libertyinternational.com/sg

Proposal Form

Professional Indemnity- Lawyers

Please complete all sections to facilitate the processing of your application.

Statement pursuant to Section 23(5) of the Insurance Act 1966 or any subsequent amendments thereof. You are to disclose in the proposal form fully and faithfully all facts which you know or ought to know, otherwise the Policy issued hereunder may be void.

Name of Producer & Producer Code: _____

Particulars of Proposer

Name of Proposer: _____	**Business Registration No.:** _____
Mailing Address: _____	Postal Code ( )
Email : _____	**Contact No.:** _____
Date of Business Established: _____	**If under five (5) years, please provide details of previous activities of all partners or principals:** _____
Address(es) of branch offices or other locations: _____	Postal Code: ( )
During the past five (5) years, has the name of the firm ever changed or has any other firm been purchased or any merger or consolidation taken place? If Yes, please provide details: _____	☐ Yes ☐ No

Name and address(es) of all branch office(s) and name(s) of resident partner (if there is no resident partner at any branch office, provide full details of supervision with qualifications and experience of supervisor).

Name of Resident Partner(s)	Address

Name of Proposer: _____

Details of Management and Personnel

Please provide the details of all practicing partners or principals.

Name	Date Qualified	Qualification	How long practicing with	
			This Firm	Previous Firm

Total No. of Partners, Principals and Staff (permanent and temporary)

Partners & Principals:	Staff other than typists, office boys & messengers:	Typists, office boys & messengers:
_____	_____	_____

Dates of firm's financial year:

From _____ To _____

Gross fees of:

Last financial year (as confirmed by your auditor):	Estimate for current financial year:	Estimate for next financial year:
S$ _____	S$ _____	S$ _____

Describe your firm by showing the percentage of gross fee to be received from the following during the current financial year:

a) Commercial Matter _____%

b) Corporation Law _____%

c) Estate Work _____%

d) Litigation _____%

e) Patents _____%

f) Real Estate Conveyancing _____%

g) Others (please specify) _____%

Total 0.00 **%**

Name of Proposer: _____

Details of Management and Personnel

Does your firm, any partner or principal manage, own or have financial control over any bank, trust company, mortgage or loan association, title guarantee or real estate company? If Yes, please provide details: _____	☐ Yes	☐ No

Claims Information & Insurance History

1. Please provide details of any Professional Liability claims made against or negligence alleged against you, or any if your past or present partners or principals.
If Yes, please provide details:
_____

2. Have any claims (whether successful or not) for negligence or breach of professional duty been made against the Proposer or any principal, partner or director (either as a principal, partner or director of the Proposer or of any previous business), consultant or employee? ☐ Yes ☐ No
If Yes, please provide details:

Date of Circumstances	Claimant	Details of Circumstances

3. Has any application made by you, any of your partners or principals for Professional Indemnity insurance been declined, refused renewal, canceled such insurance or subject to special terms and conditions? ☐ Yes ☐ No
If Yes, please provide details:
_____

4. Have you ever bought Professional Indemnity Insurance in the past? ☐ Yes ☐ No
If Yes, please provide details of the insurance effected during the past three (3) years?

Name of Insurers	Limit of Indemnity	Deductible	Policy Period

Name of Proposer: _____

Insurance Cover Required

Limit of Indemnity:	**Deductible (in most cases it is compulsory):**	**Effective Date Desired:**
_____	_____	_____

Is coverage required in respect of past work for any Partner/Principal who has left, retired or died? ☐ Yes ☐ No

If Yes, please provide details:

Name	Qualifications	Start Date	Leaving Date

Complete the following if any extension is required:

a) Extension 1-Loss of Documents
This extension insures liability for destroyed, damaged, lost or mislaid documents whilst in the custody of the firm. Do you require insurance for this extension? ☐ Yes ☐ No

If Yes, do you keep documents in fireproof cabinets? ☐ Yes ☐ No
If No, please specify:

