



Grand Trust Underwriters

Flat D, 10/F., World Trust Tower,
50 Stanley Street, Central, Hong Kong
<http://www.hkpli.com>

Educators' Liability Proposal Form

投保人資料 PROPOSER DETAILS	
公司名稱（與商業登記證相同）* Company Name (as on Business Registration)	
商業登記證號碼 Business Registration No.	
通訊地址* Correspondence Address	
聯絡人姓名及職位 Contact Person's Name and Title	
聯絡資料（請填寫最少一項）* Contact Information (Please fill in at least one)	流動電話 Mobile No. 公司電話 Office Tel 傳真號碼 Fax No. 電郵地址 Email
公司註冊國家 Country of incorporation	
公司註冊日期 Date of incorporation	
學生數目約有 今年 Approximate number of students the Proposer has:	今年 This year
	上年 Last Year



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投保所需資料 **ADDITIONAL DOCUMENT REQUIRED**

請提交以下文件：

- a) 投保公司最近一份年報包括已核數之財務報表及所有備註
- b) 投保公司的董事會和管理層之詳細資料，如年報已記錄除外
- c) 投保公司的法律或公司章程之副本
- d) 投保公司現正生效之 Educators' Liability policy 之副本

Please submit the following documents:

- a) Latest annual report including audited financial statements with all notes.
- b) Complete list of the Proposer's current board of directors and management, unless provided in the annual report.
- c) A copy of the Proposer's by-laws or articles of incorporation (or charter).
- d) A copy of the Proposer's current primary Educators' Liability policy

保險記錄 **INSURANCE HISTORY**

投保公司是否現正生效或曾生效 Association Liability, Educators' Liability or Directors and Officers Liability Insurance?

如沒有，請填寫僱員資料

Does the Proposer presently carry, or has the Proposer ever carried, Association Liability, Educators' Liability or Directors and Officers Liability Insurance?

If none, please move on to Employment Information.

	保險公司 Insure	保額 Limit	自付額 Excess	受保期 Policy Period
Policy Detail				

僱員資料 **EMPLOYMENT INFORMATION**

至今行政人員總數

Total number of Administrative Staff to-date:

至今全職教師總數

Total number of Full Time Faculty to-date:

至今兼職教師總數

Total number of Part Time Faculty to-date:

至今理事會總人數

Total number of Board of Governors to-date:



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至今信託人總數 Total number of Trustees to-date:		
至今其他僱員總數 Total number of all other employees to-date:		
過往兩年離職僱員總數 Total number of employees terminated in the last 2 years:		
受保公司是否有聘請和中止僱員之正式書面程序？ Does the Proposer have formal written procedures in relation to the employment and termination of employees?	Yes	No
有否對所有有意僱用之僱員進行背景調查？ Are background checks conducted on all potential employees?	Yes	No
是否根據背景調查結果提供聘約？ Is an offer for employment contingent upon such checks?	Yes	No
有否對所有現有僱員進行背景調查？ Are background checks conducted on current employees?	Yes	No
是否由教學組織之員工進行背景調查？ Are background checks conducted by the Teaching Organisation's employees? If No, please advise reason	Yes	No
過去 12 個月內有沒有任何僱員被停職，降級，解僱，掉職或終止合約？ Has any employee been suspended, demoted, dismissed, transferred or terminated within the last 12 months? If Yes, please advise reason	Yes	No



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<p>任何人，前僱員或求職者有否就聘用，非報酬晉升或終止就業，涉嫌受到不公正或不當待遇？</p> <p>Has any person, former employee or job applicant alleged unfair or improper treatment regarding employee hiring, non-remuneration advancement or termination of employment?</p> <p>If Yes, please advise reason</p>	Yes	No
<p>有否為停職，降級或不續約制定手則？</p> <p>Have any guidelines established relating to procedures for suspension, dismissal, or non-renewal of all employment contracts?</p>	Yes (Please attach copy)	No
<p>教學組織是否預計在未來十二（12）個月內減少教職員 / 講師或教授？</p> <p>Does the Teaching Organisation anticipate any reduction in teaching staff / instructor or professor in the next twelve (12) months?</p>	Yes	No
<p>教學組織是否定期舉辦研討會和 / 或製定有關預防，報告和調查歧視，性騷擾和虐待兒童的指引之準則？</p> <p>Does the Teaching Organisation conduct a regular seminar and / or establish guidelines related to preventing, reporting and investigating allegations of discrimination, sexual harassment and child abuse?</p>	Yes (Please attach copy)	No
過往記錄 PAST ACTIVITIES		
<p>投保公司，其董事，高級職員及/或任何其他受保人是否正接受任何監管機構或任何其各方之投訴，查詢，訴訟或聽證通知？</p> <p>Has the Proposer, its directors, officers and/or any other proposed Insured Persons for this insurance received any complaint, inquiry, suit or notice of hearing from any regulatory agency or any other parties?</p>	Yes	No
<p>投保公司或投保公司之任何計劃有否被拒絕認證，紀律或試用議案？</p> <p>Has there been any denial of accreditation, disciplinary or probationary action taken against the Proposer or any</p>	Yes	No



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program of the Proposer?		
<p>據您所知，投保公司，其董事，高級職員及/或任何其他受保人是否知道能就擬議保險可能引起索償的任何事實，情形，情況，事項或事件</p> <p>To the best of your knowledge, is the Proposer, its directors, officers and/or any other proposed Insured Persons aware of any facts, circumstances, situations, matters or events which may give rise to a claim under the proposed insurance?</p>	Yes	No
<p>如以上問題 a), b) 或 c) 之答案為是，請提供資料</p> <p>If any of the parts a), b) and c) above were answered YES, please provide further details.</p>		

The Policy for which you are applying is written on a claims-made and reported basis. Only claims first made against the Insured and reported to the Insurer during the Policy Period are covered subject to the Policy provisions.

