

- (c) Do you handle any hazardous cargo? YES NO
If YES, please provide related particulars (please note that explosive, inflammable, brittle, and precious items of high value are excluded in this policy)

- (d) Please describe Territorial Limit of operation

- (e) Limit of Liability required: _____

- (f) Excess (amount of loss you are prepared to bear for yourself): _____

- (g) Annual Gross Receipt as a Carrier

Last financial year (as confirmed by your auditor)	
Estimate for current financial year	
Estimate for next financial year	

C. OTHER INFORMATION

- (a) Are there any losses in the past 5 years? YES NO
If YES, please give details:

- (b) Do you presently carry or have you ever purchased Carrier's Liability Insurance? YES NO
If YES, please supply details or Insurer, expiry date, insured values, premiums or other information:

- (c) Has the Company 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:*

D. DECLARATION AND SIGNATURE

I/We do hereby declare that:

1. I am/we are authorised to make this proposal.
2. The answers stated in this proposal are true and complete and I have not withheld any information which may influence the acceptance of this application.
3. This application and declaration hereby given shall be the basis of the contract with the Company and I/we will accept the terms, exclusions and conditions which will be set out in the policy to be issued.
4. The liability of the Company does not commence until the application has been accepted.

Proposer's Signature:..... Date: ____/____/____ (dd/mm/yy)
and company stamp

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

In compliance with Section 16(2) of the Anti-Money Laundering Act 2001:

1. I hereby certify that I have verified and authenticated the Proposer's Business Registration Certificate at the point of sale.
2. I have maintained a copy of the Certificate of Incorporation (ROC or ROS) for applicants of group insurance policies where premium is more than RM100,000.00.

Name: NRIC No:

Date: ____/____/____ (dd/mm/yy) Signature and company stamp:

