

Chubb Assembly

Public/Product Liability, Manufacturers E&O Liability and Cyber Enterprise Risk Management

Proposal Form



For the purposes of this proposal form, “we”, “us”, “our” and “Chubb” means Chubb Insurance Singapore Limited.

Important Notices to the Applicant

You must fully and faithfully disclose all facts which you know or should know in respect of your application for insurance. Otherwise, the policy may be void.

1) Your Duty of Disclosure

Before you enter into a contract of general insurance with an insurer, you have a duty under the law to disclose to the insurer every matter within your knowledge that is material to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms. If you are unsure whether a matter is material, you should disclose it. You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of general insurance.

It is important that all information contained in this application is understood by you and is correct, as you will be bound by your answers and by the information provided by you in this application. You should obtain advice before you sign this application if you do not properly understand any part of it. Your duty of disclosure continues after the application has been completed up until the contract of insurance is entered into.

2) Non-Disclosure

If you fail to comply with your duty of disclosure, the insurer may have the option of avoiding the contract of insurance from its beginning. If your non-disclosure is fraudulent, the insurer may also have the right to keep the premium that you have paid.

3) Claims Made Contract

Subject to its terms and conditions, the policy will cover your legal liability for any claim:

- First made by you during the policy period;
- Resulting from any circumstance of which you become aware during the policy period which may give rise to a future claim against you, provided you immediately inform us in writing of such circumstances within the policy period.

4) Change of Risk or Circumstances

You should advise the insurer as soon as practicable of any change to your normal business as disclosed in this application, such as changes in business activities, location, acquisitions and new overseas activities.

5) Subrogation

Where you have agreed with another person or company (who would otherwise be liable to compensate you for any loss or damage which is covered by the contract of insurance) that you will not seek to recover such loss or damage from that person, the insurer will not cover you, to the extent permitted by law, for such loss or damage.

Instructions to the Applicant

Completing the Proposal Form:

- Please note that this proposal form is being completed by the Applicant on behalf of all the Named Insureds to be covered and as defined in the policy. Whenever used in this proposal form, the terms 'You' and 'Your' shall mean the Named Insured and all of its Subsidiaries.
- Please read the Important Notices on pages 1 - 2.
- Please answer all questions. If you have insufficient space to complete any of your answers, please attach a separate signed and dated sheet and identify the question number concerned.
- For all words in BOLD Green, please refer to definition in Glossary.

I. Company Information

Applicant: (please also list all subsidiary companies and your parent company, if applicable)

Principal Address (Street, City & Country): *please attach list of locations, if more than one*

Year Established		Website URL	
Do you have a subsidiary, affiliate or representative office in the USA/ Canada?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the below details.		
Name of Company		USA Address	
Number of Employees		Business Nature in USA	

II. Turnover

Please indicate the Limit of Insurance for which you would like to receive a quote (US\$)

Public Liability _____

Product Liability _____

First and Third-Party Recall Expense Yes No

If yes, please indicate the required Limit of Insurance _____

a. Please give details of **products for which this insurance is required** with the respective annual turnover (**in US\$**) for each of the following regions:

USA/Canada

Products	Estimated Forthcoming Year	Current Year	First Prior Year	Second Prior Year
	\$	\$	\$	\$
	\$	\$	\$	\$

Europe, Australia & New Zealand

Products	Estimated Forthcoming Year	Current Year	First Prior Year	Second Prior Year
	\$	\$	\$	\$
	\$	\$	\$	\$

Domestic & Rest of the World

Products	Estimated Forthcoming Year	Current Year	First Prior Year	Second Prior Year
	\$	\$	\$	\$
	\$	\$	\$	\$

Is the turnover declaring the total company sales turnover? Yes No

If No, please provide the following details about the declared turnover.

Products Insured	Name of Buyer	Estimated Forthcoming Period (US\$)	Actual Expiring Period (US\$)

(Please continue on a separate sheet of paper, if insufficient space)

III. Activities

1. Business Activities

Please provide a clear description of the insured products and services, including all work performed by subsidiary companies:

a. How many years have you been manufacturing/ producing this product(s)?

b. Please confirm if your products are:

- End Products
 Components, please advise the application for the end product

c. What percentage of your product are:

- Designed by you only _____ %
 Designed and Manufactured by you _____ %
 Manufacture to customer specification _____ %
 Others _____ %

2. Acquisitions

Have you made any acquisitions in the past 3 years?

- Yes No

If **Yes**, please provide a description including details of any past liabilities you acquired.

