

Agent / Broker's Name: \_\_\_\_\_  
 Producer Code: \_\_\_\_\_  
 Contact No: \_\_\_\_\_



## AIG Asia Pacific Insurance Pte. Ltd. PrivateEdge - Private Companies Management Liability Insurance Application Form

Notice: Statement pursuant to Section 25(5) of the Insurance Act (Cap 142) or any amendments thereof; You are to disclose in this application, fully and faithfully, all the facts which you know or ought to know, otherwise the policy issued may be void and you may receive nothing from this policy.

### Section 1: Policyholder Details

Policyholder Name:			
Policyholder Address:			
Business Nature of the Policyholder:			
Consolidated Total Asset Size:		S\$	
Place and Date of Incorporation:		Place:	Date:

Please ✓ as appropriate

(i) Confirm you are a Private Company (Pte), incorporated <b>OUTSIDE</b> of North America and <b>NOT</b> government owned / sponsored?	Yes		No	
(ii) Confirm you have <b>NO</b> assets, domiciled operations (other than a pure representative office) or securities offerings in North America.	Yes		No	
(iii) Confirm you and your subsidiaries are <b>NOT</b> a financial institution (i.e. bank, clearing house, credit institution, undertaking for collective investment in securities, investment firm, investment advisor / manager, investment fund or mutual fund, private equity or venture capital company, stock brokerage firm, insurance company or any similar entity)	Yes		No	
If any of the above answers is " <b>No</b> ", you are not eligible to apply for this insurance product. Please contact your insurance intermediary for alternative quotation. Otherwise, please proceed to question (iv).				

(iv) Confirm your latest financial report and accounts show a <b>POSITIVE</b> net worth and that Total Asset Size is <b>BELOW S\$50m</b> .	Yes		No	
(v) Confirm your latest financial report showed a retained net profit, that assets <b>EXCEED</b> Liabilities, and that you <b>DO NOT</b> have an audit qualification.	Yes		No	
(vi) Confirm you and your subsidiaries are <b>NOT</b> involved in telecommunications, pharmaceutical, biotechnology, airlines, public utilities, energy, marine and mining industries.	Yes		No	
(vii) <b>AFTER FULL ENQUIRY</b> , confirm that <b>NO</b> proposed Insured (i.e. including the policyholder and its subsidiaries, and their directors and employees) had any previous litigations or claims in the last five years or aware of any circumstances that may lead to a claim or loss under this insurance cover.	Yes		No	
Please provide details if any:				
If any of the above answers is " <b>No</b> ", you are not eligible to use the Pre-rated premium table in Section 2. Please submit this proposal form with your latest audited financial report for our separate underwriting. Additional information may be requested.				
<b>Please state your desired Limit of Liability</b>			S\$	
Otherwise, please proceed to question (viii).				

(viii) Confirm you have been operating continuously for more than 2 years	Yes		No	
(ix) Confirm you have <b>NO</b> existing Director and Officer Liability / Management Liability Insurance in place with other insurer.	Yes		No	
If No, please state:		(1) Expiring date of the existing policy:		
		(2) Retroactive date if any :		
Different terms & conditions will apply to the policy according to your answers. Please contact your insurance intermediary for additional information.				

## Section 2: Directors & Officers / Corporate Liability Cover

<b>Section 2.1: D&amp;O/Corporate Liability Cover</b>					
<b>D&amp;O PREMIUM TABLE:</b> Please tick the desired Limit of Liability according to your Total Asset Size					
	Retention	Limit of Liability			
		S\$1,000,000	S\$2,000,000	S\$3,000,000	S\$5,000,000
<b>Total Asset size</b>					
<S\$5m	S\$ 5,000	<input type="checkbox"/> 2,200	<input type="checkbox"/> 3,100	<input type="checkbox"/> 3,500	<input type="checkbox"/> 4,500
S\$5m – S\$10m	S\$ 5,000	<input type="checkbox"/> 2,400	<input type="checkbox"/> 3,500	<input type="checkbox"/> 3,900	<input type="checkbox"/> 5,000
S\$10m – S\$30m	S\$ 5,000	<input type="checkbox"/> 2,600	<input type="checkbox"/> 3,900	<input type="checkbox"/> 4,300	<input type="checkbox"/> 5,500
S\$30m – S\$50m	S\$ 5,000	<input type="checkbox"/> 3,200	<input type="checkbox"/> 4,500	<input type="checkbox"/> 5,400	<input type="checkbox"/> 6,800
(A) The premium selected for this cover is:					S\$

