



# American Home Assurance Company Singapore



## Professional Coaches Professional Liability (ICF Members Only)

Name of Insured:	
Address:	
Web Site:	

**STEP 1 - Based on the Projected Fee Income of the Insured for the Current Year - Tick (✓) the box that indicates the Premium of the Limit of Liability required**

All figures in SGD	Limit of Liability (Any One Claim / In The Aggregate)				Retention (Each & Every Claim)
	100,000	250,000	500,000	1,000,000	
<b>Fee Income</b>					
up to 100,000	800 + GST <input type="checkbox"/>	1,000 + GST <input type="checkbox"/>	1,500 + GST <input type="checkbox"/>	2,300 + GST <input type="checkbox"/>	5,000
100,001 to 200,000	950 + GST <input type="checkbox"/>	1,200 + GST <input type="checkbox"/>	1,750 + GST <input type="checkbox"/>	2,600 + GST <input type="checkbox"/>	5,000
200,001 to 300,000	1,100 + GST <input type="checkbox"/>	1,400 + GST <input type="checkbox"/>	2,000 + GST <input type="checkbox"/>	2,900 + GST <input type="checkbox"/>	5,000
300,001 to 400,000	1,250 + GST <input type="checkbox"/>	1,600 + GST <input type="checkbox"/>	2,250 + GST <input type="checkbox"/>	3,200 + GST <input type="checkbox"/>	5,000
400,001 to 500,000	1,400 + GST <input type="checkbox"/>	1,800 + GST <input type="checkbox"/>	2,500 + GST <input type="checkbox"/>	3,500 + GST <input type="checkbox"/>	5,000

**(Note: If Limit of Liability of more than 1,000,000 is required, please contact the Underwriters)**

**STEP 2 - Confirmation of the Insured's status**

I/We confirm that the Insured:

- Does NOT have domiciled operations or derived revenue from USA, Canada or Australasia Yes  No
- And any partner, director or principal after inquiry, is NOT aware of any claims ever been made against the Insured or their predecessors in business or any of the present or former partners, directors or principals? Yes  No
- And any partner, director or principal after inquiry, is NOT aware of any circumstances or occurrences that may give rise to a claim against the Insured or their predecessors in business or any of the present or former partners, directors or principals? Yes  No
- Is a member of ICF? Yes  No

**(Note: If your answer is "No" to any of the above, please proceed to complete the standard "Specified Professions Proposal Form")**

**STEP 3 - Sign the Declaration**

I/We declare that the statements and particulars in this application/ proposal are true and that no material facts have misstated, misrepresented or suppressed after enquiry. I/ We agree that this application/ proposal, together with any other information supplied by me/ us shall form the basis of any contract of insurance effected between the Insurer and me/ us. I/ We undertake to inform the Insurer of any material alteration to those facts occurring before the renewal / completion of the contract of insurance.

Signature and Date: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Company Stamp: \_\_\_\_\_