



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.

MultiMedia Professional Liability Proposal Form

I. APPLICANT DETAILS

Name of Applicant:	
Address(es):	
Web Site Address:	
Establishment Date:	

II. BUSINESS ACTIVITIES

2. Please state the following details:

Number of Partners/Directors/Principals:	
Number of Professional Employees:	
Number of Other Technical Staff:	
Number of Trainee Staff:	
Number of Non-Technical Staff (i.e. administration, clerical, typists etc.):	

3. Please give the following details of all Partners/Directors/Principals:

Name	Qualifications	Years in Industry	Years as Partner /Director/Principal

If a Partner/Director/Principal has been working in the relevant industry for less than 3 years, we will require a brief resume outlining career details.

4. Please state, during the past 5 years:

(a) has the name of the Applicant(s) been changed? ☐Yes ☐No

(b) has any other business(es) been purchased, merged or consolidated with the Applicant? ☐Yes ☐No

If "yes", please provide details on a separate sheet.

5. Please provide details of any major new operations undertaken during the last 12 months or planned for the next 12 months:



6. Please give names of any professional organisations or associations of which the Applicant or principals are members:

7. Please indicate the total turnover (including fee income) in respect of the following:

Year	Malaysia	USA/ Canada	Elsewhere
Previous Completed Financial Year	RM	RM	RM
Current Financial Year	RM	RM	RM
Estimate of next Financial Year	RM	RM	RM

8. Please provide the turnover of current year (last 12 months) derived from the following activities:

Activity	Turnover (including fee income)
<i>Publishing</i>	
Publishing (music, books, magazines, newspapers)	
Distribution	
Subsidiary Rights	
<i>Printing</i>	
Printing Services	
<i>Broadcasting</i>	
Television Broadcasting	
Radio Broadcasting	
Satellite Broadcasting	
<i>Production</i>	
Film Production	
Post Film Production	
<i>Marketing</i>	
Media Buyer TV	
Media Buyer Non-TV	
TV Advertising	
Non-TV Advertisement (theater, radio, outdoor advertising)	
Promotional Materials (brochures, annual reports)	
Direct Mail/ Marketing	
Market Research/ Public Relations	
Graphic Design (design of brochures, logo)	
Design of Games, Competitions or Special Offers	
<i>Other, please specify</i>	
<i>Total</i>	

(Please **ONLY** complete the section(s) relevant to the coverage you require)

PUBLISHING SECTION

9. (a) Please provide a percentage split of the type of books, newspapers and journals published/ distributed:

Children's	%	Biographies/ Autobiographies	%
Medical/ Technical/ Scientific	%	Religious/ Political	%
Trade/ Business	%	Financial/ Investment	%
National Newspaper	%	Local Newspapers	%
Other, please describe:	%		



(b) Are publications reviewed by:

☐ Outside Counsel

☐ In House Counsel

☐ Other (please specify) _____

(c) Please advise what standard procedures are in place for checking the accuracy, originality or content of work, including title clearance:

BROADCASTING SECTION

10. Please advise the percentage mix of broadcasting services offered:

Consumer Programmes	%	News/ Current Affairs	%
Religious/ Political	%	Investigative/ Exposés	%
Other, please describe			

11. (a) Does the Applicant's News Teams engage in investigative reporting or exposés? ☐ Yes ☐ No

If "yes", please describe methods used for documenting sources of information.

(b) Are the Applicant's "action reports" or similar consumer programmes broadcast or telecast live?

☐ Yes ☐ No

If "yes", please describe how broadcast information is vetted.

(c) Are the Applicant's talk shows and interviews programmes pre-taped or pre-recorded and are a delay device used during "call-in" or other live audience participation programmes broadcast?

☐ Yes ☐ No

(d) Is the Applicant a member of any licensing body or similar?

☐ Yes ☐ No

If "yes", please specify:



PRINTING SERVICES SECTION

12. (a) Please indicate the percentage of turnover (including fee income) derived from each of the following:

Business and legal forms, including stationary	_____ %
Corporate or financial related materials, including annual reports, prospectus	_____ %
Books	_____ %
Pamphlets & flyers	_____ %
Games of chance (i.e. lottery tickets, scratch cards)	_____ %
Discount/ rebate coupons	_____ %
Catalogues	_____ %
Yellow Page Directories, or similar	_____ %
Wedding invitations, calling cards, social announcements	_____ %
Bindery	_____ %
Computer graphics	_____ %
Other, please specify	_____ %
Total	100%

(b) Does the Applicant engage in the design of logos and trademarks for clients? ☐ Yes ☐ No

If "yes", please attach a narrative describing the number designed per year and the procedures followed for trademarks/copyrights.

