

QBE Professional Indemnity Proposal Form (For Financial Advisors)



QBE Insurance (Malaysia) Berhad Reg. No.: 198701002415 (161086-D)

(Part of QBE Insurance Group)
(Licensed under the Financial Services Act 2013 and regulated by Bank Negara Malaysia)
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Your Duty of Disclosure:

Pursuant to Paragraph 5 of Schedule 9 of the Financial Services Act 2013, if you are applying for this Insurance wholly for purposes unrelated to your trade, business or profession, you have a duty to take reasonable care not to make a misrepresentation in answering the questions in this Proposal Form. You must answer the questions in this Proposal Form fully and accurately.

Failure to take reasonable care in answering the questions 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.

In addition to answering the questions in this Proposal Form, you are required to disclose any other matter that you know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied.

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.

Please complete information in full and check boxes tick (✓) where appropriate. Please answer on a separate sheet of paper if the space provided is insufficient.

Cover Note No.	<input type="text"/>	Intermediary No.	<input type="text"/>
Intermediary Contact Number	<input type="text"/>	Intermediary Name	<input type="text"/>
Name of Company	<input type="text"/>		
	<i>(Hereinafter referred to as "Company" in this Proposal and in the Policy)</i>		
Principal Address	<input type="text"/>		
	<input type="text"/>		
Postal Code	<input type="text"/>	Contact no	<input type="text"/>

A. 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):

(Hereinafter the applicant will be referred to as "You" or "Your")

2. Your Principal Address

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

4. Date on which the Practice was established

 (dd/mm/yyyy)

B. 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"/>	TOTAL OF ALL STAFF	<input type="text"/>

3. What is the total number of financial advisors who provide services on behalf of your firm?

Yes No

4. Do you require the Policy to extend to cover such financial advisors?

Yes No

5. Does the Practice always require and obtain satisfactory references when engaging employees?

Yes No

For Sole Proprietors Only - Questions B. 6 and B. 7

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

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

C. DETAILS OF PRACTICE

1. 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 your practice?

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, C.1.2 or C.1.3, please supply details.

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. Are you authorised by Securities Commission under the Capital Market Services Act to provide financial advice?

Yes No

4. What is your SC Licence No.?

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D. DETAILS OF ACTIVITIES

1. Please detail the approximate percentage of your fees, including commission, brokerage and/or other consulting fees derived from the following fields of work:

Type of Work

Life Insurance Sales (complete question 2)

Endowment Life Insurance		%
Global Health plans (Worldwide cover)		%
Investment-linked Life Insurance		%
Medical Insurance		%
Term Insurance		%
Universal Life Insurance		%
Whole Life Insurance		%
Others (please specify)	<input type="text"/>	%

Financial Planning

	%
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Investment Advice (complete question 3)

Alternative Investments (e.g. Hedge funds)		%
Global Savings Accounts		%
Unit Trust Sales		%
Others (please specify)	<input type="text"/>	%

General Insurance Sales (complete question 4)

Accident & Health (Inc. Disability)		%
Credit / Surety Insurance		%
General Accident (Inc. Public Liability)		%
Marine or Aviation		%
Motor Insurance		%
Personal Lines (e.g. Travel, Home)		%
Professional Liability		%
Property (Inc. Business Packages)		%
Worker / Employee Compensation		%
Others (please specify)	<input type="text"/>	%

Others (please specify)	<input type="text"/>	%
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Grand total of all divisions above must come to 100%  **100 %**

2. Complete if applicable (refer to question 1)

In respect of Life Insurance activities are you licensed by Bank Negara to place life insurance?

Yes No

If YES, what is your licence number?

