

# Chubb Elite Single Project Indemnity Insurance

## For Design and Construction Professionals Proposal Form



### Important Notices

---

If a policy is issued, it will be on a claims-made basis.

The insurance for which you are applying is written on a claims-made and reported basis; only claims first made against the insured and reported to the insurer, Chubb Insurance Singapore Limited (Chubb), during the policy period are covered subject to the policy provisions. The policy provides that the limits of liability available to pay judgments or settlements shall be reduced by amounts incurred for claims expenses and that claims expenses shall be applied against the deductible amount.

- a. Please answer all questions completely.
- b. If there is insufficient space to complete an answer, please continue on a separate sheet of the firm's letterhead. Indicate number of question.
- c. This form must be completed, signed, and dated by a principal, partner or officer of the firm.
- d. Please type or print.

### Section 1 - Proposer Details

---

1. Name of Applicant (Firm)

---

---

2. Principal Address

---

---

---

3. Number of Employees

Full time \_\_\_\_\_ Part time \_\_\_\_\_ Total \_\_\_\_\_

4. Coverage request

(i) Limit (per claim) \$ \_\_\_\_\_

(ii) Aggregate \$ \_\_\_\_\_

(iii) Deductible \$ \_\_\_\_\_

(iv) Length of Coverage Active Phase \_\_\_\_\_ Extending Reporting Period \_\_\_\_\_

**Section 2 - Project Information**

---

1. Name and/or designation of project

\_\_\_\_\_  
\_\_\_\_\_

2. Name of project's prime professional, if other than yourself

\_\_\_\_\_  
\_\_\_\_\_

3. Location of project

\_\_\_\_\_

4. Name and address of owner of project

\_\_\_\_\_  
\_\_\_\_\_

5. Name and address of client for whom you will provide professional services

\_\_\_\_\_  
\_\_\_\_\_

6. Please describe nature of project

\_\_\_\_\_  
\_\_\_\_\_

7. Duration of project by phase using dates

Phase	Start	Completion
Schematic Design		
Design Development		
Bidding or Negotiation		
Construction		

8. Total project billing (including billings paid to consultants) for the following service (total = 100%)

Service	%	Service	%	Service	%
Acoustical Engineering		Forensic Engineering		Mechanical Engineering	
Architecture		HVAC Engineering		Process Engineering	
Civil Engineering		Interior Design		Soils Engineering	
Communication Engineering		Laboratory Testing		Structural Engineering	
Construction Management		Land Surveying		Traffic / Transportation	
Electrical Engineering		Landscape Architecture		Other (describe below):	
Environmental Engineering		Master Planning			

9. Total estimated project construction value \$ \_\_\_\_\_

10. Total estimated Project Billing (including billing paid to consultants) \$ \_\_\_\_\_

**Section 3 - Consultants**

1. Please complete the following for all of your consultants rendering services in connection with these projects. (A consultant should be shown for each service listed in Section 2 Question 8. above that you do not perform.)

Name and Address		Type of Service
a.	Name	
	Address	
b.	Name	
	Address	
c.	Name	
	Address	
d.	Name	
	Address	

2. Equity Interest: After inquiry of each of your consultants, do you or any of your consultants, parent company, subsidiary or otherwise related entity retain an ownership interest in this project?  Yes  No

If **Yes**, please attach details including the full name of all parties having an ownership interest in the project and the percentage of ownership for each.

3. After inquiry of each of your consultants, do you or any of your consultant, parent company, subsidiary or otherwise related entity plan to engage in actual construction, manufacturing, fabrication, or the supply of materials for this project?  Yes  No

If **Yes**, please describe your participation and give details.

---



---



---

4. Please list Professional Liability Insurance for yourself and your consultants.

Firm	Insurance Co.	Limit (\$)	Deductible (\$)	Effective Date
Applicant				
Consultant A				
Consultant B				
Consultant C				
Consultant D				

5. After inquiry of each details of your consultants, has any application for Professional Liability Insurance made on behalf of yourself or any of your consultants ever been declined or has any such insurance ever been canceled or renewal refused?  Yes  No

If **Yes**, give details.

---



---

6. Please attach copy of your Clients Agreement and your Consultant Agreements used for this project.
7. Please attach a representative list for you and each of your consultants of projects similar to that proposed for this policy, including: 1) Project name; 2) Services performed; and 3) Construction value.

#### Section 4 - Claims

1. After inquiry of each of your consultants, has any claim ever been made against you or against any of your consultants?  Yes  No

If **Yes**, please stated briefly the cause and nature of the claim, including the amount involved and name of the project and the claimant, the date when the claim was made, the date the act giving rise to the claim was committed and the final disposition.

