

QBE Professional Indemnity Proposal Form Accountants



QBE Insurance (Malaysia) Berhad Registration No: 198701002415

(Part of QBE Insurance Group)
(Licensed under the Financial Services Act 2013 and regulated by Bank Negara Malaysia)
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IMPORTANT NOTICES

- Pursuant to Paragraph 4(1) of Schedule 9 of the Financial Services Act 2013, if you are applying for this insurance for a purpose related to your trade, business or profession, you have a duty to disclose any matter that you know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied and any matter a reasonable person in the circumstances could be expected to know to be relevant, otherwise it may result in avoidance of your contract of insurance, refusal or reduction of your claim(s), change of terms or termination of your contract of insurance.
- The above duty of disclosure shall continue until the time your contract of insurance is entered into, varied or renewed with us.
- You also have a duty to tell us immediately if at any time after your contract of insurance has been entered into, varied or renewed with us any of the information given in this Proposal Form is inaccurate or has changed.

QBE Agency No.: QBE Agency Name:

PERIOD OF INSURANCE

From To (dd/mm/yyyy)

A. PARTICULAR OF PROPOSER

Salutation: Mr Ms Miss Others (please specify)

Name of Proposer

Correspondence Address

Postcode City

State Country

Contact Number Email

Occupation (if more than one please state all)

1. Personal Details (For Consumer Contract)

Gender Male Female Marital Status Married Single Divorced/ Widowed

Identification Number New NRIC Passport Military IC Others

Handphone Number Nationality

Date of Birth (dd/mm/yyyy) Tax Identification No.

2. Business Details (For Non-Consumer Contract)

Tax Identification No. Business Registration No.

SST Registration No. Tel No. (Office)

Trade or profession or nature of business

How long has the business been established?

Clear 1

B. YOUR DETAILS

1. Full name of all entities to be insured
2. Your principal address
 Postal Code
3. Address(es) of branch offices or other locations
 Postal Code
4. Date on which your practice was established
5. Has your practice been continuously in business since establishment? Yes No
If NO, please provide details.

C. MANAGEMENT AND STAFF

1. Please provide the following details

Name of Partner, Principal, Director	Age	Qualification	Date Qualified	Period Practicing as Partner, Principal or Director	
				This Practice	Previous Practice

Please append resume of your management (partner, principal or director) outlining their relevant professional experience if the practice been in operation for less than 3years.

2. Please provide the total number of:
- a. Professionally Qualified Staff
- b. Other Skilled and Technical Staff
- c. Non-Technical (Administrative) Staff
- d. Other Staff (Please specify)

D. DETAILS OF PRACTICE

1. Has the name of your practice ever been changed? Yes No
2. Has any other practice or business amalgamated or merged with your practice? Yes No
3. Have you purchased any other practice or business? Yes No
If you have answered YES to either C1, C2 or C3 please provide details.
4. Does the practice undertake work for any firm, company or organization in which any partner, principal or director holds a position whereby he is able to make major policy decisions on behalf of such firm, company or organization? Yes No
If YES, please provide details.
5. Please list the professional bodies or associations to which you and/or your practice belong.

D. DETAILS OF PRACTICE (Continuation)

6. Please categorise your activities or business conducted and indicate the approximate percentage of your fee income derived from each activity.

Type of Activity	Current Year (%)	Forthcoming Year (%)
(a) Audit		
(i) Public Companies		
(ii) Private Companies		
(b) Accounts Preparation/ Book Keeping		
(c) Payroll		
(d) Tax Advice		
(i) Public Companies		
(ii) Private Companies		
(iii) Individuals		
(e) Directorships/Secretarial Positions		
(f) Insolvencies, Liquidations & Receivership		
(g) Executorship And Trusteeship		
(h) Corporate Financing		
(i) Merger And Acquisitions		
(j) Management Consulting		
(k) Others (Please elaborate)		
	100%	100%

7. Have you undertaken any other activities in the past for which cover is required? Yes No
 If YES, please provide details.

8. Do you or have you done any work or given any advice to financial institutions? Yes No
 If YES, please provide details.

9. Do all instruments issued for the operation of bank account(s) bear at least two signatures where the amount of such instrument exceeds RM10,000? Yes No
 If NO, what checks do you have in place?

10. Does your practice have a system in place for ensuring that time limits and critical dates are met? Yes No
 If NO, how do you keep track of such time limits and critical dates?

11. Do you have a standard letter of engagement outlining your duties and the respective clients' responsibilities? Yes No

12. Do you have a standard disclaimers or warranties that you use/apply with all advice? Yes No
 If you have answered NO to either C11 or C12, how do you outline your duties and responsibilities to the client?

