



Association Liability Insurance
Instant application form



IMPORTANT NOTICE:

If your consolidated total annual income is more than S\$20,000,000, you are not eligible for this Association Liability offer. Please contact your insurance intermediary for separate underwriting.

SECTION 1: POLICY COVERAGE AND PREMIUM TABLE (Figures listed below are in Singapore Dollars)

POLICY BENEFIT (Insuring Clauses)	SUB-LIMIT
INSURING AGREEMENT	
1.1 Insured Person Cover	Full Limit
1.2 Association Reimbursement Cover	Full Limit
1.3 Association Breach of Professional Duty (PI)	Full Limit
EXTENSIONS	
2.1 Continuous Cover	Not Available for New Business
2.2 Estate Extension	Full Limit
2.3 Loss Mitigation	\$100,000
2.4 Defamation – Applicable to Insuring Agreement 1.3 only	Full Limit
2.5 Fair Trading Act – Applicable to Insuring Agreement 1.3 only	Full Limit
2.6 Dishonest and Fraud – Applicable to Insuring Agreement 1.3 only	Full Limit
2.7 Loss of Documents – Applicable to Insuring Agreement 1.3 only	\$100,000
2.8 Quasi Judicial – Applicable to Insuring Agreement 1.3 only	\$100,000
OPTIONAL EXTENSIONS	
3.1 Extended Reporting Period—at 75% of expiring annual premium	Full Limit
3.2 Outside Positions	Full Limit

POLICY CONDITIONS	
Retroactive Date	Unlimited
Continuity Date	Policy Inception Date
Territory/Jurisdiction	Worldwide/Worldwide excluding USA & Canada
Period of Insurance	12 Months
Defence Costs	Part of the Limit of Liability (via endorsement 1)
Employment Practice Liability Extension Cover	\$150,000 sub-limit (via endorsement 2)
Fidelity Cover	\$50,000 sub-limit (via endorsement 3)

POLICY EXCESS	
Insured Person Cover	Nil
Association Reimbursement Cover	\$2,500
Association Breach of Professional Duty (PI)	\$5,000
Employment Practice Liability Extension Cover	\$10,000
Fidelity Cover	\$10,000

PREMIUM TABLE – Not for Profit or Professional Associations only

Revenue (based on past 12 months income)	Limit of Liability	Premium (excludes prevailing GST)	Please tick option (based on your revenue band)
Up to \$2,500,000	\$1,000,000	\$1,200	<input type="radio"/>
	\$2,000,000	\$1,560	<input type="radio"/>
\$2,500,001 to \$5,000,000	\$1,000,000	\$ 1,350	<input type="radio"/>
	\$2,000,000	\$ 1,760	<input type="radio"/>
\$5,000,001 to \$7,500,000	\$1,000,000	\$ 1,500	<input type="radio"/>
	\$2,000,000	\$ 1,950	<input type="radio"/>
\$7,500,001 to \$10,000,000	\$1,000,000	\$ 1,650	<input type="radio"/>
	\$2,000,000	\$ 2,150	<input type="radio"/>
\$10,000,001 to \$15,000,000	\$1,000,000	\$ 2,000	<input type="radio"/>
	\$2,000,000	\$ 2,600	<input type="radio"/>
\$15,000,001 to \$20,000,000	\$1,000,000	\$ 2,250	<input type="radio"/>
	\$2,000,000	\$ 3,000	<input type="radio"/>
25% Premium Loading applies on the above rates for Leisure Recreation Club or Non-Competitive Sporting Club			

SMART BUSINESS ESSENTIALS – VALUE-ADDED COVERAGE

AUTOMATIC COMMERCIAL LEGAL EXPENSE INSURANCE (CLEI)

Covers the association for commercial legal expense brought by or against them from Commercial Contract Disputes, Employment Disputes, and Data Protection.

- Sub-limit of \$500,000 in respect of this cover
- \$5,000 policy excess and 20% co-insurance applies in respect of this cover
- Minimum sum in dispute of \$10,000 for Commercial Contract Disputes
- Territorial limitation is Singapore in respect of this cover
- A separate policy schedule and policy wording will be issued to reflect this cover
- This cover is underwritten by Delta Underwriting on behalf of Antares Lloyd's Syndicate 1274

AUTOMATIC FAMILY LEGAL EXPENSE INSURANCE (FLEI)

Covers 3 nominated individuals of your association for personal legal expense brought by or against them from Consumer Contract Disputes, Criminal Prosecution, Employment Disputes, Property Disputes, and Personal Injury.

- Sub-limit of \$50,000 in respect of this cover for each nominated individual
- Nil policy excess and Nil co-insurance applies in respect of this cover
- Minimum sum in dispute of \$10,000 for Consumer Contract Disputes
- Territorial limitation is Singapore in respect of this cover
- A separate policy schedule and policy wording will be issued to reflect this cover
- This cover is underwritten by Delta Underwriting on behalf of Antares Lloyd's Syndicate 1274
- This policy is for the benefit of employees of the Named Insured only and will only respond to their personal activities and NOT to any commercial activities. The Coverage will only be effected when the Full Name/Address/E-Mail address of the 3 employees (same as the ones under Percy if coverage is offered) are provided to Delta Underwriting upon policy binding.

