

QBE COMBINED GENERAL LIABILITY Insurance PROPOSAL

IMPORTANT NOTICE

- 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.

A. DETAILS OF PROPOSER

Name(s) in full					
Name of subsidiaries					
Address					
					Tel
(dd/mm/yy)					
Period of Insurance	From	/	/	To	/ /
Full description of your operations and activities (attach applicable brochure)					
Number of years in continuous business					

B. GENERAL QUESTIONNAIRE

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

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

- | | | | |
|-----|----|--|--|
| (a) | RM | | any one occurrence |
| (b) | RM | | in the aggregate for all Injury and/or Damage during the Period of Insurance |

2. Details of Premises (including overseas locations):

Details of premises occupied by you for the purpose of conducting the Business.

	Premises 1		Premises 1		Premises 3	
Location						
Occupied as						
Age of premises	years		years		years	
Please circle	Owned	Leased	Owned	Leased	Owned	Leased

For any additional premises please attached a schedule supplying details as above.

3. Estimated Payroll

Estimated Annual Payroll (including earnings of principals, directors, partners)

	RM	No. of Staff
Management, Clerical and Sales	RM	
Manufacturing	RM	
Work away from premises	RM	
Payment to contractors and/or sub-contractors	RM	
Other (please specify)	RM	

B. GENERAL QUESTIONNAIRE (Continuation)				
4. Product Information / Estimated Annual Turnover				
(a)				
Description of Product	M) Manufacture (I) Import (D) Distribute	Total Turnover (RM)	Exports (RM)	Destination
TOTAL				
Attach product brochures, Annual Reports or other material if applicable.				
(b) Do you operate a Quality Control / Recording System?			Yes	<input type="checkbox"/> No <input type="checkbox"/>
If "YES", please provide details including Australian or other relevant standards applicable.				
(c) Estimated turnover for USA / Canada				
5. Pollution				
(a) Does your use and storage of all toxic substances comply with all statutory Regulations and By-Laws?			Yes	<input type="checkbox"/> No <input type="checkbox"/>
(b) Do any of your trade processes produce toxic waste and other pollutants which have the potential to cause injury to persons or damage to property or otherwise harm the environment?				
If "YES", please provide details.			Yes	<input type="checkbox"/> No <input type="checkbox"/>
(c) Does your waste disposal or waste storage comply with Government Regulations and By-Laws?			Yes	<input type="checkbox"/> No <input type="checkbox"/>
Please give full details of any chemicals, gases, explosives, radioactive or toxic substances used &/or stored.				
6. Care, Custody And Control				
Do you require cover for property of others in your care, custody or control? (no coverage is afforded unless specifically endorsed to the policy)			Yes	<input type="checkbox"/> No <input type="checkbox"/>
(a) What limit of indemnity do you require?			RM	
(b) What is the total value of such property at all locations?			RM	
(c) What is the maximum value of any one Item?			RM	
Give brief description of such property				
(d) Is coverage afforded by any other Policy of Insurance?			Yes	<input type="checkbox"/> No <input type="checkbox"/>
If "YES", please give details.				
7. Contractual Liability				
Do you assume liability under contract or hold others harmless (other than lease liability)?			Yes	<input type="checkbox"/> No <input type="checkbox"/>
If YES, please provide full details and attach copies of all agreements (other than lease liability)				

B. GENERAL QUESTIONNAIRE (Continuation)											
8. Professional Exposure											
Do you provide any advice, design or specification to third parties (a) for a fee?							Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
(no coverage is afforded unless specifically endorsed to the policy) (b) for no fee							Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
If YES, please provide full details.											
9. Do you currently or have you in the past been involved in the manufacture, distribution or sale of the following											
Aircraft (including component parts)		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Pesticides		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Ethical Drugs		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Fungicides		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Industrial chemicals		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Liquid or gas fuels		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Petrochemicals		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Watercraft (exceeding 15 metres in length)		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Class 1 dangerous goods or ammunition		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Spacecraft or satellites		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Fertilisers		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Radioactive material or any product containing asbestos		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If YES, please provide full details.											
10. Claims and/or Loss Experience											
(a) After investigation please provide claims experience and/or uninsured loss experience over the last five years for losses and claims that would have been covered under the proposed insurance. Please show claim amount after the application of any excess.											
			No. Claims Reported		Amount paid and outstanding		Applicable Excess		Description		
/	/	To	/	/							
/	/	To	/	/							
/	/	To	/	/							
/	/	To	/	/							
/	/	To	/	/							
(b) After investigation are there any circumstances of which you are aware which could give rise to a claim under the proposed Policy and which are not mentioned above.							Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
If YES, please provide full details.											
(c) Is there any additional information or detail of which your are aware and which may assist the Underwriter to better assess the nature of the risk?											
							Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
If YES, please provide full details.											
11. Previous Insurance History											
After investigation has any proposed insured ever had any											
(i) Insurance declined or cancelled?							Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
(ii) Renewal refused?							Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
(iii) Special conditions imposed?							Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
(iv) Increased excess imposed?							Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
(v) Claims denied for this class of insurance?							Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
If YES, please provide full details.											

C. DECLARATION AND SIGNATURE

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. 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

D. DECLARATION BY AGENT / BROKER / OFFICER (STAFF OF QBE)

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

Signature &
Company Stamp:

Date: (dd/mm/yy)

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