



PrivateEdge – for Profits Entities Insurance Full Proposal Form

This Full Proposal Questionnaire is to be completed if any of the answers to Questions (i) to (viii) of Section 1 of the Quick Application Form are “No”

Important Note: UNLESS THE SENSE OF THE QUESTION INDICATES OTHERWISE, EACH QUESTION IS TO BE ANSWERED FOR THE ENTITY AND EVERY SUBSIDIARY COMPANY (DIRECT OR INDIRECT).

Full Proposal Form				
1	(a) Policyholder’s Name:			
	(b) Policyholder’s Address:			
	(c) Principal Activities of the Policyholder:			
2	Is the Policyholder a for profit entity?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
3	Date and place of Incorporation			
4	Does the Policyholder’s consolidated Total Asset Size exceeds HK200m or financial reports show a negative networth, If “Yes”, please provide the Policyholder’s latest consolidated financial reports	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
5	Does the Policyholder have any operations or activities outside Hong Kong? If “Yes”, please complete Appendix 1: Foreign Activities & Employment Practices Questions	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
6	Does the Policyholder have any subsidiaries that are publicly listed? If “Yes”, please provide details.	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
7	Please provide full details of any fund raising activities:			
8	Please provide details of operational income from provision of service:			
	Activity	Income		
9	Please advise the consolidated asset size:			
10	Please advise the total number of employees and their locations:			

9	Other than the Mandatory Provident Fund (MPF) scheme, does the Policyholder or any of its subsidiaries currently manage any other pension funds such as the Occupational Retirement Schemes Ordinance (ORSO) Scheme or pension funds outside of Hong Kong? If yes, please complete Appendix 2: Pension Fund Questions.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
---	--	-----	--------------------------	----	--------------------------

Declaration

After full enquiry, has any proposed Insured had any previous claims in the last five years or is aware of any circumstances that may lead to a claim or loss.

Yes No (If Yes, please provide details and would subject to individual underwriting)

After full enquiry, has any proposed Insured sustained or aware of any previous financial losses resulting from employee fidelity or fraudulent third party acts in the last five years.

Yes No (If Yes, please provide details)

I declare that the statements and particulars in this declaration are true and that no material facts have been misstated. I agree that this declaration shall form the basis of the Contract of Insurance effected thereon. I undertake to inform the insurers of any material alteration to those facts occurring before completion of the contract of insurance.

A material fact is one which would influence the acceptance or assessment of the risk.

Signed

Date

Signatory must be a director of the proposed insured

Print Name

Position

Appendix 1: Foreign Activities & Employment Practices Questions

1	Please provide details of foreign operations or activities:					
Territory	Major type of Operation	% of Total Fee Income	Number of Employees			
			Full time	Part time		
Hong Kong						
2	Is the Insured currently undergoing any employee layoffs, early retirements or redundancies or contemplating same in the next 12 months?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	If 'Yes', has the Insured engaged any external consultants to assist in the process or has the Insured undertaken any procedures to ensure the process meets the minimum regulatory requirements?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	please provide further details regarding the employee layoffs, early retirements or redundancies:					
3	Does the Policyholder have a human resources manual or equivalent written management guidelines that address issues such as sexual harassment, employee disciplinary actions, terminations and layoffs?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
4	Does the Policyholder have an employee handbook which is distributed to all employees?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
5	Does the policyholder have a complaints procedure available to all employees?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Appendix 2: Pension Fund Questions

1	Name and asset value of pension funds				
	Name of Pension fund	Number of Members	Current Asset Value		
2	If the Policyholder or its subsidiaries operate any occupational retirement schemes that fall under the ambit of the Hong Kong Occupational Retirement Schemes Ordinance, has proper application to the MPFA for registration or exemption be done?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	If "No", please provide details:				
3	Is the Policyholder or its subsidiaries currently in compliant with the on-going requirements as required by the Occupational Retirement Schemes Ordinance?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	If "No", please provide details:				
4	In the past 24 months has there been, or, in the next 12 months is there anticipated, (a) any amendments in the plan scheme, benefits or participants' share of costs or (b) any plan termination or any merger with another plan?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	If 'Yes', please complete plan details for each applicable plan with full details on such plan amendments, terminations or mergers.				
5	Are any of the pension plans subject to the Employee Retirement Income Security Act of 1974 (ERISA) in US? If "Yes" please complete below:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	(a) If any ERISA plans, is any ERISA plan a defined benefit plan?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	(b) Have there been any known violations of ERISA? If Yes, please provide details by attachment	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	(c) If this is a defined benefit plan, has this plan been converted or is there an anticipated conversion of this plan into a cash balance plan or a plan with cash? If Yes, please provide details by attachment	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>