

QBE FIRE BUSINESS INTERRUPTION Insurance PROPOSAL



QBE Insurance (Malaysia) Berhad Reg. No.: 161086-D

(Licensed under the Financial Services Act 2013 and regulated by Bank Negara Malaysia)
No. 638, Level 6, Block B1, Leisure Commerce Square, No. 9, Jalan PJS 8/9, 46150 Petaling Jaya,
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SST Reg No : B16-1808-31042744

www.qbe.com/my e-mail : info.mal@qbe.com

Important Notice

NON-CONSUMER INSURANCE CONTRACTS (Where the Insurance is for purposes related to Your trade, business or profession)

Pursuant to Schedule 9 of the Financial Services Act 2013, the Insured has a duty to disclose any matter that the Insured knows to be relevant to the Company's 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 contract, claim denied or reduced, terms changed or varied, or contract terminated. This duty of disclosure continued until the time the contract was entered into, varied or renewed.

The Insured also has a duty to tell the Company immediately if at any time, after this Policy contract has been entered into, varied or renewed with the Company, any of the information given for this Policy contract is inaccurate or has changed.

Cover Note No.	<input type="text"/>	Intermediary No.	<input type="text"/>
Company name	<input type="text"/>		
Company address	<input type="text"/>		
<input type="text"/>	Tel	<input type="text"/>	
Account No.	<input type="text"/>	Ref. No:	<input type="text"/>

A. PARTICULARS OF PROPOSER

Name of Proposer	<input type="text"/>		
Identity Card/Passport No./Co. Registration No.	<input type="text"/>		
Correspondence Address	<input type="text"/>		
<input type="text"/>	<input type="text"/>		
Trade or Profession or Nature of Business	<input type="text"/>		
Mortgagee or Chargee or H.P. Co.	<input type="text"/>		
Period of Insurance	From	<input type="text"/>	To <input type="text"/>
Situation of Risks to which this insurance applies	<input type="text"/>		
<input type="text"/>	<input type="text"/>		
<input type="text"/>	<input type="text"/>		

B. GENERAL QUESTIONNAIRE

Note

All questions must be answered by the proposer and appropriately marked (✓) where applicable

1. Have you presently any insurance covering Fire Business Interruption policy? Yes No

If YES, please give name of Company and attach copy of present policy.

2. Are your premise(s) and stock currently insured with QBE Insurance (Malaysia) Berhad? Yes No

If YES, please state the Policy number & the amount insured

Note : Unless the material damage Policy on the Premises and stock is covered by us, business interruption insurance will not be considered.

3. Does the Fire Insurance extend to cover you the perils stated below?

Please tick boxes, if answer is YES.

<input type="checkbox"/> Flood	<input type="checkbox"/> Storm, Tempest	<input type="checkbox"/> Riot Strike & Malicious Damage
<input type="checkbox"/> Spontaneous Combustion	<input type="checkbox"/> Aircraft Damage	<input type="checkbox"/> Explosion

Please specify other Perils

Note: Please underline the perils that you require this business interruption insurance to extend the cover

4. (a) Are there any boilers on the Premises to be insured? Yes No

If YES, please state whether any specific insurances for boilers have been taken up?

- (b) Any extension for Third Party Liability granted? Yes No

5. Have you at anytime suffered any loss by Fire? Yes No

If YES, please state year of claim, amount of claims paid, name of insurance company involved

6. How long has the business been established?

7. Are your books regularly audited? Yes No

If YES, please state how often and name of auditor.

8. Has any insurance company ever

- (a) declined your proposal? Yes No

- (b) refused to renew your policy? Yes No

- (c) cancelled your policy? Yes No

- (d) required an increased rate or imposed special terms on renewal? Yes No

If any answer above is YES, please give details.

9. Have you ever sustained loss from any of the perils which you now require insurance? Yes No

If YES, please give full particulars including name of insurance company, if insured.

B. GENERAL QUESTIONNAIRE (Continuation)

10. Calculation of Sum Insured for Gross Profit

The subject matter insured is the profit achieved by selling the goods on the premises insured and/or profit gained from services rendered as well as all standing charges which continue to accrue from the premises in the event of a business interruption due to fire damage to the premises insured.