AUTOMATIC PERSONAL CYBER PROTECTION INSURANCE (PERCY)

Covers 3 nominated individuals (same nominees under FLEI) of your association for personal cyber protection from unauthorised online transactions cover and Mobile Banking Protection. Includes DynaRisk Risk Management Tool to assess individual personal cyber security score and data monitoring of registered mobile phone number, email addresses and credit card numbers.

- Sub-limit of \$2,000 in respect of this cover for each nominated individual
- \$100 policy excess for any one claim
- Territorial and Jurisdiction limitation is Singapore in respect of this cover
- This cover is only for the benefit of individual's personal activities and does not extend to any commercial activities.
- A separate policy schedule and policy wording will be issued to reflect this cover
- This cover is underwritten by Delta Underwriting on behalf of Tokio Marine Kiln Lloyd's Syndicate 0510
- This policy is for the benefit of employees of the Named Insured only and will only respond to their personal activities and NOT to any commercial activities. The Coverage will only be effected when the Full Name/Address/E-Mail address of the 3 employees (same as the ones under FLEI if coverage is offered) are provided to Delta Underwriting upon policy binding.

SECTION 2: UNDERWRITING CRITERIA

Important Notice: You are only eligible for this Association Liability offer should your organization satisfies all the underwriting criteria listed below:

1. Your Organization (including your subsidiaries) is a Not for Profit Entity, Professional Body, Leisure Recreation Club or Non-Competitive Sporting Club;
2. Your Organization's income is derived within Singapore only;
3. Your Organization and subsidiaries (if any) are domiciled in Singapore only;
4. Your Organization does not have more than 5 operating locations;
5. Your Organization does not have more than 50 employees;
6. You Organization is able to meet Debts as they fall due.
7. A two factor verification (ie. Email + phone call or txt etc) with the party You intent to pay is required if a payment is made to any new payee or new bank account where the amount is in excess of \$5,000.
8. A segregation of operations is in place so that one person cannot control any function from start to finish without referral to another person.
9. Any changes to existing payees bank account numbers requires verification by another means of communication.
10. Your Organization has not had any legal proceedings to which this Association Liability insurance would apply during the last five years and you are not aware of any known claims or circumstances that might give rise to a claim; and
11. Your Organization does not fall within the following industries: Financial Institution, Financial Advisers, Mortgage Broker, Casino, Legal Advisors, Lawyers, Security Services, Cash Carrier, Retail with more than 150 employees, High Value Retail, Government Authority, Hospital, Hotel/Restaurant/Bar, Pawn Shop, Property Manager, Employment Agency, Parking Services and Prison Services.

SECTION 3: APPLICANT DETAILS

1. Named Insured: (including all names and subsidiaries to be covered):
2. Full address of proposer:
3. Website address:
4. Organization Nature: (select from the following options)
 Not For Profit Entity Professional Body Leisure Recreation Club Non-Competitive Sporting Club
5. Organization Activities:
6. Number of Employees:

7. Annual Income for last 12 months: SGD\$
8. Policy Start Date (must not be before the date of this application):
9. The Full Name/Email Address/Residential Address of the 3 individuals for the FLEI and Percy coverage to be provided via the link <https://forms.office.com/r/83EdApdXNc> upon policy binding.

SECTION 4: DECLARATION

On behalf of all proposed Applicants I/We declare and agree that all information provided in this proposal or attachments is true and correct in every respect and that all information that may be material in considering this proposal form has been fully and accurately disclosed to Delta Underwriting Private Limited in writing in a manner which would not mislead a prudent insurer.

Statement pursuant to Section 23(5) of the Insurance Act 1996 (2020 Revised Edition) or any amendments thereof; I/We agree that this declaration shall be the basis of and incorporated in the insurance contract and that the insurance contract may be avoided (amongst other things) if I/we fail to disclose in this application, fully and faithfully, all the facts which I/we know or ought to know.

I/We undertake to inform Delta Underwriting Private Limited of any material alteration to the above information whether occurring before or after the completion of this insurance contract. I/We understand that:

- (a) I/We am/are obliged to advise Delta Underwriting Private Limited of any information which may be material to its consideration of this application. This information includes all information I/We know (or could reasonably be expected to know) which could influence the judgement of Delta Underwriting Private Limited whether or not to accept this application and (if accepted) on what terms, including cost and otherwise.
- (b) Failure to provide this information may result in Delta Underwriting Private Limited refusing to provide the insurance.
- (c) I/We have certain rights of access to and correction of this information.
- (d) I/We consent to Delta Underwriting Private Limited collecting, using, processing and disclosing my personal data in accordance with the Delta Underwriting Private Limited's Privacy Notice at www.deltaunderwriting.com including disclosing my/our personal data to Delta Underwriting Private Limited's third party service providers and agents and transferring my/our personal data outside of Singapore. If I/we have provided or will provide information to Delta Underwriting Private Limited about any other individuals, I/we confirm that I/we are authorised to disclose their personal data and give this consent on both my/our and their behalf.

Full name & title of individual:

Signature of Policyholder:

Date:

IMPORTANT NOTE:

Please note cover will only commence when you have received written confirmation from Delta Underwriting. This offer document is a summary of cover only. Cover is subject to the full terms, conditions and exclusions in the respective policy wording which is available upon request.