



MPI Generali Insurans Berhad (14730-X)

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MPI Generali Insurans Berhad is licensed under the Financial Services Act 2013 and regulated by Bank Negara Malaysia.
MPI Generali Insurans Berhad dilesenkan di bawah Akta Perkhidmatan Kewangan 2013 dan dikawal selia oleh Bank Negara Malaysia.

PROPOSAL FORM PROFESSIONAL INDEMNITY FOR MISCELLANEOUS OCCUPATION

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.

1. Details of Applicant

- (a) 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")

Empty rectangular box for providing the full name of all entities to be insured.

- (b) GST Declaration (Mandatory)

Are you a GST Registrant? [] YES [] NO

If YES, please provide the following:

Form with fields for GST Registration No., GST Registration Date, GST Registration Termination Date, and This insurance is purchase for: [] Personal Use [] Business Use.

- (c) Your Principal Address:

Empty rectangular box for providing the principal address.

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

(e) Date on which the Practice was established: ____ / ____ / ____.

2. Management and Personnel Details

(a) 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 Practices

(b) Please supply total numbers of:

(i) Partners/Principals/Directors		(v) Non-technical administrative staff	
(ii) Qualified Staff		(vi) Clerical staff	
(iii) Other technical staff		(vii) Other staff (Please specify)	
(iv) Trainee staff		TOTAL (All staff)	

For Sole Proprietors Only - Questions (c), (d) and (e)

(c) State the experience of your assistants and their length of service.

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

(e) If you are absent whilst engaged in supervision of construction what is your procedure to safeguard the quality of your work?

3. Details of Practice

Has the name of the practice ever been changed? Yes No

Has any other practice or business amalgamated or merged with you? Yes No

Have you purchased any other practice or business? Yes No

If you have answered "Yes" to either part (a), (b) or (c), please supply details.

(d) Is any Partner, Principal or Director connected or associated (financially or otherwise) with any other practice or business?

If you have answered "Yes" please supply details. Yes No

(e) Please list the professional bodies or associations to which the Applicant belongs.

(f) Please detail the approximate percentage of your commission, brokerage, or insurance or other consulting fees derived from your fields of work: (Please provide type of work, e.g. HR Outsourcing, Professional Training etc)

Type of Work	%	Type of Work	%
(i)	%	(vi)	%
(ii)	%	(vii)	%
(iii)	%	(viii)	%
(iv)	%	(ix)	%
(v)	%	(x)	%
TOTAL			100 %

(g) Please detail the approximate percentage of your total work: (Please provide field of work e.g. Recruitment etc)

FIELD OF WORK	%	
(i)	%	
(ii)	%	
(iii)	%	
(iv)	%	
(v)	%	
(vi)	%	
TOTAL		100%

(h) Please provide brief description, location, contract value and fees for the five (5) largest contracts undertaken over the past five (5) years.

BRIEF DESCRIPTION	LOCATION	CONTRACT VALUE (RM)	FEEES (RM)

(i) Does any contract or client represent more than 50% of your annual work or fees? Yes No

If you have answered "Yes" please supply details.

(j) Do you engage consultants, sub-contractors or agents? Yes No

If Yes

(a) do you insist they carry their own Professional Indemnity Insurance? Yes No

(b) 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

(k) Do you envisage any substantial changes in your activities or are there any major new operations contemplated during the next 12 months? Yes No

If you have answered "Yes" please supply details.

(l) Are verbal reports always confirmed in writing? Yes No

If No, how do you substantiate such verbal reports:

(m) Do you perform work outside of Malaysia, or work for clients located overseas? Yes No

If you have answered "Yes" please supply details.

(n) **For Human Resource / Employment Agency only.**

(i) State if Employment Agency is the Proposer's full time occupation? Yes No

(i.i) Percentage of income derived from temporary placements and permanent placements.

Temporary [%] Permanent [%]

(i.ii) Other professions, occupations or employment.

- (ii) Does the Proposer engage employees on behalf of their parent, subsidiary or Associate Company?

If you have answered "Yes" please supply details.

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- (iii) Please advise in what particular professions, trades or occupations the Applicants are being placed.

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- (iv) Is the Proposer required to undertake tests of an Applicants ability? Yes No

- (v) Is the Proposer required to check the qualifications/references of Applicants before employment by the client/employer?