Relevant figures given should be based on Profit & Loss account of the last financial year and to add allowance for future increase *1

Turnover (last financial year)		RM
Closing Stock		RM
Add : Work in Progress (Closing)		RM
	Sub-total	RM
Less :		
Opening Stock		RM
Work in Progress (Opening)		RM
Specified Working Expenses		
(a) Purchases		RM
(b) Carriage		RM
(c) Wages		RM
(d)		RM
(e)		RM
(f)		RM
	Sub-total	RM
*2 Add safety margin for increase during policy year (certain % of Gross Profit for 12 months)		RM
Sum insured for Gross Profit for 12 months. If indemnity period is more than 12 months, please adjust so that it is increased proportionately		
	Grand Total	RM

*1 Safety margin for 12 months ahead of date of expiry of policy, if indemnity period is 12 months; if 24 months indemnity period, then provide allowance for 1st 12 months and another for 2nd 12 months.

*2 If indemnity period is more than 12 months, you must adjust as follows:-
E.g. 12 months gross profit & safety margin = RM 100,000. Cover required is 24 months indemnity period will be RM 200,000 (RM 100,000 x 2 years)

11. What is the maximum indemnity period required? months

12. Do you wish the cover to include the following as separate items?

- (a) Wages Yes No
If YES, state amount to be insured RM
- (b) Auditor's fees/charges for producing particulars in the event of claim Yes No
If YES, state amount to be insured RM
- (c) Additional increase in cost of working expenses Yes No
If YES, state amount to be insured RM

C. SUMMARY OF INSURANCE COVERS DESIRED

Subject matter to be insured	Sum Insured
(a) Gross Profit [See Grand total Question B10]	RM
(b) Wages [Separate item, see Question B12(a)]	RM
(c) Auditor Fees [Separate item, see Question B12(b)]	RM
(d) Additional increase in cost of working [Separate item, see Question B12(c)]	RM
Total Sum Insured	RM

D. DEFINITION

- 1. Turnover** The money (less discount received) paid or payable to the Insured for goods sold and delivered and for services rendered in course of the business at the premises
- 2. Gross Profit** The amount by which the sum of the Turnover and the closing Stock shall exceed the sum of the Opening stock, Work-in-Progress and the Specified Working Expenses
- 3. Specified Working Expenses** 100% purchases (less discount received)
100% carriage, packing & freight charges (other than Insured's own)
100% Wages (Note : These items will differ for individual cases and 100% of wages will be omitted if wages are included in Gross Profit item)
- 4. Indemnity Period** The period beginning with the occurrence of the damage and ending not later than the Maximum Indemnity Period thereafter during which the results of the business shall be affected in consequence of the damage

E. 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.

Proposer's Signature Date: (dd/mm/yy) / /

F. PAYMENT INSTRUCTION

Premium Due (Inclusive of RM10.00 Stamp Duty)

Paid by: Cash Bank Transfer

Please transfer the premium to QBE Bank Account:
HSBC Bank Malaysia Berhad
2 Lebu Ampang, 50100 Kuala Lumpur

Account Name: QBE Insurance (Malaysia) Berhad

Account No.: 301-231361-001 SWIFT Code: HBMBMYKL

Kindly email the payment details and contact no. to finance.collection@qbe.com.my

Credit Card

Card holder's Name

Card Number Visa Master

Issuance Bank Expiry Date

Cardholder's Signature Date

Note: • Premium is subject to 6% Service Tax

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

In compliance with Section 16(2) of the Anti-Money Laundering and Anti-Terrorism Financing Act 2001 (AMTFA)

1. I/We hereby certify that one or more of the following original documents was verified and authenticated by me/us at the point of sales.

For Individual

- NRIC (New)
- Passport

For Company

- Certificate of Incorporation (ROC)
- Annual Return or Form 24 and 49
- Latest Annual Audited Financial Statements

2. I/We have attached together with this proposal form a copy of the document(s) above of the applicant of individual policies or group Insurance policies where premium is more than RM50,000.00 or RM100,000.00 respectively.

Name

NRIC No

Date (dd/mm/yy)

Signature &
Company Stamp