D. DETAILS OF PRACTICE (Continuation)

13. Please provide a brief description and fees of the five (5) largest contracts(in terms of contract value) undertaken over the past five (5) years:

Client	Brief Description	Type of Work	Fees

14. Do you engage consultants, sub-contractors or agents? Yes No

15. What percentage of your work is subcontracted out? %

16. What is the nature of the work undertaken by them?

17. Do you perform work outside of Malaysia? Yes No

If YES, please provide locations and details of work.

18. Do you envisage any substantial changes in your activities or are there any major new operations contemplated for the next 12 months? Yes No

If YES, please provide details.

E. FINANCIALS

1. Please provide your total income/fees for the following:

Currency <input type="text"/>	Malaysia	Others
Estimate For Next Financial Year	<input type="text"/>	<input type="text"/>
Current Financial Year Estimate	<input type="text"/>	<input type="text"/>
Last Financial Year	<input type="text"/>	<input type="text"/>

2. Please provide the approximate percentage of your activities (based on fee income) derived from clients based in the following country/regions:

Country/Region	Malaysia	Asia	USA/Canada	Others (Please specify)
Percentage of Total Income (100%)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

F. CLAIMS

1. Has any partner, principal, director or employee ever been subject to disciplinary proceedings for professional misconduct? Yes No

If YES, please provide details.

2. Has any claim been made, or has any civil liability been alleged in the last ten (10) years against you, your practice or any of its predecessors in business or any prior practice of any of their present or former partners, principals or directors, or have circumstance been notified to insurers that might give rise to a claim? Yes No

If YES, please provide the following details in respect of each matter on your company's letterhead and attach

- Date of Claim made
- Name of Insurer (if any)
- Name of Claimant or Potential Claimant
- Brief Description of Matter and latest update
- Amounts (If any) of Claim Paid and Estimated Outstanding amounts
- Is Matter Finalised or Outstanding and when was the last update?
- What actions have been undertaken to prevent a recurrence of the situation which gave rise to each claim?

3. Are there any circumstances not already notified to Insurers which may give rise to a claim against you? Yes No

If YES, please provide the following details in respect of each matter on your company's letterhead and attach

- Name of Claimant or Potential Claimant
- Brief Description of Matter
- Estimate of Potential Liability

G. PREVIOUS INSURANCE COVER

1. Does your practice presently carry, or has your practice ever carried professional indemnity insurance? Yes No

If YES, please provide details.

Insurer:

Expiry Date:

Limit of Indemnity:

Deductible:

2. Has your practice or any partner, principal or director ever been refused this type of insurance, or had similar insurance cancelled, or had an application of renewal declined, or had special terms imposed? Yes No

If YES, please provide details.

H. INSURANCE COVER REQUESTED

Limit of Indemnity Required

Deductible / Excess Required

I. DECLARATION AND SIGNATURE

(i) Privacy Statement -

I understand that the personal data provided to purchase the above insurance will be used by QBE Insurance (Malaysia) Berhad to facilitate the performance of the function as an insurance company. I allow QBE Insurance (Malaysia) Berhad to collect, use and disclose my personal data to selected third parties in or outside Malaysia, in accordance with Privacy Policy Statement which is posted at our website www.qbe.com/my.

Yes

No

(ii) I/We do hereby declare that

1. I/We understand that it is my/our duty to take reasonable care not to make a misrepresentation in answering the questions in this Proposal Form and I/we hereby declare that I/we have fully and accurately answered the questions above.
2. I/we will accept the terms, exclusions and conditions which will be set out in the policy to be issued.
3. The liability of the Company does not commence until the application has been accepted.

Yes

No

(iii) I/We further agree that QBE Insurance (Malaysia) Berhad and/or its holding company can share and use my/our data and personal information for the purpose of promoting the Company's and/or its holding company's products, new services and support requirement; and marketing campaigns and activities and commercial transitions.

Yes

No

Signature of Applicant

Date

(dd/mm/yyyy)

Name Of Applicant

Name of Intermediary

Business Address & Telephone no.

J. DECLARATION BY AGENT / BROKER / OFFICER (STAFF OF INSURANCE COMPANY)

- 1) In compliance with the Anti-Money Laundering, Anti-Terrorism Financing and Proceeds of Unlawful Activities Act 2001, I hereby certify that the Applicant's original NRIC/Passport/Business Registration Certificate was verified and authenticated by me at the point of sales.
- 2) I/We have recommended this product being purchased by the proposer, based on the information disclosed and other relevant information which are made available to me/us. I/We have taken reasonable steps to ensure the advice is suitable to the customer for the purpose of insurance coverage.

Name

NRIC No.

Signature &
Company Stamp

Date

(dd/mm/yyyy)