



**FEDERAL INSURANCE COMPANY - SINGAPORE**  
**One of the Chubb Group of Insurance Companies**

18 Cross Street, #11-08 China Square Central, Singapore 048423  
Telephone: 6333 8113 Facsimile: 6333 8112

**PROPOSAL FORM FOR  
NOT FOR PROFIT ORGANISATION LIABILITY POLICY**

Not For Profit Organisation Liability Policy is written on a claims made basis. Except as otherwise provided, the policy will cover only claims first made against the insured during the policy period. Please note that the Limits of Liability and Deductible Amount provisions of the policy are reduced or exhausted by defence costs.

*PLEASE READ THE POLICY CAREFULLY.*

**1. GENERAL INFORMATION**

Organisation: \_\_\_\_\_ Date of Incorporation: \_\_\_\_\_

Address: \_\_\_\_\_

**2. EFFECTIVE DATE REQUESTED: \_\_\_\_\_**

**3. OPERATIONS**

- Nature of business: \_\_\_\_\_
- Does the applicant have any tax exempt status under the Singapore Income Tax Act CAP. 134 or any other applicable law or regulation? Yes No
- Is there or has there been a dispute as to the applicant's tax exempt status? Yes No
- Does the applicant have any subsidiaries or control any other entity for which it is requesting coverage under this policy? Yes No (If Yes, please attach a description of the operations, ownership, and tax status of each such entity).

**4. EMPLOYMENT INFORMATION**

- Total number of employees? \_\_\_\_\_ volunteers? \_\_\_\_\_
- How many employees have been terminated in the last year? \_\_\_\_\_
- Does the applicant have formal written procedures for hiring and firing employees? Yes No

**5. PAST ACTIVITIES**

Within the last three years, has the applicant, its directors, officers and/or any other proposed insured person received any complaint, suit, inquiry or notice of a hearing from any regulatory agency, or any other party? Yes No  
(If Yes, please provide specific details).

**6. PRIOR INSURANCE**

Please indicate previous coverage on the lines below. If none, skip this section and move on to section 7, Prior Knowledge / Warranty.

Insurer: \_\_\_\_\_ Policy Period: \_\_\_\_\_

Limit: \_\_\_\_\_ Deductible: \_\_\_\_\_ Premium: \_\_\_\_\_

Attach a copy of the prior proposal with any prior insurer. The Company will be relying upon the declarations and statements contained in such prior proposal and statements shall be considered to be incorporated in and form part of the policy of the Company.

**7. PRIOR KNOWLEDGE / WARRANTY**

*Please answer the following **only** if there has been no previous coverage:*

No person proposed for coverage is aware of facts or circumstances which he or she has reason to suppose might give rise to a future claim that would fall within the scope of the proposed coverage, **except:** \_\_\_\_\_; Use additional paper for details as may be necessary. (If there are no exceptions, please state “**no exceptions**” on the line provided above).

It is agreed that if such facts or circumstances exists, whether or not disclosed, any claim arising from such facts or circumstances is excluded from this proposed coverage.

**8. FALSE INFORMATION**

**Any person who, knowingly and with intent to defraud any insurance company or other person, files a proposal for insurance containing any false information, or conceals for the purpose of misleading , information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.**

**9. ADDITIONAL INFORMATION**

*As part of this proposal, please attach the following (where applicable).*

- **Most recent audited annual financial statement (include balance sheet and income statement).**
- **A complete list of the current board of directors and executive officers.**
- **Description of the main responsibilities of the organisation.**
- **A copy of the by-laws, articles of incorporation (or charter) and ;**
- **brochures descriptive of operations and/or purpose.**

**IMPORTANT**

“STATEMENT PURSUANT TO SECTION 25(5) OF THE INSURANCE ACT, CAP.142”. YOU ARE TO DISCLOSE IN THIS FORM FULLY AND FAITHFULLY ALL FACTS WHICH YOU KNOW OR OUGHT TO KNOW, OTHERWISE YOU MAY RECEIVE NOTHING FROM THE POLICY.

**10. DECLARATIONS AND SIGNATURE**

The undersigned declares that to the best of his or her knowledge and belief that the statements set forth herein are true. Although the signing of this proposal does not bind the undersigned on behalf of the applicant or its directors, officers or other proposed insured persons to effect insurance, the undersigned agrees that this proposal and its attachments shall be the basis of the contract should a policy be issued and shall be attached to and form part of the policy. The Company is hereby authorised to make any investigation and inquiry in connection with this proposal that it deems necessary.

DATE \_\_\_\_\_ SIGNED \_\_\_\_\_ TITLE \_\_\_\_\_  
*EXECUTIVE DIRECTOR,  
CHAIRMAN, OR PRESIDENT*