

ASSOCIATION LIABILITY INSURANCE PROPOSAL FORM

IMPORTANT NOTICE

PLEASE READ THE FOLLOWING ADVICE BEFORE COMPLETING THIS PROPOSAL FORM.

Your Association Liability Insurance Policy is issued on a CLAIMS MADE basis.

Please note that this proposal form is being completed by the PROPOSER on behalf of all Insureds (as defined in the policy).

The term “**PROPOSER**” shall mean the Company listed below and all Subsidiaries of the Company for which coverage is proposed under this proposal form.

When completing this Proposal Form

- Please answer all questions giving full and complete answers.
- It is the duty of the PROPOSER to provide all information that is requested in the proposal form as well as to add additional relevant facts.
- A relevant fact is such known fact and/or circumstance that may influence in the evaluation of the risk by the insurer. If you have any doubts about what a relevant fact is, please do not hesitate to contact your broker or insurer.
- If the space provided on the Proposal Form is insufficient, please use a separate signed and dated sheet in order to provide a complete answer to any question.
- The proposal form must be completed, signed and dated by a person, who must be of legal capacity and authorised for the purpose of requesting Association Liability Insurance for the firm who acts as a PROPOSER.

This proposal form DOES NOT BIND the PROPOSER or the Insurer to complete the insurance but will form part of any insurance policy incepted.

Your Duty of Disclosure

Before you enter into a contract of general insurance with an Insurer, you have a duty to disclose to the Insurer every matter that you know, or could reasonably be expected to know, is relevant to the Insurer’s decision whether to accept the risk of the insurance and, if so, upon what terms. You have the same duty to disclose those matters to the Insurer before you renew, extend, vary or reinstate a contract of general insurance.

Your duty however does not require disclosure of matters:

- That diminishes the risk to be undertaken by the Insurer;
- That is of common knowledge;
- That your Insurer knows or, in the ordinary course of its business, ought to know; or
- As to which compliance with your duty is waived by their Insurer.
(It should be noted that this duty continues after the proposal form has been completed up until the time the policy is entered into.)

Non-Disclosure

If you fail to comply with your duty of disclosure, the Insurer may be entitled to reduce its liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure or misrepresentation is fraudulent, the Insurer may also have the option of avoiding the contract in its entirety. It is therefore vital that you make sufficient enquiries BEFORE you complete this proposal form and BEFORE you sign any declaration that there has been no change in the information provided.

Surrender or Waiver of any Right of Contribution or Indemnity

Where another person or company would be liable to compensate you or hold you harmless for part or all or any loss or damage otherwise covered by the policy, but you have agreed with that person either before or after the inception of the policy that you would not seek to recover any loss or damage from that person, you are NOT covered under the policy for any such loss or damage.

Contract by the Insured Affecting Rights of Subrogation

If the proposed contract of insurance includes a provision which excludes or limits the Insurer’s liability in respect of any loss because you are a party to an agreement which excludes or limits your rights to recover damages from a third party in respect of that loss, you are hereby notified that signing any such agreement may place your indemnity under the proposed contract of insurance at risk.

Personal Information Collection Statement

We use your personal information to assess the risk of and provide insurance, and assess and manage claims. We may also use your contact details to send you information and offers about products and services that we believe will be of interest to you. If you don't provide us with full information, we may not be able to provide insurance or assess a claim. If you provide us with information about someone else you must obtain their consent to do so.

We will only retain your personal data in our business records for as long as it is necessary for business and tax purposes as permitted by the laws. We will require our agent, contractor or third party who provides administrative or other services on our behalf to protect personal data they may receive in a manner consistent with this policy. We do not allow them to use such information for any other purposes. If you have any questions or inquiries regarding our privacy policy, please feel free to contact us.

SECTION 1: DETAILS OF THE PROPOSER

<input type="checkbox"/> New <input type="checkbox"/> Renewal Existing Policy Number:			
Name of Entity:			
Present Address:			
Block/Lot/Phase No./Floor No./Unit No.	Street	Village/Subdivision/Condo Building	Barangay
City/Municipality	Province/State	ZIP Code	
Mobile No.:	E-mail Address:	TIN:	
Citizenship / Nationality:		Website Address:	
Nature of Business:		Incorporation No.:	
Date of Incorporation: <small>DD/MMM/YYYY</small>	Place of Incorporation:		
Name of Authorized Representative / Transactor / Signee:			
Business Description (Please provide a detailed description of your business activities which is required to be covered by this policy. Please also include business activities which is required to be covered by this policy. Please include business activities of your subsidiaries if these differ):			

ULTIMATE BENEFICIAL OWNER'S INFORMATION

Name:			
Last Name	First Name	Middle Name	Suffix
Mailing Address:			
Block/Lot/Phase No./Floor No./Unit No.	Street	Village/Subdivision/Condo Building	Barangay
City/Municipality	Province/State	ZIP Code	
Mobile No.:	E-mail Address:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Civil Status: <input type="checkbox"/> Single <input type="checkbox"/> Married	Date of Birth: <small>DD/MMM/YYYY</small>	TIN/SSS/GSIS No.:	
Place of Birth:	Citizenship/Nationality:	Source of Funds: <input type="checkbox"/> Self-Employed <input type="checkbox"/> Salary	