3. Financial Results

Over the past 4 years, how many years did you post a positive net income

- 0 1 2 3 4

IV. Quality Controls

1. Do you have a written and formalised quality control program?

- Yes No

2. Do you have a formal procedure for documenting problems, downtime, and responding to customer complaints and feedback?

- Yes No

3. What industry standards do you work with in the delivery of your products and services? Please list below.

ISO9001 Member of ICTI GMP HACCP Others (please specify)

4. If you manufacture or have a third-party manufacture on your behalf, do you, or a third-party manufacturing on your behalf, have quality control procedures such as: <ul style="list-style-type: none"> • Written and formalised quality control plan or programme • Production design sign o- acceptance and sign o- procedures for statements of work or contracts • Prototype development protocols • Batch testing 	<input type="checkbox"/> Yes <input type="checkbox"/> No
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5. Do you have a Product Recall Plan or Procedures in place? If yes, please provide details or copy of procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No
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6. Are generic notification letters, media alerts or safety hazard notices prepared and/or available for delay-free implementation in the event of a recall?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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7. Are all products coded by date, batch, company and product type?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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8. Please describe your typical batch size	<input type="checkbox"/> Less than US\$50,000 or 1,000 units <input type="checkbox"/> Between US\$50,000 and US\$500,000 or 5,000 units <input type="checkbox"/> More than US\$500,000 or 5,000 units
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9. Are deliveries of raw material, components or products done on a regular basis (weekly, monthly etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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10. Do you maintain distribution, sales and inventory control record for a minimum of ten (10) years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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11. How much inventory do you keep on site for normal production runs?	_____ weeks
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12. Do you operate or publish a consumer complaint service or hotline?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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13. Please advise mode of sales distribution:	<input type="checkbox"/> Direct to Public <input type="checkbox"/> Third Party Sales <input type="checkbox"/> Field Sales (Sales Reps) <input type="checkbox"/> E-Commerce <input type="checkbox"/> Wholesales <input type="checkbox"/> Others
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V. Manufacturing Error and Omission

Do you require cover for Manufacturing Error & Omission Yes No

If Yes, please complete the following and indicate the required Limit of Insurance (US\$) _____

If No, please go to question VI.

Contract and Risk Management

1. Please detail your five largest contracts in the past three years.

Client Name	Nature of Work Description	Total Contract Value
		\$
		\$
		\$
		\$
		\$

2. Please provide copies of your standard and largest sales, service and license contracts, agreements, or purchase orders.

<input type="checkbox"/> Standard and Written	% of the time	<input type="checkbox"/> Custom Contract	% of the time
<input type="checkbox"/> Purchase Order	% of the time	<input type="checkbox"/> Verbal Contract	% of the time
<input type="checkbox"/> Invoice	% of the time	<input type="checkbox"/> Other	% of the time

3. What is the value of your average contract, agreement or purchase order? (US\$)

4. Do you negotiated contracts or agreements in which you accept liability for consequential damages, except Intellectual Property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	% of the time
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5. Do all your contracts or agreements limit your liability to the cost of your product or service?

Yes No

6. Do you perform legal review of all standard contracts and marketing materials prior to release?

Yes No

7. What percentage of contracts do you cap your liability?

Below contract value	%	At contract value	%	More than contract value	%
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Subcontractors and Suppliers

1. What percentage of your annual turnover will be subcontracted to others

%

2. Please describe the work that you subcontract to others:

3. Do you require subcontractors and suppliers to carry product liability?

Yes No

4. Do you maintain full subrogation rights against your subcontractors and suppliers?

Yes No

Consequential Loss

1. Please select the likely result of a failure of your products or services or delay in their implementation. *Choose all that apply.*

<input type="checkbox"/> Loss of life or injury	<input type="checkbox"/> Immediate and large financial loss	<input type="checkbox"/> Damage or destruction of property
<input type="checkbox"/> Minor disruption or delayed impact	<input type="checkbox"/> No disruption	

Please provide detail for any selected items above:

VI. Cyber Enterprise Risk Management

Do you required cover for Cyber Enterprise Risk Management Cover

Yes No

If Yes, please complete the following and indicate the required Limit of Insurance (US\$) _____

If No, please go to question VII.

Data Privacy

1. How many **Sensitive Records** of unique individuals or organisations are stored or transmitted on your computer system?

%

2. Which of the following types of **Sensitive Records** do you store, process, transmit or otherwise have responsibility for securing?

a. Personally Identifiable Information (PII) Records	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Credit card numbers, debit card numbers or other financial account numbers	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Healthcare or medical records	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. Is any payment card information processed in the course of your business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If Yes , please indicate the level of PCI DSS compliance	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Not Compliant
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Intellectual Property and Media

1. Do you Maintain Forums or Social Media	<input type="checkbox"/> Yes - Active Management <input type="checkbox"/> Yes - Passive Management <input type="checkbox"/> No
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2. Do you have Clearance Procedures for any publication	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Data and Information Security

1. Which of the following have you (or your provider, if outsourced) implemented to help protect information and systems from a **Data Breach** or a **Cyber Incident**?