Please list the Life Insurance Companies you deal with:

Name of Company

% of client policies placed

%

%

%

D. DETAILS OF ACTIVITIES (Continuation)

3. Complete if applicable (refer to question 1)

In respect of Investment Advice:

3.1 Do you promote or sell strategies that encompass

3.1.1 Investments other than cash, bonds or liquid equity

Yes

No

3.1.2 Real estate property investments other than REITs listed on the KLSE

Yes

No

3.1.3 Hedging strategies for either equity or foreign exchange

Yes

No

3.1.4 Unit trusts not listed on the KLSE

Yes

No

If you have answered YES to any of the above, please supply details:

3.2 What percentage of your clients funds are placed directly with third party fund or equity asset managers %

3.3 Are you financial associated (either directly or indirectly) with any of the fund or equity asset managers you use?

Yes

No

3.4 Do you engage in discretionary trading on behalf of your clients?

Yes

No

If you have answered 'Yes' to either part D. 3.3 or D.3.4 above, please supply details:

4. Complete if applicable (refer to question 1)

In respect of General Insurance placements are you licensed by Bank Negara to place general insurance?

Yes

No

If YES, what is your licence number?

5. General Information:

5.1 Do you facilitate overseas investments for local investors?

Yes

No

5.2 Do you promote tax effective investments for expatriates or residents of Malaysia with citizenship elsewhere (e.g. tax effective planning for UK Citizens working in Malaysia)?

Yes

No

5.3 Do you hold a binding authority with any insurer (including cover note books or "immediate issue" policy pads)?

Yes

No

If YES, please provide details:

5.4 Do you provide services to customers not resident in Malaysia, or work for clients located overseas?

Yes

No

If YES, please provide details:

E. RISK MANAGEMENT

1. Please provide details of the methods of control used to monitor and supervise the activities of your appointed representatives.

2. Are staff instructed never to sign proposal forms on behalf of clients?

Yes

No

3. Do you have set questionnaires that solicits relevant information about the clients' / investors' specific needs and circumstances?

Yes

No

4. Do you have a standard letter or engagement outlining your duties and the respective clients responsibilities?

Yes

No

5. Do you have standard disclaimers or warranties that you use/apply with all advice?

Yes

No

If 'YES' to Part E.3, E.4, or E.5 please provide a copy of these.

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E. RISK MANAGEMENT (Continuation)

6. Are all contracts reviewed by a law firm experienced in your profession? Yes No

If NO, please supply details on how you review and approve contracts.

7. In respect of investment advice or financial plans

7.1 Are they individually tailored to meet the specific needs, goals and investment objectives of your respective clients? Yes No

7.2 Are they solely provided by registered advisors? Yes No

7.3 Are they counter reviewed and signed off by a financial advisory manager of the firm? Yes No

8. Do you guarantee the future performance of any investment or financial plan? Yes No

If YES, please supply details.

9. Do you maintain a list 'approved' investment products and other products you promote? Yes No

If YES, how are these 'approved' products selected and how often is the list reviewed?

If NO, how do you determine which products to promote?

10. Do you engage consultants, sub-contractors or agents? Yes No

If YES:

10.1 Do you insist they carry their own professional indemnity insurance? Yes No

10.2 Do you enter into any hold-harmless agreements or otherwise waive any legal rights or entitlements which you may have against such consultants, sub-contractors or agents? Yes No

F. 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	OTHER
(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 from 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	MALAYSIA	ASIA	EUROPE	USA/CANADA	OTHER
Percentage of income	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %

G. 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?

3. Are any of the partners, principals or directors, AFTER ENQUIRY, aware of any claim or circumstance that may 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? 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

H. INSURANCE COVER

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

If YES, please supply details:

Insurer	<input type="text"/>
Expiry Date	<input type="text"/>
Limit of Indemnity	<input type="text"/>
Deductible	<input type="text"/>

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.

I. APPLICATION FOR COVER

- 1.1 Limit of indemnity required

- 1.2 Deductible/excess requested

When submitting this application, please remember to enclose a copy of:

- Your standard questionnaires that solicit relevant information about the client's/investors specific needs and circumstances
- Your standard letter of engagement outlining your duties and the respective client's responsibilities
- Your standard disclaimers or warranties

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J. 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/yyyy)

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

In compliance with Section 16(2) of the ANTI-MONEY LAUNDERING AND ANTI-TERRORISM FINANCING (AMENDMENT) ACT 2014

1. I/ WE hereby certify that I have verified and authenticated the Proposer's NRIC / Business Registration Certificate at the point of sales.
2. I/WE have maintained a copy of the NRIC of the applicants of individual insurance where premium is more than RM50,000.00, a copy of 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/yyyy)