

ADDENDUM: ARCHITECTS, ENGINEERS, SURVEYORS & ALLIED PROFESSIONS
SECTION 1: PROFESSION RELATION QUESTION

1. Please provide a breakdown of your gross fees/income for the past 12 months derived from the following fields of work, either by stating the whole amounts in Philippine Peso (Php) or the percentage:

Fees Earned From:	Percentage Breakdown %	Last Financial Year's Gross Fees Php	Current Financial Year's Gross Fees Php
1. Architectural			
2. Town Planning			
3. Structural Engineering			
4. Mechanical and/or Hydraulic Engineering			
5. Electrical Engineering			
6. Heat/ Ventilation/ Air- Conditioning Engineering			
7. Civil Engineering			
8. Nuclear Engineering			
9. Chemical Engineering			
10. Aerospace Engineering			
11. Surveying - Land			
12. Surveying - Quantity			
13. Surveying - Marine			
14. Surveying - Building			
15. Project Management			
16. Interior Design			
17. Other (Please specify)			
Total			

2. Please indicate the percentage of the firm's income derived from the following job categories:

Fees Earned From:	%Fee Breakdown
1. Domestic Building (Excluding Flats/Units/Town Houses)	
2. Commercial Buildings (Including Flats/Units/Town Houses)	
3. High Rise Buildings (Exceeding 3 floors and not otherwise specified)	
4. Institutional Buildings (Ecclesiastical/ health/ municipal/educational, etc)	
5. Feasibility Studies (where not involved in design/ construction)	
6. Soil Testing/ Surveys of Sub – Surface condition	
7. Sewerage Systems	
8. Water Systems	
9. Industrial Building	
10. Town Planning	
11. Marine Surveys	
12. Bridges	
13. Tunnels	

14. Surveying - Building	
15. Project Management	
17. Interior Design	
18. Other (Please specify)	
Total	

3. The following table is to assist in ascertaining the extent of the professional work.

Please break down the total turnover provided in (1) above under the headings below.

	PHILIPPINES	OVERSEAS, PLEASE SPECIFY _____
Turnover undertaken by you (that is not third party design).		
Turnover where you were responsible for the design and construction but where a third party has provided the design.		
Professional fees you receive for design only contracts, reports and feasibility studies.		
Professional fees where you are contracted to project manage or manage the construction or supervise the construction.		
Turnover where you are responsible for the construction, erection or installation but a third party has provided the design or professional supervision.		
All other turnover not referred to above, providing full details of activities.		

4. Does the firm engage sub-consultants? Yes No

5. Are the sub-consultants required to carry professional indemnity insurance? Yes No

If YES, please indicate the minimum level of cover required:

6. Does the firm, or any Partner, or Principal of the firm, engage in or have any interest in any firm engaged in real estate development, manufacturing, construction, erection, supply or any form of contracting? Yes No

If YES, please provide brief particulars including name of the Insured involved and nature of business and Insured's involvement:

SECTION 2: FURTHER DECLARATION TO THE PROPOSAL

SIGNING THIS ADDENDUM DOES NOT BIND THE PROPOSER OR THE INSURER TO COMPLETE THIS INSURANCE.

I the undersigned, after enquiry, declare the following:

1. I am authorized to complete the above information on behalf of the Insured named in the Proposal.
2. I have read this Addendum and the accompanying documents and acknowledge the contents is the same and to be true and complete.
3. I agree that this Addendum, together with the Proposal and any other information supplied by us shall form the basis of any contract of insurance effected thereon, and I undertake to inform the insurer of any material alteration to these facts whether occurring before or after completion of such contract of insurance
4. I agree that the Underwriters may use and disclose our personal information in accordance with the "Privacy Statement" at the beginning of this Proposal.

Although the signing of this Addendum does not bind the applicants to effect insurance, I acknowledge that the particulars and statements contained in this Addendum and in the accompanying documents shall be the basis of the contract if a policy is issued.

TO BE SIGNED BY PARTNER/DIRECTOR OR PRINCIPAL OR EQUIVALENT

SIGNATURE: _____ DATE: _____
DD/MMM/YYYY

NAME: _____ POSITION: _____

IT IS IMPORTANT THE UNDERSIGNED OF THE DECLARATION IS FULLY AWARE OF THE SCOPE OF THIS INSURANCE SO THAT THESE QUESTIONS CAN BE ANSWERED CORRECTLY. IF IN DOUBT, PLEASE CONTACT THE BROKER/AGENT, SINCE DISCLOSURE MAY AFFECT AN ASSURED'S RIGHT TO RECOVERY UNDER THE POLICY.

AGREEMENT

I HEREBY DECLARE and warrant the answers given above in every respect true and correct; and have not withheld any information likely to effect acceptance of this proposal; I further agree that this proposal declaration shall be the basis of the contract between FPG Insurance and me.

During the effectivity of the contract/policy, the customer/client agrees to the following:

- (1) In case the Company is unable to comply with relevant customer due diligence (CDD) measures, as required under the Anti-Money Laundering Act, as amended and relevant issuances, due to the fault of the client, the company may apply the following:
- a. Measures to restrict the services available or prohibit any further transactions on the contract/policy until full and proper CDD Measures have been successfully conducted; and
 - b. In case the foregoing is unsuccessful, terminate business relationship. The exercise of the company of this measure shall only entitle the client/customer to receive the unused portions of premium or withdrawal value, if any, whichever is applicable.
- (2) Be bound by obligations set out in relevant United Nations Security Council Resolution relating to the prevention and suppression of proliferation financing of weapons of mass destruction, including freezing and unfreezing actions as well as prohibition from conducting transaction with designated persons and entities.

DATA PRIVACY CONSENT FORM

I acknowledge that FPG Insurance Co., Inc. (FPG) may collect, use, process and share my personal information to its stakeholders, duly authorized representatives, business partners, adjusters and other third parties for purposes such as but is not limited to underwriting, claims, business analysis, compliance with regulatory requirements and any other legitimate business purpose. I authorize FPG to disclose my personal data to FPG group of companies, their service providers, other insurance and distribution parties and to any other third parties and authorities to whom FPG must make disclosures under applicable laws and regulations.

I also authorize FPG to verify and investigate the information I have given, including documents submitted. FPG may retain my personal information as long as my business transaction with FPG is still in force and in case of termination, for a period of five (5) years from the date of termination. I acknowledge and agree to the data privacy provisions as stated above. I hereby provide my consent by affixing my signature in this form.