<b>Section 2.2: Optional Entity Employment Practices Liability Cover (This Cover's limit is shared with the D&amp;O Cover)</b>					
(i) Do you want to extend the cover to protect against Entity Employment Practices Liability?*				Yes	No
If the answer is "Yes", please complete the remainder of this section; otherwise please go to Section 3.					
(ii) Do you currently employ less than 100 employees (excluding volunteers)?				Yes	No
(iii) Confirm you have not/will not undergo employee layoffs/redundancies in the past/next 12 months.				Yes	No
If all the answers for (ii) to (iii) are "Yes", please complete the Entity EPL PREMIUM TABLE. Otherwise, please complete the Supplementary Employment Practices Liability Questionnaire to obtain alternative quotation.					
<b>Entity EPL PREMIUM TABLE:</b> Please tick the desired Limit of Liability according to your Total Asset Size					
<i>Please Note the Limit of Liability CANNOT be more than 50% of the Limit of Liability selected from Section 2.1</i>					
	Retention	Limit of Liability			
		S\$250,000	S\$500,000	S\$1,000,000	
<b>Total Asset size</b>					
<S\$5m	S\$15,000	<input type="checkbox"/> 800	<input type="checkbox"/> 1,000	<input type="checkbox"/> 1,500	
S\$5m – S\$10m	S\$15,000	<input type="checkbox"/> 800	<input type="checkbox"/> 1,000	<input type="checkbox"/> 1,500	
S\$10m – S\$30m	S\$15,000	<input type="checkbox"/> 1,000	<input type="checkbox"/> 1,200	<input type="checkbox"/> 1,800	
S\$30m – S\$50m	S\$15,000	<input type="checkbox"/> 1,200	<input type="checkbox"/> 1,500	<input type="checkbox"/> 2,000	
(B) The premium selected for this cover is:					S\$

<b>Section 2.3: Optional Kidnap &amp; Ransom Cover (The S\$300,000 limit under this cover is <u>in addition</u> to the D&amp;O cover.)</b>					
(i) Do you want to add in the Kidnap & Ransom Cover to the policy to provide for a reimbursement of Ransom Monies arising out of a kidnap or hijack situation of any of the Board of Directors? If the answer is "Yes", please complete the remainder of this section. Otherwise, please proceed to Section 3.				Yes	No
(ii) Has any of the Board of Directors suffered an actual or attempted or threatened kidnap or hijack? If "Yes", please provide a detailed explanation of the kidnap or hijack.				Yes	No
(iii) Do you have any knowledge or information of any specific fact which may reasonably give rise to a Kidnap & Ransom claim? If "Yes", please provide a detailed explanation.				Yes	No
(iv) Have you been denied a Kidnap & Ransom insurance before? If "Yes", please provide a detailed explanation.				Yes	No
Please note that if you have answered "Yes" for 2.3 (ii), (iii) or (iv), AIG Asia Pacific Insurance Pte. Ltd. has the right to request for further information, and this optional extension will not be provided for automatically.					
(C) The premium selected for this cover is:					S\$ 850.00

### Premium Calculation

Premium for D&O / Corporate Liability Cover (2.1):	S\$
Premium for Entity EPL Cover (2.2):	S\$
Premium for Kidnap & Ransom Cover (2.3):	S\$
<b>Total Premium before GST:</b>	S\$
Plus: 7% GST*	S\$
<b>Total Premium with GST:</b>	S\$

\*GST only applicable to Singapore Incorporated Entities

### Section 3: Declaration

#### **Director of the proposed policyholder to sign the declaration**

I/We declare that this proposal has been completed after full enquiry and that the statements and particulars in this application are true and that no material facts have been mis-stated or omitted. I agree that this application, together with any other information supplied shall form the basis of any contract of insurance effected thereon and it will be attached to and become part of the policy. I agree that if the information supplied in this proposal changes between the date of this proposal and the effective date of the insurance, I will, in order for the information to be accurate on the effective date of the insurance, immediately notify the Insurer of such changes and the Insurer may withdraw or modify any outstanding quotations and/or authorisations or agreements to bind the insurance.

I agree and consent, and if I am submitting information relating to another individual, I represent and warrant that I have the authority to provide that information to AIG, I have informed the individual about the purposes for which his/her personal information is collected, used and disclosed as well as the parties to whom such personal information may be disclosed by AIG, as set out in the contents of the consent clause contained below and the individual agrees and consents, that AIG may collect, use and process my/his/her personal information (whether obtained in this application form or otherwise obtained) and disclose such information to the following, whether in or outside of Singapore: (i) AIG's group companies; (ii) AIG's (or AIG's group companies') service providers, reinsurers, agents, distributors, business partners; (iii) brokers, my/his/her authorised agents or representatives, legal process participants and their advisors, other financial institutions; (iv) governmental / regulatory authorities, industry associations, courts, other alternative dispute resolution forums, for the purposes stated in AIG's Data Privacy Policy which include:

- a) Processing, underwriting, administering and managing my/his/her relationship with AIG;
- b) Audit, compliance, investigation and inspection purposes and handling regulatory / governmental enquiries;
- c) Compliance with legal or regulatory obligations, risk management procedures and AIG internal policies;
- d) Managing AIG's infrastructure and business operations; and
- e) Carrying out market research and analysis and satisfaction surveys.

Note: Please refer to (and if submitting information relating to another individual, refer such individual to) the full version of AIG's Data Privacy Policy found at [http://www.aig.com.sg/sq-privacy\\_1030\\_237853.html](http://www.aig.com.sg/sq-privacy_1030_237853.html) before you provide your consent, and/or the above representation and warranty.

Signed ..... Date .....

**Chairman / CEO / Director / Authorized Person with Company Stamp**

Print Name ..... Position .....

Date to Incept/Renewal Date: .....

I/We agree that any information collected or held by AIG Asia Pacific Insurance Pte. Ltd. (whether contained in the Application or otherwise obtained) may be used and disclosed by AIG Asia Pacific Insurance Pte. Ltd. to its associated individuals/companies or any independent third parties (within or outside Singapore) for any matters relating to this Application, any Policy issued and to provide advice or information concerning products and services which AIG Asia Pacific Insurance Pte. Ltd. believes may be of interest to me/us, and to communicate with me/us for any purposes.