(c) Does the Applicant engage in the obtaining or providing of mailing lists to clients? ☐ Yes ☐ No

(d) Does the Applicant prepare bulk mailings for clients? ☐ Yes ☐ No

(e) Does the Applicant require clients to approve and sign off all proof copies before printing? ☐ Yes ☐ No

MARKETING SERVICES SECTION

13. (a) Does the Applicant engage in the design of logos and trademarks for clients? ☐ Yes ☐ No

If "yes", please attach a narrative describing the number designed per year and the procedures followed for trademarks/copyrights.

(b) Does the Applicant engage in the obtaining or providing of mailing lists to clients? ☐ Yes ☐ No

(c) Does the Applicant prepare bulk mailings for clients? ☐ Yes ☐ No

(d) Does the Applicant require clients to approve and sign off all proof copies before printing? ☐ Yes ☐ No



PROCEDURES SECTION

14. Does the Applicant have standard procedures for regular reviews of ongoing contracts internally and with clients? ☐ Yes ☐ No

If "yes", please specify.

15. Please provide details of the 5 largest contracts the Applicant has carried out in the past five years:

Client Name	Services Provided	Annual Revenue (RM)

16. (a) Please state what proportion of the Applicant's business involves the subcontracting of work to others _____ %
- (b) Does the Applicant insist the subcontractors to maintain their own defamation or professional liability cover? ☐ Yes ☐ No
- (c) If sub-contracting exists, please describe the services undertaken and provide a specimen of the contract terms applicable to this work.

III. FRAUD & DISHONESTY COVERAGE

17. If the Applicant wishes to have coverage for Fraud/ Dishonesty, please complete the following:

- (a) Has the Applicant(s) sustained any loss or claim through the fraud or dishonesty of any person? ☐ Yes ☐ No

If "yes", please specify

- (b) Is the Applicant(s) aware of any allegation or occurrence of fraud or dishonesty at any time committed by any past or present partner, director or employee? ☐ Yes ☐ No

If "yes", please give details and state precautions taken to prevent a reoccurrence.

- (c) Does the Applicant(s) always require satisfactory references or only when engaging senior employees? ☐ Always ☐ Senior Appointments Only

Nature of Reference ☐ Written ☐ Verbal

- (d) Is any employee allowed to sign cheques on his/her signature alone for values exceeding RM50,000? ☐ Yes ☐ No

If "yes", please give details on a separate sheet.

- (e) How frequently are checks carried out on all entries in the cash book with paying-books, receipts, counterfoils and vouchers and reconciled with bank statements including the balance of cash and unrepresented cheques, independently of employees receiving or banking monies, in respect of monies belonging to the Applicant as well as in trust on behalf of others?
- ☐ Weekly ☐ Monthly ☐ Quarterly ☐ Other (please specify)



- (f) Are client funds kept in a properly designated client account which is separate from the bank account of the Applicant? ☐ Yes ☐ No

III. INSURANCE & LOSS HISTORY

18. Is any partner, director or principal after inquiry, aware of any claims ever been made against the Applicant(s) or their predecessors in business or any of the present or former partners, directors or principals? ☐ Yes ☐ No
19. Is any partner, director or principal after inquiry, aware of any circumstances or occurrences which may give rise to a claim against the Applicant or their predecessors in business or any of the present or former partners, directors or principals? ☐ Yes ☐ No

If you have answered "YES" to questions 18 or 19, then full details of each matter must be advised before quotation can be considered. We, the **Insurers**, We, the **insurer**, AIG Malaysia Insurance Berhad (795472-W) must remind you that it is imperative to answer these questions correctly. **FAILURE TO DO SO COULD WELL PREJUDICE THE Applicant's RIGHTS**, if a subsequently a claim should arise.

20. (a) Please list out details of previous Professional Liability Insurance carried during the past 3 years.

If none, then please check here ☐

Period	Insurer	Limit	Excess	Premium

- (b) Has any proposal for Professional Liability Insurance made on behalf of the Applicant(s) or any predecessors in the business, or present partners/directors or principals ever been declined or has such insurance ever been cancelled or renewal refused or special terms imposed?

☐ Yes ☐ No

If "yes", please advise reason(s).

21. (a) Please specify Limit of Liability desired:

RM_____ RM_____ RM_____ RM_____ RM_____

- (b) Deductible desired:

RM_____ RM_____ RM_____ RM_____ RM_____



SIGNING THIS PROPOSAL DOES NOT BIND THE APPLICANT TO COMPLETE THIS INSURANCE

V. DECLARATION

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 the 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 _____

Title _____
(to be signed by Partner/ Director or Principal or equivalent)

Applicant(s) _____

Date _____



- 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

VI. PLEASE ENCLOSE WITH THIS PROPOSAL FORM

- A Brochure and list of current book titles, films, songs etc. (if available)
- A Brochure (if available)
- Copy of Standard Contract Terms (if available)