_____

b) Extension 2-Partner's Previous Business
This extension insures liability before joining the firm of INCOMING PARTNERS and after leaving the firm of OUTGOING PARTNERS.
Do you require insurance for?
i. Incoming Partners ☐ Yes ☐ No
ii. Outgoing Partners ☐ Yes ☐ No

If Yes, please provide names of partners for whom insurance is required:

_____

c) Extension 3-Libel and Slander
This extension insures liability for claims arising from civil libel or slander.
Do you require insurance for this extension? ☐ Yes ☐ No

If Yes, please provide details of any claim made against firm involving libel and slander:

_____

d) Extension 4-Dishonesty of Employees
This extension insures liability for dishonesty, fraudulent, criminal or malicious acts of employees.
Do you require insurance for this extension? ☐ Yes ☐ No
If Yes, please answer the following questions: (If Yes to any of these questions below, please provide details)

i. Has the firm sustained any loss through the fraud or dishonesty of any employee? ☐ Yes ☐ No

_____

Name of Proposer: _____

Insurance Cover Required

ii.	Does the firm know of any fraud or dishonesty at any time of any present or former employee?	☐ Yes	☐ No
iii.	Does the firm always obtain satisfactory reference when engaging employees?	☐ Yes	☐ No
iv.	Is any employee allowed to sign checks without countersigned by a partner? If Yes, please advice the maximum amount.	☐ Yes	☐ No

IMPORTANT NOTES:

- The liability of the Company does not commence until this Proposal has been accepted by the Company.

PAYMENT BEFORE COVER WARRANTY (INDIVIDUAL)
Please note that the total premium must be paid and actually received in full by the Company (or the intermediary through whom this Policy was effected) on or before the inception date of the coverage, failing which the Policy shall be deemed to be automatically canceled and no benefits whatsoever shall be payable by the Company.

PREMIUM PAYMENT WARRANTY (CORPORATE)
Please note that the total premium must be paid and actually received in full by the Company (or the intermediary through whom this Policy was effected) within 60 days of the inception date of the coverage, failing which the Policy shall be deemed to be automatically canceled and a pro-rata premium is to be charged for the period that the Company is on risk.

PERSONAL DATA PROTECTION
By signing this form, I/we consent to Liberty Pte Limited ("Liberty") and its authorised service providers, related entities, and partners (collectively, "Appointees") collecting, using, and disclosing my/our personal data, and any personal data of other individuals provided by me/us, for purposes including: assessing and providing insurance products and services; policy administration, renewals, claims, and payments; compliance, audit, and regulatory reporting; research, analytics, and service improvement; and communication and customer support. I/we confirm that I/we have read and agree to Liberty's Privacy Policy, which explains how Liberty manages personal data, including cross-border transfers. If I/we provide personal data of other individuals, I/we warrant that I/we have obtained their consent (or consent from their legal representatives, where applicable) for these purposes. I/we understand that I/we may access, correct, or withdraw consent for my/our personal data at any time by contacting Liberty's Data Protection Officer at privacy.officer.ap@libertymutual.com, subject to legal and contractual obligations.

Name of Proposer: _____

DECLARATION

I/We do hereby declare and warrant that:

a) All information provided by me/us in connection with this application is true, accurate and complete
b) I/We understand that any inaccurate, incomplete or false information given or any omission of information required, may at Liberty Pte Limited's ("**Liberty**", the "**Company**") discretion, render this application invalid
c) I/We agree that this application and declaration shall be the basis of the contract between Liberty and myself
d) I/We agree to accept the Company's policy subject to the terms, exclusions and conditions to be expressed therein, endorsed thereon or attached thereto
e) If we/I do not fully and faithfully give the facts as we/I know them or ought to know them, we/I may receive nothing from the policy

_____

For and on behalf of

Name of Company:

Company Stamp:

Date:

_____

Signature of Proposer
(Must be signed by a Principal/Partner/ Director)

Name:

Designation:

Date: