

Chubb Elite II Association Liability Insurance

Proposal Form (Renewal)



Important Notices

Statement pursuant to Section 25 (5) of the Insurance Act (Cap. 142) (or any subsequent amendments thereof) - You are to disclose in this Proposal Form fully and faithfully all facts which you know or ought to know, otherwise the policy issued hereunder may be void.

Your Duty of Disclosure

Before you enter into a contract of general insurance with an insurer, you have a duty under the law to disclose to the insurer every matter within your knowledge that is material to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms. If you are unsure whether a matter is material, you should disclose it. You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of general insurance.

It is important that all information contained in this application is understood by you and is correct, as you will be bound by your answers and by the information provided by you in this application. You should obtain advice before you sign this application if you do not properly understand any part of it. Your duty of disclosure continues after the application has been completed up until the contract of insurance is entered into.

Non-Disclosure

If you fail to comply with your duty of disclosure, the insurer may have the option of avoiding the contract of insurance from its beginning. If your non-disclosure is fraudulent, the insurer may also have the right to keep the premium that you have paid.

Change of Risk or Circumstances

You should advise the insurer as soon as practicable of any change to your normal business as disclosed in this application, such as changes in business activities, location, acquisitions and new overseas activities.

Subrogation

Where you have agreed with another person or company (who would otherwise be liable to compensate you for any loss or damage which is covered by the contract of insurance) that you will not seek to recover such loss or damage from that person, the insurer will not cover you, to the extent permitted by law, for such loss or damage.

Instructions to the Association

Before completing this section, please read the important notices starting on page 1.

This proposal should be answered after detailed enquiry of all persons to be covered.

- A. This proposal must be completed, signed and dated by a Principal or Director.
- B. You must answer all the questions in this form. If a question is not applicable, state 'N.A'. If more space is required to answer a question, continue on a new sheet with your association's letterhead.
- C. If you have any questions regarding this proposal, please contact your insurance broker or advisor to discuss.

Additional Information to send with your proposal

Attach a copy of the following:

Included?

Association's Constitutions or By-Laws (Is there any change? If Yes, please attach the latest version)

Yes No

Latest financial statements or annual report

Yes No

Part 1: Information About The Association

1. Name of Applicant _____

Name of Association _____

Address _____ Postal Code _____

Website URL _____

2. Limit of Liability requested

SGD 1,000,000 SGD 2,000,000 SGD 3,000,000 SGD 5,000,000

SGD 7,000,000 SGD 10,000,000 Other: _____

3. Briefly describe the objects and scope of services of the Association.

4. a) No. of members (If applicable) _____

b) No. of Directors _____

c) No. of Full-Time Employees _____

d) No. of Part-Time Employees _____

e) No. of Volunteers _____

f) No. of registered social workers _____

g) No. of registered and enrolled nurses _____

5. Does the Association maintain any public liability insurance including personal injury coverage? Yes No
6. Does the Association maintain Directors and Officers liability coverage? Yes No
7. How many directors or other employees have either resigned, been terminated (with or without cause), or retired within the last 2 years?

Directors resigned: _____ Employees resigned: _____

Directors terminated: _____ Employees terminated: _____

8. Indicate the finances of the Association

Current Year (SGD)	Current Year (SGD)	Prior Year (SGD)	2 nd Prior Year (SGD)
Annual Budget			
Service and Programme Income			
Government Grants			
Non-Government Grants			
Annual Recurrent Expenditures			
Budget Surpluses (Deficits)			
Accumulated Budget Surpluses (Deficits)			

9. Is the Association currently undergoing or does the Association contemplate undergoing during the next 1 year any employee layoffs or early retirements (including those resulting from any type of restructuring or office, branch or chapter closing)? Yes No

If **Yes**, please attach full details.

10. Does any person propose to be insured have knowledge or information of any act error or omission which might reasonably be expected to give rise to a claim against him? If **Yes**, attach full particulars. Yes No

11. Attach list and status of all association liability claims made against any proposed insured over the last 5 years. If none, check 'None'. None

Declaration

We have read and understood the Important Notices contained in this application.

We agree that this proposal, together with any other information or documents supplied with this proposal, will form the basis of any contract of insurance.

We acknowledge that if this application is accepted, the contract of insurance will be subject to the terms and conditions as set out in the policy wording as issued or as otherwise specifically varied in writing by the insurer.

We declare, after inquiry of all relevant persons within our organisation, that the statements, particulars and information contained in this application and in any documents accompanying this application are true and correct in every detail and that no other material facts have been misstated, suppressed or omitted.

We undertake to inform the insurer of any material alteration to those facts before completion of the contract of insurance.

Commission Disclosure

The Proposer understands, acknowledges, and agrees that, as a result of the applicant purchasing and taking up the policy with Chubb Insurance Singapore Limited (Chubb), Chubb will pay the authorised insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. When the Proposer is a body corporate, the authorised person who signs on behalf of the applicant further confirms to Chubb that he/she is authorised to do so.

The Proposer further understands that the above agreement is necessary for Chubb to proceed with the application.

The above Disclosure Statement is only applicable in situations where an insurance broker is used to purchase/place a policy.

This form must be reviewed, signed and dated by a duly authorised Principal or Director.

By signing this form, I/We hereby declare that the above information provided by me/us or on my/our behalf in the application and other relevant information/document submitted for this application are true and complete and I/We agree that this application shall be the basis of the contract between me/us and Chubb Insurance Limited, otherwise the policy issued may be void or voidable.

The insurance applied for shall only take effect when the application has been approved by Chubb Insurance Singapore Limited.

Contact Us

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Signature of Principal/Director

Name and Designation of
Principal/Director

Date

Chubb. Insured.TM