QBE PROFESSIONAL INDEMNITY

SOLICITORS & LAWYERS PROPOSAL FORM

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PROFESSIONAL INDEMNITY PROPOSAL

A. NOTICE TO THE PROPOSED INSURED

1. Disclosure of Relevant Facts

Your Duty of Disclosure

Before you enter into a contract of general insurance with an insurer, you have a duty to disclose to the insurer every matter which you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same duty to disclose those matters to us before you renew, extend, vary or reinstate a contract of insurance.

Warning: Statement pursuant to Section 149(4) of the Insurance Act 1996) : YOU ARE TO DISCLOSE IN THIS PROPOSAL FORM, FULLY AND FAITHFULLY, ALL THE FACTS WHICH YOU KNOW, OTHERWISE, THE POLICY ISSUED HEREUNDER MAY BE VOID.

Comment

The requirement of full and frank disclosure of anything which may be material to the risk for which you seek cover (eg. claims, whether founded or unfounded), or to the magnitude of the risk, is of the utmost importance with this type of insurance. It is better to err on the side of caution by disclosing anything which might conceivably influence the insurer's consideration of your proposal.

2. Claims Made Policy

This proposal is for a "claims made" policy of insurance. This means that the policy covers you for claims made against you and notified to the insurer during the period of cover. This policy does not provide cover in relation to:

- events that occurred prior to the retroactive date of the policy (if such a date is specified);
- claims made after the expiry of the period of cover even though the event giving rise to the claim may have occurred during the period of cover;
- claims notified or arising out of facts or circumstances notified (or which ought reasonably to have been notified) under any previous policy;
- claims made, threatened or intimated against you prior to the commencement of the period of cover;
- facts or circumstances of which you first became aware prior to the period of cover, and which you knew or ought reasonably to have known had the potential to give rise to a claim under this policy;
- claims arising out of circumstances noted on the proposal form for the current period of cover or on any previous proposal form.

However, where you give notice in writing to the insurer of any facts that might give rise to a claim against you as soon as reasonably practicable after you become aware of those facts but before the expiry of the period of cover, the policy will, subject to the terms and conditions, cover you notwithstanding that a claim is only made after the expiry of the period of cover.

You should familiarise yourself with our standard form of policy for this type of cover before submitting this proposal.
**IMPORTANT**
- Please answer ALL questions fully. If there is insufficient space, please provide details on your letterhead.
- Where provided, tick ✓ the appropriate box □ to indicate answer.
- The applicant will be referred to in this proposal as “You” or “Your”.

**B. DETAILS OF APPLICANT**

1. 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):

   ...........................................................................................................................................................
   ...........................................................................................................................................................

2. Your Principal Address:

   ...........................................................................................................................................................
   ...........................................................................................................................................................
   ...........................................................................................................................................................

3. Address(es) of branch offices or other locations.

   ...........................................................................................................................................................
   ...........................................................................................................................................................
   ...........................................................................................................................................................

4. Date on which your practice(s) was established:   _____ / _____ / _____

**C. MANAGEMENT AND PERSONNEL DETAILS**

1. Please supply the following details.

<table>
<thead>
<tr>
<th>NAMES OF PARTNERS, PRINCIPALS AND DIRECTORS</th>
<th>Age</th>
<th>Qualifications</th>
<th>Date Qualified</th>
<th>Period Practicing as Partner, Principal or Director</th>
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<td>This Practice</td>
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</tbody>
</table>

2. Please supply total numbers of:

   (a) Partners/principals/directors        ............ (b) Qualified staff  ............
   (c) Other technical (including para legals)  ............ (d) Trainee Staff  ............
   (e) Non-technical Administrative Staff  ............ (f) Clerical Staff  ............
   (g) Other staff (please specify)  ............
3. Does your practice always require and obtain satisfactory references when engaging engaging employees?  
YES ☐ NO ☐

For sole proprietors only - questions C.4 and C.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?

...................................................................................................................................................
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D. DETAILS OF PRACTICE

1. 1.1 Has the name of your practice ever been changed?  
YES ☐ NO ☐
1.2 Has any other practice or business amalgamated or merged with your practice?  
YES ☐ NO ☐
1.3 Have you purchased any other practice or business?  
YES ☐ NO ☐

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

...................................................................................................................................................
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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.

