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.

Single Project Professional Liability

Proposal Form

I. APPLICANT DETAILS

Name of Applicant and Principal:	
Additional Insured (If Applicable)	
Address(es):	
Web Site Address:	
Establishment Date:	

II. DETAILS OF PROJECT

2. Please provide details of the Project to be insured.

(a) Title of Project

.....
.....
.....

(b) Location

.....
.....

(c) Estimated total contract value

.....
.....

(d) Estimated gross fee income to be received by the design and consulting team

.....
.....

(e) Total number of Staff Involved

.....

(f) Brief description as to an excerpt from the contract detailing the job scope and involvement of the Insured in the project (e.g. what is the Insured's role, whether they are involved in project management or not and etc):

.....
.....
.....

(g) Please complete the time chart below.

i. Pre-Design Phase (Including Feasibility Studies)

Period From	Period To	Contract Value (RM)	Fees (RM)

ii. Design Phase

Period From	Period To	Contract Value (RM)	Fees (RM)

iii. Construction Phase

Period From	Period To	Contract Value (RM)	Fees (RM)

iv. Maintenance Phase.

Period From	Period To	Contract Value (RM)	Fees (RM)

3. Do you engage in any actual construction ❑Yes ❑No

If "yes", please specify

_____

_____

4. Please indicate the type of professional services provided and the approximate percentage of each relative to the Applicant's total gross fee income:

Activity / Nature of Work	Percentage (%) of Fee Income
Architecture	
Interior Design	
Civil Engineering	
Electrical Engineering	
Mechanical Engineering	
Chemical / Petrochemical Engineering	
Structural Engineering (including piling work)	
Nuclear Engineering	
Surveying (land)	
Surveying (building)	
Heating, Ventilation, and Refrigeration	
Valuation	
Project Co-ordination	
Project Management	
Industrial Engineering / Process Engineering	
Landscape Architecture	
Planning Supervision	
Total	**100%**

5. Please indicate the categories of projects handled and the approximate percentage of each relative to the Applicant's total gross fee income/ gross turnover:

Activity / Nature of Work	Percentage (%) of Fee Income
Housing – Individual low rise homes	
Housing – High rise buildings (more than 10 stories)	
Housing – Multi-unit low rise building developments	
Roads – Non-highway (single lanes)	
Roads – Highways (non single lanes)	
Bridges, Tunnels and Dams	
Railways, Airports and Harbors	
Sewerage and Water Schemes	

Urban Planning / Infrastructure	
Industrial – Power Plants	
Industrial – Utility Plants and Manufacturing Plants	
Industrial – Refineries and Petro-Chemical Plants	
Industrial – Industrial System Build	
Hospitals / Nursing Homes	
Schools and Universities	
Hotels and Recreation Facilities	
Other Activities, please advise:	
Total	**100%**

III. INSURANCE & LOSS HISTORY

6. 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

7. 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 the Applicant have answered "YES" to questions 6 or 7, then full details of each matter must be advised before quotation can be considered. We, the **insurer**, AIG Malaysia Insurance Berhad (795472-W) (formerly known as Chartis Malaysia Insurance Berhad) must remind the Applicant 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.

8. 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).

_____

_____

_____

9. Please specify Limit of Liability and Deductible desired:

Limit: RM_____ RM_____ RM_____

Deductible: RM_____ RM_____ RM_____

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

IV. 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. I/We fully authorize the undersigned agent to act on my/our behalf in making representation/statements and/or instructions on my/our behalf to the Company for the purposes of any renewal and/or endorsements and/or cancellation to be made on the policy issued hereunder.

d. 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.

e. 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)**

f. 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.

g. 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 _____

h. 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

V. PLEASE ENCLOSE WITH THIS PROPOSAL FORM

- Copy of the Contract Terms and Condition with client
- Conceptual Design Drawings
- Schedule of Project values.