

# QBE Professional Indemnity Proposal Form Solicitors & Lawyers



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?

**B. DETAILS OF APPLICANT**

- Full name of all entities to be insured (including service, administrative or nominee companies and subsidiaries that you wish to be covered by this policy):  
(Hereinafter the applicant will be referred to as "You" or "Your")
- Your Principal Address
- Address(es) of branch offices or other locations
- Date on which the Practice was established  (dd/mm/yyyy)

**C. MANAGEMENT AND PERSONNEL DETAILS**

1. Please supply the following details:

Names of Partners, Principals and Directors	Age	Qualifications	Date Qualified	Period Practicing as Partner, Principal or Director	
				This Practice	Previous Practice

2. Please supply total numbers of:

- |                                   |                      |  |                      |
|-----------------------------------|----------------------|--|----------------------|
| (a) Partners/principals/directors | <input type="text"/> | (e) Non-technical administrative staff | <input type="text"/> |
| (b) Qualified Staff               | <input type="text"/> | (f) Clerical staff                     | <input type="text"/> |
| (c) Other technical staff         | <input type="text"/> | (g) Other staff (please specify)       | <input type="text"/> |
| (d) Trainee staff                 | <input type="text"/> | <b>TOTAL OF ALL STAFF</b>              | <input type="text"/> |

3. Does your practice always require and obtain satisfactory references when engaging employees?  Yes  No

For Sole Proprietors Only - Questions B. 4 and B. 5:

4. State the experience of your assistants and their length of service.

  


5. What arrangements do you have to assist you during your temporary absence on business, leave, sickness, or unforeseen emergency?

  


**D. DETAILS OF PRACTICE**

- 1.1 Has the name of the practice ever been changed?  Yes  No
- 1.2 Has any other practice or business amalgamated or merged with you?  Yes  No
- 1.3 Have you purchased any other practice or business?  Yes  No

If you have answered YES to either part C.1.1.1, C.1.1.2 or C.1.1.3, please supply details.

  


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**D. DETAILS OF PRACTICE (Continuation)**

2. Is any partner, principal or director connected or associated (financially or otherwise) with any other practice or business?  Yes  No

If YES please supply details.

  


3. Please list the professional bodies or associations to which you and/or your practice belong.

  

  


**D. DETAILS OF PRACTICE (Continuation)**

4. Please detail the approximate percentage of your fee or other consulting income derived from the following fields of work:

Type of Work		Type of Work	
(a) Commercial conveyancing	<input type="text"/> %	(f) Corporate law (other than M&A)	<input type="text"/> %
(b) Residential conveyancing	<input type="text"/> %	(g) Mergers & acquisitions	<input type="text"/> %
(c) Criminal litigation	<input type="text"/> %	(h) Patent, trademark & copy right	<input type="text"/> %
(d) Civil litigation	<input type="text"/> %	(i) Other (please specify)	<input type="text"/> %
(e) Tax, estate and trustee	<input type="text"/> %	<b>Grand total of all divisions above must come to 100%</b> ➔	<input type="text"/> <b>100%</b>

5. Do you do any work or give any advice regarding investment and trading documents or related matters?  Yes  No

If YES, please supply details of the type of work done / advice provided.

  


6. Do you do any work or give any advice to Financial Institutions?  Yes  No

If YES, please provide the percentage of your work done for such Financial Institutions

  


7. Do you engage consultants or sub-contractors?  Yes  No

If YES

- (a) do you insist they carry their own professional indemnity insurance?  Yes  No
- (b) do you enter into any hold-harmless agreements or otherwise waive any legal rights or entitlements which you may have against such consultants or sub-contractors?  Yes  No

8. Are verbal reports always confirmed in writing?  Yes  No

If NO, how do you substantiate such verbal reports?

  


9. Do you perform work outside of Malaysia, or work for clients located overseas?  Yes  No

If YES, please supply locations and details of work.

  


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

If YES, please supply details.

## E. FINANCIAL POSITION OF THE CORPORATION

1. Please advise the date of your financial year end :  (dd/mm/yyyy)
2. Please provide the amount of gross income/fees for the following:
- |                       | Malaysia             | Overseas             |
|-----------------------|----------------------|----------------------|
| (a) Est. Coming year  | <input type="text"/> | <input type="text"/> |
| (b) Est. Current year | <input type="text"/> | <input type="text"/> |
| (c) Last year         | <input type="text"/> | <input type="text"/> |
3. Please provide the amount of the largest annual fee for any one client and supply details of contract/work.
- 
- 
4. Please provide the approximate percentage of your activities (based on fee income) applicable to each country/region from which you derive a portion of your income.
- | Country / Region     | Malaysia               | Asia                   | Europe                 | USA/Canada             | Others                 |
|----------------------|------------------------|------------------------|------------------------|------------------------|------------------------|
| Percentage of income | <input type="text"/> % | <input type="text"/> % | <input type="text"/> % | <input type="text"/> % | <input type="text"/> % |

## F. CLAIMS DETAILS

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

If YES, please supply details.

2. Have any claims for negligence or breach of professional duty been made in the last ten (10) years against your practice or any of its predecessors in business or any prior practice of any of your practice's present or former partners, principals or directors, or have circumstances 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.

Date Matter Notified	Name of Insurer (if any)	Name of Claimant or Potential Claimant	Brief Description of the Matter	Amount Paid or Estimate of Potential Liability	Is Matter Finalised or Outstanding?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Are any of the partners, principals or directors, AFTER ENQUIRY, aware of any claim or circumstances that might give rise to a claim against your practice or any prior practice or any of their present or former partners, principals or directors which matter is not referred to in question E.2 above?  Yes  No

If YES, please provide the following details in respect to each matter.

Name of Claimant or Potential Claimant	Brief Description of the Matter	Estimate of Potential Liability
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

## G. INSURANCE COVER

1. 1.1 Does your practice presently carry, or has your practice ever carried, professional indemnity insurance?  Yes  No

If YES, please supply details:

Insurer

Expiry Date

Limit of Indemnity

Deductible

- 1.2 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 supply details.

## H. APPLICATION FOR COVER

1. 1.1 Limit of indemnity required
- 1.2 Deductible/excess requested  (each and every claim)

## I. DECLARATION & CONSENT

I/we hereby declare that I/we have fully and accurately answered the questions in this proposal form.

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](http://www.qbe.com/my).

I/We further that the 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.

The liability of the Company does not commence until the application has been accepted.

Proposer's signature &  
Company stamp

Date  (dd/mm/yyyy)

## 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)

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