____</p> <p>The amount of indemnity effected provides protection in the aggregate during the period and is not an amount of coverage provided for each and every claim.</p>	
18	<p>The excess you are willing to carry uninsured each and every claim : \$ _____</p>	
19	<p>Period of Insurance required?</p>	

DECLARATION

I, the undersigned, being a Partner / Principal of the Proposer, acknowledge and declare:

1. I am duly authorised to make this proposal and this declaration on behalf of the Proposer.
2. I have specifically enquired of all persons and companies referred to in Question 1 and 12 and state that all answers to the questions in this proposal form are true and correct.
3. Neither I, nor the Firm / Company have waived my / our rights of recovery against any third party in respect of matters the subject of the proposal insurance.
4. I acknowledge that Underwriters will be relying on this Declaration, the answers given to the questions in the proposal and all information provided by me in deciding whether to issue a contract of insurance, and, if so, the terms of such insurance and the premium charged.
5. **I understand, acknowledge and agree that, as a result of the Proposer purchasing and taking up the policy to be issued by an insurer, the insurer will pay the authorized insurance broker, if applicable, commission during the continuance of the policy including renewals, for arranging the said policy. The Proposer further understands that the above agreement is necessary for the insurer to proceed with the application.**

Name of Proposer : _____

Signed : (Director/Principal) _____

Name of Director/Principal: _____

Date : _____

The **original signed PII Proposal Form** must be submitted, and please send to:
Asia Insurance Co. Ltd, 8/F, 118 Connaught Road West, Sheung Wan, Hong Kong.
Attention: Ir Patrick Ng