



Professional Indemnity
Insurance
Renewal declaration



NOTICE

This is a Renewal Declaration for a claims made policy. The policy will only respond to claims and/or circumstances which are first made against you and notified to Delta Underwriting Private Limited during the policy period.

This Declaration forms the basis of any insurance contract entered into. Please complete it fully and carefully, remembering to sign the Declaration.

If you have insufficient space to complete any of your answers, please continue on a separate attachment.

You have an ongoing duty to disclose all material facts and failure to do so could prejudice future claims.

APPLICANT DETAILS

- 1 Name of Insured including trading names:
- 2 Business activities:
- 3 Postal address (Please update if you have changed address throughout the year):
- 4 Number of staff including principals. Last year: This year (estimate):
- 5 Turnover per region:

Region	Last financial year	Current financial year (estimate)	Next financial year (estimate)
Singapore	\$	\$	\$
Asia (specify):	\$	\$	\$
Australia	\$	\$	\$
UK & Europe	\$	\$	\$
USA/Canada	\$	\$	\$
Other (specify):	\$	\$	\$
Total	\$	\$	\$

- 6 Five largest contracts:

Name of principal	Details of contract including services provided	Duration	Fees earned

- 7 Have there been any material changes to:
 - (a) The business activities of the Insured? ☐ Yes ☐ No
 - (b) The business's risk management procedures? ☐ Yes ☐ No
 - (c) The financial position of the Insured? ☐ Yes ☐ No
 - (d) The capital structure of the Insured? ☐ Yes ☐ No

8 Has any other business been purchased or any merger or consolidation taken place?

☐ Yes ☐ No

If Yes to 7 (a), (b), (c), (d) or 8, or if you are planning any changes, please give full details.

INSURANCE HISTORY

9 After enquiry of all Partners, Principals, Directors, Officers, Trustees and Senior Employees:

(a) Have there been any claims made against you?

☐ Yes ☐ No

(b) Are you aware of any circumstances which could give, rise to a claim under your liability policy with Delta Underwriting, other than those disclosed on your last proposal/declaration form?

☐ Yes ☐ No

If Yes to 8 (a) or (b), please attach full details.

(c) Where you have suffered a loss due to the dishonesty or fraud of employees or third parties please describe what corrective measure you have taken to prevent similar losses?

10 You are reminded that:

(a) Any material changes to the business during the Period of Insurance must be advised immediately to Delta Underwriting Private Limited.

(b) This form must be completed by a person authorised to do so on behalf of the insured.

DECLARATION

On behalf of all proposed Applicants I/We declare and agree that all information provided in this proposal or attachments is true and correct in every respect and that all information that may be material in considering this proposal form has been fully and accurately disclosed to Delta Underwriting Private Limited in writing in a manner which would not mislead a prudent insurer.

Statement pursuant to Section 25(5) of the Insurance Act (Cap 142) or any amendments thereof; I/We agree that this declaration shall be the basis of and incorporated in the insurance contract and that the insurance contract may be avoided (amongst other things) if I/we fail to disclose in this application, fully and faithfully, all the facts which I/we know or ought to know.

I/We undertake to inform Delta Underwriting Private Limited of any material alteration to the above information whether occurring before or after the completion of this insurance contract.

I/We understand that:

(a) I/We am/are obliged to advise Delta Underwriting Private Limited of any information which may be material to its consideration of this application. This information includes all information I/We know (or could reasonably be expected to know) which could influence the judgement of Delta Underwriting Private Limited whether or not to accept this application and (if accepted) on what terms, including cost and otherwise.

(b) Failure to provide this information may result in Delta Underwriting Private Limited refusing to provide the insurance.

(c) I/We have certain rights of access to and correction of this information.

Full name & title of individual:

Signature of Policyholder:

Date: