

Dragonshield™
Proposal Form
Broad Form Management Liability Insurance



Notices: In underwriting your application for coverage, the insurer will rely upon the accuracy and completeness of the statements, warranties and representations contained in this form, and on certain information contained in your public filings with the Securities and Futures Commission. Such statements, warranties, representations and information will form the basis for any policy that we enter into with you following consideration of your application and they shall be deemed incorporated into that resulting policy. If a policy is entered into, it will provide claims-made coverage. Also, amounts incurred for legal defense will reduce the limit of liability under the resulting policy available to pay judgments or settlements, and shall be applied against the retention amount. Please consider this application carefully and review it with your insurance broker or the insurance agent with whom you are dealing. Please also note that emboldened terms beginning with a capital letter in this form are terms which are defined in the Policy to which reference should be made (although the reference to **Policyholder** or **Insured** or **Insured Person** means the prospective **Policyholder**, **Insured** or **Insured Person** in the context of this Form until the application is accepted)

Statement Pursuant to Schedule 9 of the Financial Services Act 2013: The **Policyholder** is to disclose in this proposal form, fully and faithfully, all the facts which you know or ought to know, which are relevant to the **Insurer** decision in accepting the risk and terms to be applied, otherwise the policy issued hereunder may be void or the **Insurer** could refuse your **Claim**. Please note that this duty to disclosure shall continue until the time the policy is issued, varied or renewed.

Goods & Services Tax (GST) Registration Details

1. Are you GST Registered? NO ☐ YES ☐ If yes, kindly completed Question 2 to 4
2. GST Registration number (No, CBP) _____
3. GST Registration Date (Tarikh Kuatkuasa Pendaftaran) _____ GST De-Registration Date _____
4. Are you able to claim back Input Tax Credit? YES ☐ NO ☐

1. General Details

1.1 Name of the **Policyholder**:

1.2 **Policyholder's** main address: _____

1.3 **Policyholder's** jurisdiction of incorporation: _____

1.4 Which industry segment does the **Policyholder** operate in? _____

1.5 How long has the **Policyholder** been in continuous operation? _____

1.6 The following products and services are also available :

- **PASSPORT:** A service is available to facilitate compliance with local insurance and premium tax requirements outside Malaysia. Would you like information on that service provided with your quote? ☐ Yes ☐ No

- **EMPLOYMENT PRACTICES:** While Dragonshield provides certain limited coverage to **Insured Persons** (not entities) for employment practices liability, entity coverage is offered on a stand-alone or combined basis. Would you like us to quote stand-alone or combined employment practices liability coverage? ☐ Yes ☐ No

If 'Yes', please provide full details on a separate sheet (or in the case of entity coverage or Employment Practices liability please complete section 2).

1.7 Is the **Policyholder** or any of its directors or officers aware of any plans for a merger, acquisition, tender offer, buy-out or a change in equity structure? ☐ Yes ☐ No

If 'Yes', please provide full details on a separate sheet.

1.8 Has the **Policyholder** ever restated its financial results? ☐ Yes ☐ No

If 'Yes', please provide full details on a separate sheet.

- 1.9** Please advise the level of cover preferred (maximum cover should **not** exceed total asset value):

RM5m ☐ RM10m ☐ RM15m ☐ RM20m ☐ Other, please specify: _____

2. Employment Practices

This Section MUST be completed by the Policyholder if "Entity" Employment Practices Liability cover is required:

- 2.1** Please state in respect of the **Policyholder** (and **Subsidiaries** for whom "Entity" cover is required) the total:

<i>Number of staff</i>	<i>Current Year</i>	<i>Previous Year</i>	<i>US (Current Year)</i>
(a) permanent employees			
(b) directors and officers			
(c) temporary staff and outsourced employee roles			

- 2.2** What has been the approximate annual percentage turnover rate of employees (all locations) during the past three (3) years?

☐ Year 1 _____ %

☐ Year 2 _____ %

☐ Year 3 _____ %

- 2.3** Is the **Policyholder** (or any **Subsidiary**) currently undergoing, or contemplating undergoing during the next twelve (12) months, any employee layoff or retrenchment, including ones resulting from any type of company restructure or office closure? ☐ Yes ☐ No

If 'Yes', please provide full details on a separate sheet.

- 2.4** Does the **Policyholder** have a Human Resources Department? ☐ Yes ☐ No

If 'No', please provide full details of how this function is handled on a separate sheet.

- 2.5** Does the **Policyholder** have a human resources manual or equivalent written management guidelines that address issues such as sexual harassment, employee disciplinary actions, terminations and layoffs? ☐ Yes ☐ No

If 'No', please provide full details of how are these issues are handled and by whom on a separate sheet.

3. Securities Details

3.1 Is the **Policyholder** a: ☐ Private Limited Company ☐ Publicly Listed Company

Other, please specify: _____

3.2 If the **Policyholder** is publicly listed or traded on a stock exchange(s) please provide the following details:

	Stock Exchange	Date of Initial Public Offering (IPO)
(a)		
(b)		
(c)		

3.3 Please provide specific details of all **Security** holders who hold a ten percent (10%) or greater ownership interest in the **Policyholder**:

Shareholder	% Held
_____	_____
_____	_____
_____	_____
_____	_____

3.4 Are there any plans being considered for a public offering, merger, acquisition or consolidation of or by any entity proposed for coverage?

☐ Yes ☐ No

If 'Yes', please provide full details on a separate sheet.

4. US Securities Exposure

This Section **MUST** be completed by the Policyholder if it has a US Securities exposure:

- 4.1** If the **Policyholder's Securities** are traded in the form of American Depositary Receipts (ADR) and/or 144A programs, please advise:
- (a) whether they are sponsored or unsponsored: _____
 - (b) the total size of the program: _____
 - (c) the percentage traded as a total percent of issued share capital: _____
 - (d) the number of ADR shareholders: _____
 - (e) all holdings representing 5% or more of the issued ADR share capital: _____

- 4.2** Does the **Policyholder** have an internal Audit Committee pursuant to US statutes, rules or regulations? ☐ Yes ☐ No

If 'No', please provide full details on a separate sheet.

- 4.3** If the **Policyholder** is required to follow US Generally Accepted Accounting Principles (GAAP), are the **Policyholder's** financial statements in accordance with US GAAP? ☐ Yes ☐ No

If 'No', please provide full details on a separate sheet.

5. Insurance History

5.1 Please provide the following information/details for pre-existing insurance policies (i.e. insurance policies where the coverage period is still current as at the date of this application):

<i>Type</i>	<i>Insurer</i>	<i>Limit (RM,000)</i>	<i>Deductible (RM,000)</i>	<i>Policy Period</i>
(a) Directors and Officers Liability:				
(b) Professional Indemnity:				
(c) Fidelity:				

5.2 Has the **Policyholder** or any of its directors or officers ever had any Insurer decline a proposal or cancel or refuse to renew a Management Liability Insurance policy? ☐ Yes ☐ No

If 'Yes', please provide full details on a separate sheet.

6. Economic Sanctions

6.1 Please confirm that the **Policyholder** and all of its subsidiaries neither currently have nor contemplate to have any business activities in Burma (Myanmar), Cuba, Iran, Sudan, Balkans, Belarus, Ivory Coast, Democratic Republic of Congo, Liberia (former regime of Charles Taylor), North Korea, Iraq, Somalia, Libya, Syria and Zimbabwe during the next 12 months. ☐ Yes ☐ No

Note: AIG will not be liable to provide any coverage or make any payment hereunder if to do so would be in violation of any sanctions law or regulation which would expose AIG, its parent company or its ultimate controlling entity to any penalty under any sanctions law or regulation.

7. Claims Information

- 7.1** Does any person or entity proposed for coverage know of or have information about any pending or prior claim, suit, regulatory action or other proceeding, inquiry or investigation (any of which being a "Known Claim") of or against any proposed insured?

☐ Yes ☐ No

If 'Yes', please provide full details on a separate sheet.

- 7.2** Does any person or entity proposed for coverage know of or have information about any act, error, omission or circumstance (any of which being a "Potential Exposure") which would lead a reasonable person to believe that such Potential Exposure might give rise to a claim, suit, regulatory action or other proceeding, Inquiry or investigation of or against any proposed insured?

☐ Yes ☐ No

If 'Yes', please provide full details on a separate sheet.

- 7.3** Has any person or entity proposed for coverage : (i) been involved in any antitrust, copyright or patent litigation; (ii) been charged in any civil, criminal, administrative or regulatory action or proceeding, with a violation of any Malaysia or state or foreign law (whether national or federal), rule or regulation governing antitrust, fair trade or securities; or (iii) been involved in any representative actions, class actions, or derivative suits (any of which in (i), (ii) or (iii) being a "Prior Action")?

☐ Yes ☐ No

If 'Yes', please provide full details on a separate sheet.

8. Declaration & Authorisation

I/We hereby declare and agree that:

- a. All written information provided by me/us for this insurance or any formal questionnaire or other documents signed by me/us in conjunction with this application, and statements and answers so made to AIG Malaysia Insurance Berhad (795492-W) ("Company") are full, complete, true, correct, and to the best of my/our knowledge and belief and that I/we have not withheld or omitted any information, and I/we understand and agree that the Company, believing them to be such, will rely and act on them, otherwise any policy and endorsements (if applicable) issued (including renewals) or coverage granted may be void at the Company's option.
- b. I/We will notify the Company of any material change to my/our risk profile, failing which, the Company reserves the right to either continue cover, impose additional terms or discontinue cover. I/We understand that failure to notify the Company of any material change to my/our risk profile may affect my/our rights during a claim.
- c. Any personal information collected or held by the Company (whether contained in this application or otherwise obtained) is provided to the Company and may be held, used and disclosed by the Company to individuals, service providers and organizations associated with the Company or any other selected third parties (within or outside of Malaysia, including reinsurance and claims investigation companies and industry associations) for the purpose of storing and processing this application and providing subsequent service(s) for this purpose, the Company's financial products and services and data matching, surveys, and to communicate with me/us for such purposes. I/We understand that I/We have the right to obtain access to and to request correction of any personal information held by the Company concerning me/us. Such request can be made by writing to the Company at Level 18, Menara Worldwide, 198, Jalan Bukit Bintang, 55100 Kuala Lumpur, Malaysia, or phone: 03-2118 0188; fax:03-2118 0388; e-mail: AIGMYCare@aig.com.
- d. Furthermore, I/we hereby authorize any organization, institution or individual that has any records or knowledge of me/my covered family member(s), my health and medical history and any treatment or advice to disclose such information to the Company. This information (unless amended by at my/our request) shall bind me/my covered family member(s), successors and assigns, and remain valid, notwithstanding my/my covered family member(s) death or incapacity. A copy of this authorization shall be as valid as the original. **(this clause is only applicable for policies with medical & health benefits)**
- e. By submitting your personal information, you are indicating your consent to allow the Company to keep you posted on the Company's latest products, services and upcoming events. If you do not wish to be contacted by the Company, you can opt out anytime by notifying the Company at any of the channels above.
- f. For all intents and purposes where there is a conflict or ambiguity as to the meaning in English provisions or the Bahasa Malaysia provisions of any part of this application, it is hereby agreed that the English version of this application shall prevail.

Signed

(Proposer/**Insured***)

Title

(Must be signed by Chairman of the Board or CEO of the **Policyholder**)

Company

Date

Signing this proposal from does not oblige the Policyholder to purchase any insurance.



- g. I hereby confirm that the Proposer/Insured* has expressly authorized me to act on his/their behalf in respect of the information and/or changes relating to the renewal/endorsement of this insurance policy. I agree to undertake any loss, cost or damages incurred by the said Proposer/Insured* and/or Company in relation to this representation. I declare that I have sighted the original NRIC/Certificate of Incorporation of the Proposer/Insured* and have done the necessary Anti Money Laundering check(s) which I have been trained to do and verify that the transaction is not prohibited by virtue of the Anti-Money Laundering & Anti-Terrorism Financing Act 2001.

_____	_____	_____
Signed by Agent	Date	Agent Code

Agent Name:

*Delete where appropriate

Signing this proposal from does not oblige the Policyholder to purchase any insurance.