

Commercial Legal Expenses Liability Insurance **Proposal form**



NOTICE

This is a proposal form 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 proposal 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.

A	PPLICANT CONFIRM	MATION				
1		ver refused commercial legal exper nercial legal expenses insurance pol	nses insurance, imposed special terms or declined licy?	O Yes	O No	
2	Has there been a five years?	ny dispute or legal proceedings to v	which this insurance would apply during the last	O Yes	O No	
3	Are you aware of this insurance?	any cause, event or circumstance v	which may give rise to a claim being made under	O Yes	O No	
4	Do you own or oc	ccupy more than 10 properties and/c	or leases to which this insurance would apply?	O Yes	O No	
5	Are there more than five statutory licences to which this insurance would apply?			O Yes	O No	
6	Is your business r	egistered and domiciled outside of	Singapore?	O Yes	O No	
	If yes to any of th	e above, please provide full details (please continue on a separate sheet if necessary):			
A	PPLICANT DETAILS					
7 Full name of proposer (including all names and subsidiaries to be covered):						
/	r all harne of proposer (including all harnes and substalianes to be covered).					
8	Full address of proposer:					
9	Website address:					
10	Postal address:					
11	Business description:					
12	Employees:	Last 12 months:	Next 12 months:			
13	Turnover:	Last 12 months: \$	Next 12 months: \$			
14	Gross Profit	Last 12 months: \$	Next 12 months: \$			

Next 12 months: \$

Last 12 months: \$

15 Total Wageroll:

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, 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: