



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.



## Architects and Engineers Professional Liability Proposal Form

### I. APPLICANT DETAILS

Name of Insured:	
Address(es):	
Web Site Address:	
Establishment Date:	

### II. BUSINESS ACTIVITIES

2. Please state the following details:

Number of Partners/Directors/Principals:

Number of Architects:

Number of Engineers:

Number of Qualified Others (i.e. surveyors etc.):

Number of Non-Technical Staff (i.e. administration, clerical, typists etc.):

_____
_____
_____
_____
_____

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.*



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

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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.

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7. Please give names of any professional organisations or associations of which the Insured or principals are members:

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8. Please indicate the type of professional services provided and the approximate percentage of each relative to the Firm's total gross fee income:

Activity/ Nature of Work	Percentage (%) of Fee Income
Architecture	
Interior Design	
Landscape Architecture	
Town Planning	
Quantity Surveying	
Structural Surveying	
Structural Surveys / Inspection Reports	
Project Coordination	
Project Management	
Planning Supervision	
Expert Witness	
Feasibility Studies	
Civil Engineering	
Structural Engineering (including piling work)	
Mechanical Engineering	
Electrical Engineering	
Heating, Ventilation and Refrigeration	
Chemical/ Petrochemical Engineering	
Soil Engineering	
Nuclear Engineering	
Adjudication / Arbitration	
Surveying (land)	



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Surveying (building)	
Process Engineering / Industrial Engineering	
Estate Agency	
Management Contractor	
Environmental Work	
Others (PLEASE SPECIFY)	
<b>Total</b>	<b>100%</b>

9. Please indicate the categories of clients handled and the approximate percentage of each relative to the Firm's total gross fee income/ gross turnover:

Activity/ Nature of Work	Percentage (%) of Fee Income
Government (Non-Military)	
Government (Military)	
Healthcare, Hospitals, Laboratories and Clinics	
Aerospace	
Manufacturing/ Industrial	
Others (PLEASE SPECIFY)	
<b>Total</b>	<b>100%</b>

10. Please indicate the categories of projects handled and the approximate percentage of each relative to the Firm's total gross fee income/ gross turnover:

Activity/ Nature of Work	Percentage (%) of Fee Income
Housing – Individual low rise homes	
Housing – High rise buildings (more than 10 stories)	
Housing – Multi-unit low rise building developments	
Roads – Non-highway (single lanes)	
Roads – Highways (non single lanes)	
Bridges, Tunnels and Dams	
Railways, Airports and Harbors	
Sewerage and Water Schemes	
Urban Planning/ Infrastructure	
Industrial – Power Plants, Utility Plants and Manufacturing Plants, Refineries and Petro-Chemical Plants, Industrial System Build	
Hospitals/ Nursing Homes	
Schools and Universities	
Hotels and Recreation Facilities	
Other Activities (PLEASE SPECIFY)	
<b>Total</b>	<b>100%</b>



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11. Please give the following fee income details:

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

12. Please provide details of the 5 largest contracts you have carried out in the past 3 years:

Client Name	Nature and Period of Contract	Total Contract Value	Income

13. Is the Insured, or any partner or principal a member of a consortium, Joint Venture, or have any financial interest in any other firm? ☐Yes ☐No

*If "yes", please provide information about details of the work involved, the approximate percentage of the total fee income and information about how the liability is divided within the consortium/ Joint Venture.*

### III. RISK MANAGEMENT

14. a) Do you hold regular principal meetings? ☐Yes ☐No

b) Do you have standard procedures for regular review of ongoing Contracts internally and with clients? ☐Yes ☐No

c) Does legal counsel always review your contracts, including changes to standard contracts/ letters of engagement? ☐Yes ☐No

*If "no", please explain who can approve variations and under what circumstances contracts can be changed.*

d) Do you always use standard written contracts condition which clearly outlines the scope of your services? ☐Yes ☐No

e) Do all of your contracts/ letters of engagement with your customers include the following:

i) A detailed "scope of work", product specifications or other "performance expectations"? ☐Yes ☐No

ii) A limitation of liability for a fixed monetary amount? ☐Yes ☐No

iii) Do customers always sign the contract and its modifications? ☐Yes ☐No



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f) Do you operate any Quality Assurance Systems? ☐ Yes ☐ No

*If "yes", please specify which Quality Assurance Systems you use.*

g) Do you operate Continuous professional training for all qualified members of staff? ☐ Yes ☐ No

#### IV. SUBCONTRACTED WORK AND PROCEDURES

15. a) Does the firm use sub-contractors? (sub-contractors includes any "outside consultants") ☐ Yes ☐ No

*If "no", please move to next section of this proposal form*

b) If "yes" to question 15(a), does the firm always use written contracts with all sub-contractors? ☐ Yes ☐ No

*If "no", please advise when and why exceptions are granted.*

c) Do you insist that sub-contractors maintain their own professional liability insurance policy? ☐ Yes ☐ No

*If "yes", what are the minimum limit of liability that you insist upon.*

*If "no", do you assume the full responsibility for the work carried out by subcontractors.*

#### V. POLLUTION QUESTIONNAIRE

16. Do you undertake any of the following activities: ☐ Yes ☐ No

a) Environmental Assessments/ Monitoring ☐ Yes ☐ No

b) Survey or Valuation of Landfill Sites ☐ Yes ☐ No

c) Survey or Valuation of property known to be polluted prior to the survey ☐ Yes ☐ No

d) Design or supervision of remedial or clean up operations involving polluted or contaminated property ☐ Yes ☐ No

e) Management of property which is known to be polluted or contaminated ☐ Yes ☐ No

f) Any contract relating to waste disposal, treatment or management ☐ Yes ☐ No

g) Any work relating to air emission control systems ☐ Yes ☐ No

h) Any work relating to industrial piping or process systems ☐ Yes ☐ No

i) Any work relating to underground storage facilities ☐ Yes ☐ No

j) Any work relating to hazardous chemical substances ☐ Yes ☐ No



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## VI. FRAUD & DISHONESTY COVERAGE

17. 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

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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 or employee?  
☐ Yes ☐ No

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

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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 unpresented 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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## VII. INSURANCE & LOSS HISTORY

18. Is any partner, director or 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 or principals? ☐ Yes ☐ No

19. 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 or principals? ☐ Yes ☐ No

If you have answered "YES" to questions 18 or 19, 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 a subsequently a claim should arise.

20. (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 or 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).

c) Is the Insured currently insured under a Comprehensive General Liability, Contractor Pollution Liability and/or Umbrella Policy? ☐ Yes ☐ No

If "yes", please give details:

Insurance Company	Type of Coverage	Limits BI/PD	Effective (From/To)

21. (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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## VIII. DECLARATION

I/We declare that the statements and particulars in this application/ proposal are true and that no material facts have 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](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 or Principal or equivalent)

Insured(s) \_\_\_\_\_

Date \_\_\_\_\_





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**IX. PLEASE ENCLOSE WITH THIS PROPOSAL FORM**

- Copy of Standard Contract Terms with client (if available)