If you have answered "Yes" please supply details. Yes No

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4. Financial Position of the Corporation

- (a) Please advise the date of your financial year end: ____ / ____ / ____

- (b) Please provide the amount of gross income/fees for the following:

	MALAYSIA	OTHER
(i) Current financial year		
(ii) Last financial year		
(ii) Previous financial year		

- (c) Please provide the amount of the largest annual fee for any one client:

Client Name	Year	Gross Fee

- (d) Please provide the approximate percentage of your activities (based on fee income) applicable to each country from which you derive a portion of your income.

Country	MALAYSIA	ASIA	EUROPE	US/CANADA	OTHER
Percentage of Income	%	%	%	%	%

5. Claims Details

- (a) Has any Partner, Principal, Director or staff member ever been subject to disciplinary proceedings for professional misconduct?

If you have answered "Yes" please supply details. Yes No

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- (b) Have any claims for negligence or breach of professional duty been made in the last ten (10) years against the Practice or any of their predecessors in business or any prior Practice of any of their present or former Partners, Principals or Directors, or have circumstances been notified to insurers that might give rise to a claim?

If Yes, please provide the following details in respect of each matter. Yes No

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

- (c) Are any of the Partners, Principals or Directors, AFTER ENQUIRY, aware of any claim or circumstances that might give rise to a claim against the Practice or any prior Practice or any of their present or former Partners, Principals or Directors which matter is not referred to in question (b) above? Yes No

Name of Claimant or Potential Claimant	Brief description of the Matter	Estimate of potential Liability

6. Insurance Cover

- (a) Does the Practice presently carry, or has the Practice ever carried Professional Indemnity Insurance? Yes No

If you have answered "Yes" please supply details.

Insurer: _____

Expiry Date: _____

Limit of Indemnity: _____

Premium: _____

- (b) Has the 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?

If you have answered "Yes" please supply details.

Yes No

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7. Application of cover

Option 1

- a) Limit of Indemnity required: _____
b) Deductible/Excess requested: _____ (Each and Every Claim)

Option 2

- a) Limit of Indemnity required: _____
b) Deductible/Excess requested: _____ (Each and Every Claim)

Option 3

- a) Limit of Indemnity required: _____
b) Deductible/Excess requested: _____ (Each and Every Claim)

8. Extensions of Cover

a) Is cover required for previous Business? Yes No

If you have answered "Yes" please supply details.

Name of Partner	Title of Previous Business	Dates of Previous Business

b) Please indicate if the following covers are required.

- (i) Loss of Documents Yes No
 If Yes, does the Proposer keep documents in fireproof cabinets? Yes No
- (ii) Libel and Slander Yes No
- (iii) Dishonesty of Employees Yes No
- (iv) Outgoing Partners Yes No

If you have answered "Yes" please supply details.

Name of Partner	Date Left Practice

9. Declaration

I/We the undersigned authorised **Insured Person(s)**, after enquiry declare as follows:

- (1) I am / We are authorised by each of the other Applicants to make this Proposal.
- (2) I/We have read and understood the Notice to the Proposed Insured on the front of this Proposal Form.
- (3) I/We have read this Proposal and the accompanying documents and acknowledge the contents of same to be true and complete.
- (4) I/We understand that, up until a contract of insurance is entered into, I/We are under a continuing obligation to immediately inform MPI GEN of any change in the particulars or statements contained in this Proposal or in the accompanying documents.

Although the signing of this Proposal does not bind the Applicants to effect insurance the Applicants acknowledge that the particulars and statements contained in this Proposal and in the accompanying documents shall be the basis of the contract should a Policy be issued; and further, the Applicants acknowledge that the Proposal and the accompanying documents will be incorporated in the Policy.

Name of Practice: _____

Signed: _____
 (Please affix Company stamp)

Partner, Principal or Director: _____

Date: _____

To be Completed by Insurance Brokers, Agents or Staff of MPI GEN

In Compliance with Section 16(2) of the Anti-Money Laundering Act 2001

I hereby certify that the Proposer's original NRIC/Business Registration Certificate was verified and authenticated by me at the point of sale.

Signature:

Name:

NRIC:

Date:

GOODS AND SERVICES TAX CLAUSE

The Insured and/or Insured Person agrees to pay and to hold harmless the Insurer / MPI GEN for any taxes or other government charges (however denominated) imposed by the government with respect to the execution or delivery of this Policy and/or Agreement.

PERSONAL DATA PROTECTION ACT 2010

MPI GEN is committed and have put in place a Privacy Policy to safeguard the security and confidentiality of your personal information with us. In using our services and website, you acknowledge and agree to be bound by the terms of our Privacy Policy which is available at www.mpigenerali.com.