



AIG Asia Pacific Insurance Pte. Ltd.
 AIG Building, 78 Shenton Way #09-16 Singapore 079120
 Co. Reg. No. 201009404M

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.



Employment Agencies Professional Liability Proposal Form

I. APPLICANT DETAILS

Name of Insured:	
Address(es):	
Web Site Address:	
Establishment Date: (If less than 2 years, please provide business plan)	

II. BUSINESS ACTIVITIES

2. Please state the following details:

Number of Partners/Directors/Principals: _____

Number of Employees: _____

Number of Clerical Staff: _____

3. Please give the following details of all Partners/Directors/Principals:

Name	Qualifications	Years in Industry	Years as Partner /Director/Principal

If a Partner/Director/Principal has been working in the relevant industry for less than 3 years, we will require a brief resume outlining career details.



4. Please provide a full description of the activities of Insured:

5. Please state, during the past 5 years:

(a) has the name of the Insured(s) been changed? Yes No

(b) has any other business(es) been purchased, merged or consolidated with the Insured? Yes No

If "yes", please provide details on a separate sheet.

6. Please provide details of any major new operations undertaken during the last 12 months or planned for the next 12 months.

7. State percentage of turnover/ fees relating to the supply of staff in the following categories.

	Temporary Staff	Permanent Staff
Drivers and/ or persons whose duties include responsibility for money or goods	%	%
Executive, Technical, Specialist or Professional Staff	%	%
Medical Staff (i.e. nurses, locums etc.)	%	%
IT/ Computer Consultants	%	%
Construction Workers	%	%
Clerical	%	%
Others (PLEASE SPECIFY)	%	%

8. Is the Insured a member of any Professional Body:

9. Please state the turnover from supplying staff:

Year	Singapore	USA/ Canada	Elsewhere (Please provide details)
a) Previous Completed Financial Year			
b) Current Financial Year			
c) Estimate of Financial Year			

10. Does the Insured have written contracts or agreements with each client? Yes No

If "yes", please attach copy of standard contract terms

11. Subcontracting Work

(a) Please state the amount of Insured's involvement in subcontracting work to others? _____%



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(b) If subcontracting work exists, please describe the services undertaken and provide a specimen of the contract terms applicable to this work.

(c) Are subcontractors required to carry their own Professional Liability insurance? Yes No

III. FRAUD & DISHONESTY COVERAGE

12. If the Insured wishes to have coverage for Fraud/ Dishonesty, please complete the following:

(a) Has the Insured(s) sustained any loss or claim through the fraud or dishonesty of any person?
 Yes No

If "yes", please specify

(b) Is the Insured(s) aware of any allegation or occurrence of fraud or dishonesty at any time committed by any past or present partner/director/principal or employee? Yes No

If "yes", please give details and state precautions taken to prevent a reoccurrence.

(c) Does the Insured(s) always require satisfactory references or only when engaging senior employees? Always Senior Appointments Only

Nature of Reference Written Verbal

(d) Is any employee allowed to sign cheques on his/her signature alone for values exceeding S\$50,000? Yes No

If "yes", please give details on a separate sheet.

(e) How frequently are checks carried out on all entries in the cash book with paying-books, receipts, counterfoils and vouchers and reconciled with bank statements including the balance of cash and unrepresented cheques, independently of employees receiving or banking monies, in respect of monies belonging to the Insured as well as in trust on behalf of others?

Weekly Monthly Quarterly Other (please specify)

(f) Are client funds kept in a properly designated client account which is separate from the bank account of the Insured? Yes No



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IV. INSURANCE & LOSS HISTORY

13. Is any partner/director/principal after inquiry aware of any claims ever been made against the Insured(s) or their predecessors in business or any of the present or former partners/directors/principals? Yes No

14. Is any partner, director or principal after inquiry, aware of any circumstances or occurrences which may give rise to a claim against the Insured or their predecessors in business or any of the present or former partners/directors/principals? Yes No

If you have answered "YES" to questions 13 or 14, then full details of each matter must be advised before quotation can be considered. We must remind you that it is imperative to answer these questions correctly. **FAILURE TO DO SO COULD WELL PREJUDICE YOUR RIGHTS**, if subsequently a claim should arise.

15. (a) Please list out details of previous Professional Liability Insurance carried during the past 3 years.

If none, then please check here

Period	Insurer	Limit	Excess	Premium

(b) Has any proposal for Professional Liability Insurance made on behalf of the Insured(s) or any predecessors in the business, or present partners/directors/principals ever been declined or has such insurance ever been cancelled or renewal refused or special terms imposed? Yes No

If "yes", please advise reason(s).

16. (a) Please specify Limit of Liability desired:

\$ _____ \$ _____ \$ _____ \$ _____ \$ _____

(b) Deductible desired:

\$ _____ \$ _____ \$ _____ \$ _____ \$ _____

SIGNING THIS PROPOSAL DOES NOT BIND THE PROPOSER TO COMPLETE THIS INSURANCE



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V. DECLARATION

I/We declare that the statements and particulars in this application/ proposal are true and that no material facts have been misstated, misrepresented or suppressed after enquiry. I/ We agree that this application/ proposal, together with any other information supplied by me/ us shall form the basis of any contract of insurance effected between the Insurer and me/ us. I/ We undertake to inform the Insurer of any material alteration to those facts occurring before the renewal / completion of the contract of 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 before you provide your consent, and/or the above representation and warranty.

Signed _____

Title _____
 (to be signed by Partner/ Director/ Principal or equivalent)

Insured(s) _____

Date _____



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VI. PLEASE ENCLOSE WITH THIS PROPOSAL FORM

- A Brochure (if available)
- Copy of Standard Contract Terms (if available)