



PROPOSAL FORM FOR PROFESSIONAL INDEMNITY INSURANCE

MISCELLANEOUS CLASSES

專業責任險要保書-各類專業責任險

If you have insufficient space to complete any of your answers, please continue on your headed paper.

1. a) Name of Firm (Company) (Individual) 要保人名稱
b) Name of predecessor companies for which cover is requested 要保人名稱是否有改變, 如有請提供
2. Address of Firm (if more than one address, please indicate which Partners/Principal has responsibility for work at each address/or work at each address). 要保人地址
3. Full description of Firm's activities. 要保人營業項目
4. Date of establishment of the firm. 公司成立日
5. Please provide a list showing details of the following:
 - a) Name of all Partners/principals 個別負責人/ 合夥人的姓名
 - b) Age of each 個別負責人/ 合夥人的年齡
 - c) Qualification of each & Date of qualification 個別負責人/ 合夥人獲得的專業資格以及日期
 - d) How long he/she has been a Partner/Principal of the Firm
個別負責人/ 合夥人在公司的任職期間
6. Please provide details of total numbers of Partners qualified staff and others.
請提供下列要保人人數資訊



- a) Partners 合夥人 _____
- b) Qualified staff & Skilled technical staff
 具專業資格之員工/ 提供技能技術之員工 _____
- c) Non-technical administrative staff 非技術性之行政人員 _____
- d) All others 其他 _____

7. How many staff are located in each areas below? 多久員工駐於以下地區
 Hong Kong 香港 _____ / China 中國 _____ / United State 美國 _____
 Europe 歐洲 _____ / Rest of the world 其他地方 _____

8. Please provide details of total Gross income/fees/commissions in respect of services rendered as follows (*Please specify the currency sign*): 請提供要保人之營業額或收入資訊 (*請標明幣別*)
- a) Received during the last year ending 去年 :
 - b) Received during the previous year ending 今年(估計) :
 - c) Estimate for the next 12 months 明年(估計) :

Hong Kong	China	USA/Canada	Elsewhere	Total
a)	a)	a)	a)	a)
b)	b)	b)	b)	b)
c)	c)	c)	c)	c)

9. What is the percentage between of each type of professional service or advice that you provide to clients? 要保人提供予客戶之每種專業服務或顧問服務個別所佔比例為何?

type of work 工作類型	%
total 總計	100

10. What are your five largest projects or contracts over the past five years?
 (*Please specify the currency sign*)
 要保人於過去五年內最大的計畫或合約為何? 合約金額大約各是多少? (*請標明幣別*)

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client name 客戶名稱	service perform 服務內容	contract period 合約期間	location 地點	fees 費用

11. Does this firm enter into Contracts which impose a greater Liability on the Firm than would normally be imposed at Common Law? If yes, please provide details of such contracts. (Please note the policy will not provide cover in such circumstances.)

請要保人提供與客戶簽訂之標準合約

YES NO

12. What service are subcontracted? In how percentage out of the total income?

哪些服務有分包? 占了整體收入多少?

YES NO

13. Does the firm currently purchase PI Insurance?

If yes, please provide details of:

a) Limit of Indemnity 保單限額

b) Excess 自負額

c) Premium 保費

d) Expiry Date 保單到期日

If **no**, has the firm ever been insured?

YES NO

14. Has any application for PI insurance with respect to the firm or its predecessors business ever been declined, cancelled or renewal refused?

是否有任何類似保險的要保要求被拒絕,解除或取消

YES NO

If **yes**, please explain why. 如果有請提供更多資訊

15. Coverage required for new/renewal policy 續保/新保單承保範圍

a) Limit of Indemnity required 保單限額

Excess 自負額



b) Other extension clauses (please refer policy wording for detail)
 其他擴大承保事項(請詳見保單)

	Required? 是否需要?	
Libel and Slander 口頭或書面誹謗	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Amendment of Dishonesty Exclusion 雇員忠誠擴大承保(有價證券相關)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Automatic Reinstatement 保單限額自動恢復條款	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Loss of Documents 文件遺失擴大承保	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Fidelity 雇員忠誠擴大承保	<input type="checkbox"/> YES	<input type="checkbox"/> NO

16. a) Have any claims ever been made against the firm/company of any of the present Partners, Principals or against its predecessors in business or any past Partners/Principals?

要保人之負責人、合夥人、董事、員工或任何申請納入本保險契約承保範圍內之人或機構
 是否曾遭人提起賠償請求或法律訴訟?

YES NO

If yes, please provide details. 如果有請提供更多資訊

- The date of the claim, suit or allegation
賠償請求訴訟或指控日期
- The name of the claimant and the project
提出賠償者姓名以及項目
- The allegation made against you
對要保人之指控
- The amount claimed by the claimant
賠償請求要求之金額
- Whether the status is outstanding or finalized
目前狀況持續中或者已經結束
- The amount paid for claims and defence costs to date
至目前為止對賠償請求支付的金額及支付費用

b) After making specific inquiry of Management and staff are you aware of any circumstances which may give rise to claims for which this insurance covers? Against the firm/company or predecessors in business or any of the present/past Partners/Principals?

經詢問後, 是否有任何要保人之負責人、合夥人、董事、員工於本要保書簽訂日前發現任何
 錯誤、遺漏、過錯、情況或指控, 而可能導致要保人或任何申請納入本保險契約承保範圍內
 之人或機構遭受賠償請求?

YES NO

If yes please provide full details. 如果有請提供更多資訊



Please attach the following information to the proposal form (copy available)

請提供以下文件複本

	Included? 是否包括?
Corporate profile, brochures, pamphlets, or other marketing material describing your operations and services 公司檔案、手冊或其他說明要保人營運以及服務的行銷資料	<input type="checkbox"/> YES <input type="checkbox"/> NO
Latest financial statements or annual report 最新財務報表或合約	<input type="checkbox"/> YES <input type="checkbox"/> NO
Standard contracts or service agreements with clients 與客戶簽訂的標準契約或服務合約	<input type="checkbox"/> YES <input type="checkbox"/> NO
Resumes or CVs of all your principal, partners or directors 要保人之所有負責人、合夥人或董事的履歷表	<input type="checkbox"/> YES <input type="checkbox"/> NO

DECLARATION

WE HEREBY DECLARE THAT the above statements and particulars are true and complete to the best of our knowledge and that we have not suppressed or misstated any material facts and we agree that this application shall be the basis of any contract* subsequently effected between the Proposer and the Underwriters. We undertake to inform Insurers of any material alteration of these facts whether occurring before or after completion of the Contract of Insurance. 我們聲明本要保書之所含內容, 聲明, 個別項目及資訊及任何附隨於本要保書之文件的所有細節皆為真實且正確的, 且並無其他重要事實有誤報, 隱匿或遺漏

Date 日期:

Signed, Principal/ Partner/ Director:
 負責人/合夥人/董事之簽名

Name of signatory 簽署姓名:

- *1. Signing this Proposal Form does not bind the Proposer to complete this insurance.
- 2. If a policy is concluded it will be issued on a "CLAIMS MADE" basis, i.e. to indemnify the Proposer for claims first made against it in the manner described in the policy during the Policy Period.

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