



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
EMPLOYMENT PRACTICES LIABILITY INSURANCE

Completing the Proposal Form

- Please answer ALL questions in full leaving no blank spaces.
If you have insufficient space to complete any of your answers, please attach a separate signed and dated sheet and identify the question number concerned.

Employment Practices Liability Coverage is written on a claims made basis. Except as otherwise provided, this policy will cover only claims first made against the insured during the policy period. Please note that the defence costs provision of this policy stipulates that the limits of liability may be completely exhausted by the cost of legal defence. Any deductible may be similarly reduced or exhausted by defence costs.

PLEASE READ THE POLICY CAREFULLY

1. GENERAL INFORMATION

(a) Principal Organisation: _____

(b) Principal Address: _____

(c) How long has the Principal Organisation continuously carried on business? _____

(d) Nature of business _____

(e) Is the Principal Organisation Publicly or Privately owned? _____

(f) Total number of employees _____

Table with 4 columns: Category, Currently, One year ago, Two years ago. Rows include Full time - Executive Officers and Full time - Employees.

Does the Principal Organisation have employees in the United States of America? [] Yes [] No

If yes, please specify the number of employees _____

If the number of employees is in excess of 100, the Principal Organisation is required to complete and provide along with this proposal form, a Chubb Group of Insurance Companies (U.S.) Employment Practices Liability proposal form.

2. EMPLOYMENT PRACTICES INFORMATION

(i) Does the proposed **Principal Organisation**:

(a) Use outside employment counsel for employment advice? Yes No

(b) Have a full time human resources manager or department? Yes No

If not, how is this function handled? _____

(ii) Does the proposed **Principal Organisation**:

(a) Conducted any retrenchments or staff reductions during the last 6 years?
 Yes No If yes, attach details _____

(b) Anticipate any retrenchments or staff reductions?
 Yes No If yes, attach details _____

(c) Have a written employment contract with any employee?
 Yes No If yes, how many? _____

(d) Distribute an employee handbook to all employees?
 Yes No If no, please explain why. _____

(e) Have a manual of its human resource procedures?
 Yes No If yes, indicate the date it was revised _____

(f) Provide formal training for its supervisors in administering these procedures? Yes No

(g) Have a written policy against discrimination, including sexual harassment? Yes No
If yes, how is it communicated to employees? _____

(h) Have a grievance procedure for dealing with discrimination claims? Yes No

(i) Use any tests (e.g. psychological, drug etc) for screening applicants
or for continued employment? Yes No
If yes, attach details.

(j) Have a written progressive disciplinary program? Yes No

(k) Provide outplacement for terminated employees? Yes No
If yes, please describe _____

(l) Have an established termination procedure? Yes No
If yes, please describe _____

(m) Have an established severance policy? Yes No
If yes, please describe _____

(n) Obtain advice from a human resource manager prior to terminating an employee? Yes No

If no, attach following details.

(iii) Who has the authority to:

(a) hire employees? _____

(b) terminate employees? _____

3. LOSS HISTORY

(a) Please attach a listing of all employment legal actions as well as administrative proceedings commenced during the past 3 years. Describe the type of allegation, the court or government agency involved and any determination, judgment, defence cost or settlement for each.

(b) Is the **Principal Organisation** presently subject to any judicial or administrative order, decree, judgment or conciliation agreement relating to employment? Yes No If yes, please attach a copy.

4. PRIOR INSURANCE

(a) Does the **Principal Organisation** currently have employment practices liability insurance or similar insurance? Yes No

If no, skip to Section 6 and answer the warranty statement. If yes, provide the following:

Insurer	Limits	Deductible	Policy Period
_____	\$ _____	\$ _____	_____

(b) Has the **Principal Organisation** or any **Insured Person** given written notice under the provisions of any prior or current directors and officers liability policy of specific facts or circumstances which might give rise to a claim being made against any **Insured**? Yes No If yes, attach details.

5. CONTINUITY WITH PRIOR COVERAGE

Note: This section applies only if you currently have coverage and request continuity of coverage.

Continuity date requested _____

If continuity of coverage is requested:

- (a) attach a copy of the prior proposal with which continuity of coverage is to be maintained.
- (b) the Company will be relying upon the declarations and statements contained in such prior proposal and those declarations and statements shall be considered to be incorporated in and form a part of the policy of the Company.

6. PRIOR KNOWLEDGE/WARRANTY

Note: This section applies if you have requested continuity of coverage and your request has not been accepted or granted, or if there is no prior coverage. In addition, this section need not be completed if this proposal forms part of a renewal of a current Federal Insurance Company employment practices liability insurance policy.

Is any person proposed for coverage cognisant of any facts or circumstances (a) which he or she has reason to suppose might afford valid grounds for any future **Claim(s)** such as would fall within the scope of the proposed coverage or (b) which indicate the probability of any such **Claim(s)**?

Yes No

If yes, please give details: _____

It is agreed that if such facts or circumstances exist, any **Claim** or action arising therefrom is excluded from this proposed coverage.

7. 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.

8. REQUESTED LIMIT: _____

9. ADDITIONAL INFORMATION

Please enclose with this proposal form:

- (a) The latest Audited Annual Report.
- (b) Most recent employee handbook.
- (c) Functional organisation chart depicting Human Resource Department position.

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. DECLARATION AND SIGNATURE

The undersigned authorised officer of the **Principal Organisation** declares that to the best of his or her knowledge and belief the statements set forth herein are true, and immediate notice will be given should any of the above information alter between the date of this proposal and the proposed date of inception of this insurance. Although the signing of the Proposal Form does not bind the undersigned on behalf of the **Principal Organisation**, or its directors, officers or Insured Persons to effect insurance, the undersigned agrees that this form and the said statements herein shall be on the basis of and will be incorporated in the Policy should one be issued.

Signed: _____ Date: _____

Title: _____
Director of Human Resources or Equivalent Only