Governance	Protections	Business Continuity
<input type="checkbox"/> Dedicated staff member governing data	<input type="checkbox"/> Firewalls & Antivirus	<input type="checkbox"/> Business continuity plan
<input type="checkbox"/> Dedicated staff member governing IT	<input type="checkbox"/> Vulnerability scans	<input type="checkbox"/> Disaster recovery program
<input type="checkbox"/> Formal privacy policy approval by legal counsel	<input type="checkbox"/> Advanced Endpoint Protection	Data Backups: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Less than weekly
<input type="checkbox"/> Ongoing staff training on cyber-related matters	<input type="checkbox"/> Intrusion Detection Systems	Critical System Backups <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Less than weekly
<input type="checkbox"/> Maintain compliance with all applicable privacy regulations, including GDPR	<input type="checkbox"/> Encryption of data in transmission	<input type="checkbox"/> Backups stored in an offline environment and not connected to the rest of your network(s)
<input type="checkbox"/> Regularly tested cyber incident response plan	<input type="checkbox"/> Encryption of data in at rest and in backups	<input type="checkbox"/> Duplication/redundancy of critical systems in an offline environment
<input type="checkbox"/> Security vulnerability	<input type="checkbox"/> Multi-factor authentication	Estimated hourly Business Interruption Cost: US\$ Estimated hourly Business Interruption cost of Cloud Service Provider: US\$_
<input type="checkbox"/> Use of Threat Intelligence	<input type="checkbox"/> External penetration testing at least annually	
<input type="checkbox"/> Access Management	<input type="checkbox"/> Software patches and updates	
Other, please describe		

Systems

1. **Criticality of Information Systems** - please describe the systems on which you depend most to operate your business (including Outsourced Technology Providers), and the impact downtime of each would have.

IT Provider (if not outsourced, put "Internal")	IT Application or Activity	Recovery Time Objective			
		Immediate	>12 hours	>24 hours	Other
2. Do you perform assessments or audits to ensure third party technology providers meet your company's security requirements?					<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you waive your right of recourse against any of the providers listed above in the event of service disruption?					<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do Third Parties (Clients) rely on your network?					<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, is there segmentation between critical and non-critical systems?					<input type="checkbox"/> Yes <input type="checkbox"/> No

Operational Technology (OT) Exposure Information

1. Do the responses on the proposal form apply equally to operational / Shop floor technology as to information technology?

2. How is Operational Technology secured and patching maintained, Particularly, how is patch management implemented? Is any patching process tested outside of the operational environment before be deployed?

3. Are all production lines and their associated operational technology systems segmented from each other?

4. Are any operational technology systems or production line technology accessible via remote access? Are these systems connected to the internet at any time? If yes, was are the access controls for such connectivity and what additional security is applied around such access points?

5. Is a unique power supply and or back- up generators used for each production line How often are these backup systems tested and maintained?

6. If the production lines where stopped or impeded by malicious software who long would it take to reboot the lines and return to full production? What are the Recovery Time Objectives (RTO's) of the organisation?

7. What us the average value of any Work in Process (WIP) for a production month?

8. Highlight the redundancy processes that are in place to mitigate and operational technology / product line outage?

9. What are the access controls to the production line / operational technology systems? Is multi factor authentication required?

10. Do they have redundant rooms or facilities, capability to operate in isolation and are these centrally controlled or locally controlled?

VII. Limit of Insurance

1. Please provide details of your current insurance policies (if applicable) (US\$)

Coverage	Limit	Deductible	Premium	Insurer	Retroactive Date (MM/DD/YYYY)
Public and Product Liability	\$	\$	\$		n/a
Manufacturer Error and Omission	\$	\$	\$		
Cyber Enterprise Risk Management	\$	\$	\$		

VIII. Loss History

1. Have you ever experienced any actual or potential Public and Product Liability Claims, Recall Claims, **E&O Claims, Media Claims, Data Breaches, or Cyber Incidents** in the past three years?

Yes No

If **Yes**, please provide:

Description of any claims/incidents and date of occurrence:

Description of the financial impact:

Mitigating steps you've taken to avoid similar future events:

2. Are you aware of any notices, facts, circumstances, or situations which may give rise to any Public and Product Liability Claims, **E&O Claims, Media Claims, Data Breaches, or Cyber Incidents**?