The Limits of Liability stated in the Policy are reduced, and may be exhausted, by Claims Expenses. Claims Expenses are also applied against the Retention amount, if any. If you have any questions about coverage, please discuss them with your insurance agent.

Please answer all questions completely. If there is insufficient space to complete an answer, please continue on a separate sheet indicating the question number. This Application must be completed, signed, and dated by a president, officer, director or equivalent executive of the Educational Organization. If a Policy is issued, this Application will attach to and become part of the Policy, therefore, it is important that all questions are answered accurately. Please include all attachments referenced throughout the Application and complete any supplemental pieces referenced within the Application. Please type or print.

The information requested in this Application is for underwriting purposes only and does not constitute notice to the Insurer under any Policy of a Claim or potential Claim. All such notices must be submitted to the Insurer pursuant to the terms of the Policy, if and when issued.



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IMPORTANT NOTICES

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, on 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 any matter:

- 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;
- as to which compliance with your duty is waived by the Insurer.

It is important that all information contained in this proposal is understood by you and is correct, as you will be bound by your answers and by the information provided by you in this proposal. You should obtain advice before you sign this proposal if you do not properly understand any part of it.

Your duty of disclosure continues after the proposal has been completed up until the contract of insurance 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 is fraudulent, the Insurer may also have the option of avoiding the contract from its beginning.

Claims Made Contract

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

- first made against 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.



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The Policy will NOT cover your legal liability resulting from any claim, matter, occurrence or circumstance arising from any act, error or omission committed or alleged to have been committed of which you were aware before commencement of the Policy Period.

Change of Risk or Circumstances

You should advise Insurer as soon as practicable of any change to your normal business as disclosed in the Proposal, such as changes in location, acquisitions and new overseas activities. 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 Policy, that you will not seek to recover such loss or damage from that person, Insurer will not cover you, to the extent permitted by law, for such loss or damage.

DECLARATION

We acknowledge that we have read and understand the Important Notices contained in this proposal.

We agree that this proposal, together with any other information or documents supplied, shall form the basis of any contract of insurance.

We acknowledge that if this proposal 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 Insurer.

We declare after enquiry that the statements, particulars and information contained in this proposal and in any documents accompanying this proposal are true and correct in every detail and that no other material facts have been misstated, suppressed or omitted.

We undertake to inform Insurer of any material alteration to those facts before completion of the contract of insurance / insurance Policy Period (if applicable).

NOTICE TO APPLICANTS. PLEASE READ CAREFULLY

BY SIGNING THIS APPLICATION, THE APPLICANT WARRANTS TO THE COMPANY THAT ALL STATEMENTS MADE IN THIS APPLICATION AND ATTACHMENTS HERETO ABOUT THE APPLICANT AND ITS OPERATIONS ARE TRUE AND COMPLETE, AND THAT NO MATERIAL FACTS HAVE BEEN MISSTATED OR MISREPRESENTED IN THIS APPLICATION, SUPPRESSED OR CONCEALED. THE UNDERSIGNED AGREES THAT IF AFTER THE DATE OF THIS APPLICATION AND PRIOR TO THE EFFECTIVE DATE OF ANY POLICY BASED ON THIS APPLICATION, ANY OCCURRENCE, EVENT OR OTHER



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CIRCUMSTANCE SHOULD RENDER ANY OF THE INFORMATION CONTAINED IN THIS APPLICATION INACCURATE OR INCOMPLETE, THEN THE UNDERSIGNED SHALL NOTIFY THE INSURER OF SUCH OCCURRENCE, EVENT OR CIRCUMSTANCE AND SHALL PROVIDE THE INSURER WITH INFORMATION THAT WOULD COMPLETE, UPDATE OR CORRECT SUCH INFORMATION. ANY OUTSTANDING QUOTATIONS MAY BE MODIFIED OR WITHDRAWN AT THE SOLE DISCRETION OF THE INSURER.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. THE APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED BEFORE THE APPLICANT MAY BE BOUND AND A POLICY ISSUED. THE APPLICANT AGREES THAT THIS APPLICATION, IF THE INSURANCE COVERAGE APPLIED FOR IS WRITTEN, SHALL BE THE BASIS OF THE CONTRACT WITH THE INSURANCE COMPANY, AND BE DEEMED TO BE A PART OF THE POLICY TO BE ISSUED AS IF PHYSICALLY ATTACHED THERETO. THE APPLICANT HEREBY AUTHORIZES THE RELEASE OF CLAIMS INFORMATION FROM ANY PRIOR INSURERS TO ACE AMERICAN INSURANCE COMPANY, ILLINOIS UNION INSURANCE COMPANY, WESTCHESTER FIRE INSURANCE COMPANY, OR WESTCHESTER SURPLUS LINES INSURANCE COMPANY.

This Application shall be maintained on file by the Insurer, shall be deemed attached as if physically attached to the proposed Policy, and shall be considered as incorporated into and constituting a part of the proposed Policy.

This Application must be reviewed, signed and dated by a president, officer, director or equivalent executive of the applicant educational organization.

By: _____

Please Print or Type Name: _____

Title: _____ Date: _____