SECTION 2: HISTORY OF THE ASSOCIATION

1. Has the Association made any acquisitions, merger, divestments, pending or under consideration, and/or planning any material capital raisings within the next twelve months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Is the Association involved in any business activities in the USA and/or Canada?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes to any of the above, please provide further details: _____		

SECTION 3: FINANCIAL INFORMATION

1. Please provide the Association's Gross Consolidated Turnover (average of last 2 years): PHP _____
2. In the past 3 years, has there been (or is there now proposed) any change in the financial position or capital structure that may materially affect the performance of the Association? Yes No
3. Is any Director or Officer of the Association aware of any facts or circumstances which may affect the ability of the Association to meet its debts as and when they fall due? Yes No
- If Yes to any of the above, please provide further details: _____

The policy contains an Insolvency Exclusion, on receipt and review of financial statements we may consider removing this exclusion.

SECTION 4: OUTSIDE DIRECTORSHIP

1. Do any of the Directors or Officers of the Association hold (at the specific request of the Association) any Board positions on other entities? Yes No
- If Yes, please provide details of such entities:

Other Entity	Association's Shareholding in Other Entity	Limit of Other Entity's D&O Policy	Insurer	Expiry Date <small>DD/MMM/YYYY</small>

SECTION 5: EMPLOYMENT PRACTICES

1. Please advise total number of:
 Employees: _____ Retrenchments occurred in the last twelve (12) months: _____
2. Is the PROPOSER currently conducting any employee layoffs, retrenchments or reductions in the next twelve (12) months? Yes No
- If Yes, please provide further details: _____

3. Does the PROPOSER have an Employee Handbook or Manual which addresses issues such as sexual harassment, employee disciplinary actions, terminations and layoffs? Yes No
- If Yes, please provide a copy.
- If No, please provide further details of how these issues are handled: _____

SECTION 6: EMPLOYEE THEFT

1. Does the Association segregate duties so that no one individual can control any of the following activities from commencement to completion without referral to others (ie Financial Controllers, Directors)?
- a. Signing cheques, preparing cheque requisitions, reconciling bank statements or issuing funds transfer instructions above PHP 200,000? Yes No
- b. Refund of monies or return of goods above PHP 200,000? Yes No
2. Is there an annual independent physical count of stock that is reconciled against inventory records? Yes No

SECTION 7: CLAIMS INFORMATION/CIRCUMSTANCES

1. After enquiry, is the proposed Insured aware of any facts or circumstances which might afford valid grounds for any future claim(s) or which would indicate the probability of any such claim(s)? Yes No
2. Within the last three years, has the proposed Insured been the subject of any complaint, suit, inquiry or notice of a hearing from any regulatory body, or any other party? Yes No
3. Within the last three years, has the proposed Insured discovered any losses from employee dishonesty, burglary, robbery, disappearances, destruction or forgery? Yes No
4. Has the proposed Insured been declined, had cancelled or non-renewed any insurance policies for any of the coverage's for which it has applied. Yes No

If Yes to any of the above, please provide further details: _____

SECTION 8: INDEMNITY LIMIT

1. Please select the amount of Indemnity required:

- | | |
|--|--|
| <input type="checkbox"/> PHP 50,000,000 | <input type="checkbox"/> USD 1,000,000 |
| <input type="checkbox"/> PHP 100,000,000 | <input type="checkbox"/> USD 3,000,000 |
| <input type="checkbox"/> PHP 200,000,000 | <input type="checkbox"/> USD 5,000,000 |
| <input type="checkbox"/> Other – Please State: _____ | <input type="checkbox"/> Other – Please State: _____ |

SECTION 9: DECLARATION

SIGNING THIS PROPOSAL FORM DOES NOT BIND THE PROPOSER OR THE INSURER TO COMPLETE THIS INSURANCE

The undersigned declares that the statement and particulars in this proposal form are true and that no material facts have been misstated or suppressed after enquiry. The undersigned agree that should any of the information given by us alter between the date of this proposal and the inception date of the insurance to which this proposal relates, the undersigned will give immediate notice thereof. The undersigned agrees that this proposal, together with any other information supplied by us shall form the basis of any contract of insurance effected thereon.

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 ABOVE IS FULLY AWARE OF THE SCOPE OF THIS INSURANCE SO THAT THESE QUESTIONS CAN BE ANSWERED CORRECTLY. IF IN DOUBT PLEASE CONTACT THE BROKER SINCE NON-DISCLOSURE MAY AFFECT AN ASSURED'S RIGHT OF RECOVERY UNDER THE POLICY.

IMPORTANT NOTICE

ANTI - MONEY LAUNDERING

Under Republic Act No. 9160, otherwise known as the Anti-Money Laundering of 2001, as amended by Republic Act No. 9194 and pertinent regulations and circulars issued by the Insurance Commission, all insurance companies are required to satisfactorily establish the identities of its customers. Consequently, FPG Insurance Company, Inc. reserves the right to not accept and process any application for insurance if the customer fails to provide sufficient evidence to establish his/her identity.

"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:

- 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
- 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.