MPI GENERALI

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.

COMPREHENSIVE GENERAL LIABILITY INSURANCE PROPOSAL FORM

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.

CHECK LIST

This checklist is to ensure that all necessary documents are compiled and furnished to the insurer for underwriting purposes.

Please tick where appropriate.

[ ] A copy of the assumed liability/purchasing contract or hold harmless agreement.
[ ] A copy of catalogues or other advertising materials.
[ ] A location map indicating the said property where the work is to be carried out in relation to the surrounding property.
[ ] _____
[ ] _____
[ ] _____
[ ] _____

Remarks :

_____

_____

(1) NAME OF APPLICANT

_____

(2) CORRESPONDENCE ADDRESS

_____

_____

(3) LOCATION OF RISK

_____

_____

(4) DETAILED DESCRIPTION OF APPLICATION'S OPERATIONS

_____

_____

(5) ANNUAL TURNOVER

Last financial year : RM _____

Current financial year : RM_____

Next financial year's projection : RM_____

(6) GENERAL LIABILITY

(a) Limits required

_____

(b) Description of Hazards

(i) Premises – Operations (as described under 7)

_____

(ii) Elevators – description, if any.

_____

(iii) Independent Contractors – Type and cost of work let or sublet.
What insurance do you require sub-contractors or independent contractors to carry?

_____

_____

(iv) Products – List of products sold and estimated annual sales. (If products liability coverage is required, please complete No 7 – Products Supplement).

_____

_____

_____

(v) Completed Operations – Length of time to be covered after completion of construction, installation and/or repair work carried out by the applicant or for which the applicant is liable.

_____

_____

_____

(vi) Contractual:
Effective date of Agreement(s):

_____

Name of Parties to the Agreement(s):

_____

_____

Please provide a copy of the wording of Assumed Liability or Hold Harmless Agreement.

(7) PREMISES OPERATIONS

Does Applicant:

(a) Own, rent, lease or operate any property such as, sales office, mercantile or office buildings, apartment buildings, theatres, warehouses, stores, residences or estates? Is he a concessionaire on anyone else's property?

_____

_____

(b) Own, rent, lease or occupy any land, farms, camps, docks or wharves?

(c) Use or advertise through the medium of signs, posters, bulletins, placards, street banners, etc. which are placed on premises not occupied by the applicant?

(d) Act for any property in the capacity of trustee, executor, administrator, guardian, receiver, or in any other fiduciary capacity or as a managing agent?

(e) Sublet any portion of premises he owns, rents, leases or occupies?

(f) Do any installation, repair or construction work off the premises?

(g) Demonstrate goods or products away from the premises?

(h) Contemplate any new construction structural alterations or demolition?

(i) Rent or lease mechanical equipment to or from others?

(j) Own or operate any railroad, locomotives, freight cars, industrial trucks, etc.?

(k) Sell or use explosives?

(l) Own or operate any watercraft or aircraft? If so, are passengers carried for a consideration?

(m) Act as a stevedore?

(n) Own or occupy an industrial village? If so, explain fully, giving number of residences, churches, theatres, stores and the street mileage.

(o) Have any joint operations with others?

(p) Own or use any dogs away from the insured premises?

(q) Employ any nurses, doctors or dentists?

(r) Maintain any hospital, infirmary, clinic, first-aid station?

(s) Own or operate any beauty parlor, barber shop, bathhouse, drugstore, swimming pool, sanitarium, health institution, etc.?

(t) Is there any other professional or malpractice exposure?

(u) If malpractice or professional exposure is let out on concession, does concessionaire carry professional liability coverage? If so, state policy term limits carried.

_____

(v) Engage in operations involving quarrying or underground mining.

_____

(w) What is the Insured's source of the following:

Water Supply _____

Milk Supply _____

Electrical Supply _____

(8) PRODUCTS SUPPLEMENT

(a) Describe and list separately, in the manner requested below, all products manufactured handled, distributed or sold by applicant:

(i) Products manufactured or prepared by applicant or which bear applicant's name or label.

_____

_____

(ii) Products handled, distributed or sold which do not bear applicant's name or label and which are manufactured and prepared by others.

_____

_____

(iii) Please attach samples of catalogues or other advertising materials with labels and printed wrappers which describe the above products and their use.

(b) How long has applicant operated in this business, how many products are added each year and what are quality controls? (If applicant is a branch operation these questions refer to the branch)

_____

_____

(c) Have there ever been any products suits or claims against all the products requiring cover under this policy since the product/products was introduced into the market? If yes, give particulars and cost of settlement.

_____

_____

(d) Does applicant's organization issue any guarantee of products? If so, please give details.

_____

_____

(9) WORKMEN'S COMPENSATION

(a) Please provide us the estimated annual wage roll.

_____

(b) Please state the occupation of your workers/staff.

_____

_____

(10) DETAILS OF LOSS AND PREVIOUS INSURANCE

(a) Has any Insurance Company cancelled or refused to renew insurance coverage?

[ ] Yes [ ] No

(b) Loss Experience

Have there been any reported incidents or claims filed? Please provide details including no. of incidents, paid outstanding and description of incident(s) for each year.

_____

_____

_____

_____

_____

(c) If there is prior loss history, has the cause of loss situation been corrected?

[ ] Yes [ ] No

On Products liability claim, please describe the cause of loss. Cause of loss could have been design error, manufacturing error, lack of maintenance, exceeding of design limits and environmental condition.

_____

_____

In addition please describe losses caused by discontinued products as well.

_____

_____

(d) Please provide details of your current Insurance. Kindly provide a copy of the policy.

Insurance company : _____

Expiry date : _____

Premium : _____

Excess : _____

IMPORTANT NOTICE

You are to disclose in the proposal form, fully and faithfully all the facts that you know or ought to know, otherwise the policy hereunder may be void.

The liability of the Company does not commence until acceptance has been intimated by the Company or official cover note issued.

Name of the person signing the proposal form : _____

Signature of the person signing the proposal form : _____

Date of signing of the proposal form : _____

Title/Designation : _____

Company Stamp : _____

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 sales

'Third Party' means by insurance brokers or staff of insurance companies

Signature: _____

Name: _____

NRIC No.: _____

Date: _____

PERSONAL DATA PROTECTION ACT 2010

MPI GENERALI 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 mpigenerali.com

GOVERNMENT TAX CLAUSE

The Insured and/or Insured Person agrees to pay and to hold harmless the Insurer 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.