---



---



---

2. After inquiry of each of your consultants, are you or any of your consultants aware of any circumstances which may result in any claim under the requested insurance?  Yes  No

If **Yes**, please give full details on the same basis as Section 4 Question #1 above.

It is agreed that if there is knowledge of such circumstances, any claim subsequently arising there from will be excluded from coverage under the requested insurance.

---

---

---

### **Personal Information Collection Statement**

---

Chubb Insurance Singapore Limited (“Chubb”) is committed to protecting your personal data. Chubb collects, uses, discloses and retains your personal data in accordance with the Personal Data Protection Act 2012 and our own policies and procedures. Our Personal Data Protection Policy is available upon request. Chubb collects your personal data (which may include health information) when you apply for, change or renew an insurance policy with us, or when we process a claim. We collect your personal data to assess your application for insurance, to provide you with competitive insurance products and services and administer them, and to handle any claim that may be made under a policy. If you do not provide us with your personal data, then we may not be able to provide you with insurance products or services or respond to a claim.

We may disclose the personal data we collect to third parties for and in connection with such purposes, including contractors and contracted service providers engaged by us to deliver our services or carry out certain business activities on our behalf (such as actuaries, loss adjusters, claims investigators, claims handlers, third party administrators, call centres and professional advisors, including doctors and other medical service providers), other companies within the Chubb Group, other insurers, our reinsurers, and government agencies (where we are required to by law). These third parties may be located outside of Singapore.

You consent to us using and disclosing your personal data as set out above. This consent remains valid until you alter or revoke it by providing written notice to Chubb’s Data Protection Officer (“DPO”) (contact details provided below). If you withdraw your consent, then we may not be able to provide you with insurance products or services or respond to a claim.

From time to time, we may use your personal data to send you offers or information regarding our products and services that may be of interest to you. If you do not wish to receive such information, please provide written notice to Chubb’s DPO.

If you would like to obtain a copy of Chubb’s Personal Data Protection Policy, access a copy of your personal data, correct or update your personal data, or have a complaint or want more information about how Chubb manages your personal data, please contact Chubb’s DPO at:

Address Chubb Data Protection Officer  
Chubb Insurance Singapore Limited  
138 Market Street  
#11-01 CapitaGreen  
Singapore 048946

E [dpo.sg@chubb.com](mailto:dpo.sg@chubb.com)

## Declaration

---

The Firm hereby declare that the above statements and particulars together with any attached documents are true and that the Firm have not suppressed or misrepresented any material facts. The Firm agreed that this application, if the insurance coverage applied for is written, shall be the basis of the contact with Chubb, and be deemed to be a part of the policy to be issued as if physically attached thereto. The Firm hereby authorise the release of claim information from any prior insurers to Chubb, insurer for the Firm.

## Warranty

In granting coverage to any of the insured, Chubb has relied upon the declarations and statements in this Application for coverage. All such declarations and statements are the basis of coverage and will be considered incorporated in and constituting part of the policy should one be issued.

The undersigned authorised representative of the Firm hereby declares that the statements set forth herein are true. The undersigned agree that if the information supplied on this Application changes between the date of this Application and the effective date of the insurance, the undersigned will, in order for the information to be accurate on the effective date of the insurance, immediately notify Chubb of such change(s) and Chubb may withdraw or modify any outstanding quotations and authorisation or agreements to bind the insurance.

Signing of this Application does not bind the Firm or Chubb to complete the insurance, but it is agreed that this Application will be the basis of the contract should a policy be issued, and it will become part of the policy as if physically attached.

All supplements, written statements and other materials furnished to Chubb in conjunction with this Application are hereby incorporated by reference into this Application and made a part hereof.

Nothing contained herein or incorporated herein by reference will constitute notice of a Claim or potential Claim so as to trigger coverage under any contract of insurance.

## Commission Disclosure

The Proposer understands, acknowledges and agrees that, as a result of the applicant purchasing and taking up the policy to be issued by Chubb, Chubb will pay the authorised insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where the Proposer is a body corporate, the authorised person who signs on behalf of the applicant further confirms to Chubb that he or 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.

Note: This application must be reviewed, signed and dated by a principal, partner or officer of the applicant firm.

## Contact Us

---

Chubb Insurance Singapore Limited  
Co Regn. No.: 199702449H  
138 Market Street  
#11-01 CapitaGreen  
Singapore 048946  
O +65 6398 8000  
F +65 6298 1055  
[www.chubb.com/sg](http://www.chubb.com/sg)

---

Signature of Authorised Applicant

---

Name of Signatory

---

Title

---

Date

Chubb. Insured.™