Yes No

If **Yes**, please provide additional details:

3. Please advise if there has ever been any voluntary or mandatory recall of any of your products?

Yes No

If **Yes**, please provide additional details:

IX. Data Protection

In this Statement “We”, “Our” and “Us” means Chubb Insurance Singapore Limited (Chubb).

“You” and “Your” refers to Our customers and prospective customers as well as those who use Our Website. Chubb Insurance Singapore Limited (Chubb) is committed to protecting your privacy. To the extent that Chubb collects, uses, discloses and retains personal data, it does so in accordance with the Personal Data Protection Act 2012 and our own policies and procedures. Our Personal Data Protection Policy can be accessed on our website at <http://www.chubb.com/sg-privacy>.

We may disclose the personal data we collect to third parties for and in connection with such purposes, including contractors and contracted service providers engaged by us to deliver our services or carry out certain business activities on our behalf (such as actuaries, loss adjusters, claims investigators, claims handlers, third party administrators, call centres and professional advisors, including doctors and other medical service providers), other companies within the Chubb Group, other insurers, our reinsurers, and government agencies (where we are required to by law). These third parties may be located outside of Singapore.

You can write to Chubb’s Data Protection officer to access a copy of your personal data, correct or update your personal data or for any request to withdraw your consent. Chubb reserves the right to charge a reasonable fee to offset the administrative costs in complying with access requests:

Address: Chubb Data Protection Officer
138 Market Street
#11-01 CapitaGreen
Singapore 048946
E dpo.sg@chubb.com

X. Declaration

I/We (the undersigned):

- acknowledge that we have read and understand the Important Notices and Data Protection sections contained in this Proposal Form;
- agree that this proposal, together with any other information or documents supplied, shall form the basis of any resulting contract of insurance;
- acknowledge that if this application is accepted, the contract of insurance will be subject to the terms and conditions as set out in the policy wording as issued or as otherwise specifically varied in writing by Chubb;
- declare after enquiry that the statements, particulars and information contained in this application and in any documents accompanying this application are true and correct in every detail and that no other material facts have been misstated, suppressed or omitted;
- undertake to inform Chubb of any material alteration to those facts before completion of the contract of insurance

Name of Director, Officer, or Risk Manager

Signature

Date

Please enclose with this proposal form:

- Product Photos Lab Test Report in respect of product safety QC Certificate
 A copy of your standard contract template A copy of your largest active, non-standard contract

Glossary of Defined Terms

Advanced Endpoint Protection is a device or software that provides protects and monitors the endpoints on your network. Endpoints include desktop and laptop computers, tablets, mobile phones, servers, and any other device connected to your network.

Cyber Incident includes unauthorised access to your computer systems, hacking, malware, virus, cyber extortion, distributed denial of service attack, insider misuse, human or programming error, or any other cyber-related event.

Data Breach defined as “An incident where sensitive personal or corporate confidential information has been taken, lost, or viewed by an unauthorised party.”

An **E&O Claim** includes any failure of your product or service that’s provided to any of your customers, resulting in a financial loss.

Encryption is the method of converting data from a readable format to an encoded format. It can only become readable again with the associated decryption key.

An **Intrusion Detection System** is a device or software that monitors your network for malicious activity or policy violations.

Media Claim includes any claim for product disparagement, slander, trade libel, false light, plagiarism, or similar from your website or social media accounts.

PCI DSS stands for the Payment Card Industry Data Security Standard. This denotes the requirements that a company must comply with if they handle any payment card information.

Sensitive Records include health or medical records of employees or customers, government issued identification numbers, usernames and passwords, email addresses, credit card numbers, intellectual property, or any other personally identifiable information.

Threat Intelligence is information on current security threats, vulnerabilities, targets, bad-actors, and implications that can be used to inform security decisions.

About Chubb in Singapore

Chubb is the world's largest publicly traded property and casualty insurer. Chubb Insurance Singapore Limited, via acquisitions by its predecessor companies, has been present in Singapore since 1948. Chubb in Singapore provides underwriting and risk management expertise for all major classes of general insurance, including Property & Casualty, Marine, Liability, Financial Lines and Group Personal Accident insurance. As one of the leading providers of Accident & Health insurance through direct marketing, the company partners with financial institutions and other companies to tailor individual policies for their clients and employees. In addition, it offers a suite of customised Personal & Specialty insurance solutions to meet the needs of consumers.

Over the years, Chubb in Singapore has established strong client relationships by offering responsive service, developing innovative products and providing market leadership built on financial strength.

More information can be found at www.chubb.com/sg.

Contact Us

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