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...................................................................................................................................................

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

...................................................................................................................................................
...................................................................................................................................................

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

<table>
<thead>
<tr>
<th>Type of Work</th>
<th>Percentage</th>
</tr>
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<tbody>
<tr>
<td>(a) Commercial conveyancing</td>
<td>........%</td>
</tr>
<tr>
<td>(b) Residential conveyancing</td>
<td>........%</td>
</tr>
<tr>
<td>(c) Criminal litigation</td>
<td>........%</td>
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<tr>
<td>(d) Civil litigation</td>
<td>........%</td>
</tr>
<tr>
<td>(e) Tax, estate and trustee</td>
<td>........%</td>
</tr>
<tr>
<td>(f) Corporate law (other than M&amp;A)</td>
<td>........%</td>
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<tr>
<td>(g) Mergers &amp; acquisitions</td>
<td>........%</td>
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<tr>
<td>(h) Patent, trademark &amp; copy right</td>
<td>........%</td>
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<tr>
<td>(i) Other (please specify)</td>
<td>........%</td>
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<tr>
<td>TOTAL</td>
<td>100%</td>
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</table>

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: ____/____/____

2. Please provide the amount of gross income/fees for the following:

<table>
<thead>
<tr>
<th></th>
<th>MALAYSIA</th>
<th>OTHER</th>
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<tbody>
<tr>
<td>(a) Est. Coming year</td>
<td>..........</td>
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<td>(b) Est. Current year</td>
<td>..........</td>
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<tr>
<td>(c) Last year</td>
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</table>

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.

<table>
<thead>
<tr>
<th>Country / Region</th>
<th>Malaysia</th>
<th>Asia</th>
<th>Europe</th>
<th>USA/Canada</th>
<th>Other</th>
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<tbody>
<tr>
<td>Percentage of Income</td>
<td>.......</td>
<td>% ....</td>
<td>% ....</td>
<td>% .......</td>
<td>% ....</td>
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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?

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

<table>
<thead>
<tr>
<th>Date Matter Notified</th>
<th>Name of Insurer (if any)</th>
<th>Name of Claimant or Potential Claimant</th>
<th>Brief description of the Matter</th>
<th>Amount Paid or Estimate of Potential Liability</th>
<th>Is Matter Finalised or outstanding?</th>
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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 F.2 above?

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

<table>
<thead>
<tr>
<th>Name of Claimant or Potential Claimant</th>
<th>Brief description of the Matter</th>
<th>Estimate of Potential Liability</th>
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G. INSURANCE COVER

1. 1.1 Does your practice presently carry, or has your practice ever carried, professional indemnity insurance?

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?

If YES, please supply details.

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H. APPLICATION FOR COVER

1. 1.1 Limit of indemnity required: ........................................

1.2 Deductible/excess requested: ........................................ (each and every claim)

I. DECLARATION

I am/We the undersigned authorised partner, principal or director, after enquiry declare as follows:

1. I am / We are authorised by each of the other applicants to make this proposal.

2. I/We have read and understood the Notice to the Proposed Insured on the front of this proposal form.

3. I/We have read this proposal and the accompanying documents and acknowledge the contents of same to be true and complete.

4. I/We understand that, up until a contract of insurance is entered into, I/We are under a continuing obligation to immediately inform QBE of any change in the particulars or statements contained in this proposal or in the accompanying documents.

Although the signing of this proposal does not bind the applicants to effect insurance, the applicants acknowledge that the particulars and statements contained in this proposal and in the accompanying documents shall be the basis of the contract should a policy of insurance be effected; and further, the applicants acknowledge that the proposal and the accompanying documents will be incorporated in such policy.

Company Stamp: 

Signed: 

Name of Partner, Principal or Director: ___________________________ Date: __________

QBE Specialist Risks Unit
QBE Insurance (Malaysia) Berhad
No. 638, Level 6, Block B1
Leisure Commerce Square
No.9 Jalan PJS 8/9
46150 Petaling Jaya
Selangor
Phone: (03) 7861 8400 Fax: (03) 7861 8640

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

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

1. I/We hereby certify that the Proposer's original NRIC / Business Registration Certificate was verified and authenticated by me/us at the point of sale.

2. I have maintained a copy of the NRIC of the applicant of individual policies where premium is more than RM50,000.00 or 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: ……………………………