



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**

GENERAL INFORMATION

ARE YOU A GST REGISTRANT?

YES

NO

If YES, please provide the following:

GST Registration No.: _____

GST Registration Date: _____

GST Registration Termination Date: _____ (if applicable)

This insurance is purchase for :

Personal Use

Business Use

(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 Question 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 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 wageroll.

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

(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.

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

Insurance company : _____

Expiry date : _____

Premium : _____

Excess : _____

IMPORTANT NOTICES

Non-Disclosure

If you fail to comply with your duty of disclosure, the Insurer may be entitled to reduce its liability under the contract in respect of a claim or may cancel the contract.

If your non-disclosure is fraudulent, the Insurer may also have the option of avoiding the contract from its beginning.

Claims Made Contract

Subject to its terms and conditions the Policy will cover your legal liability for any claim:

- first made against you during the Policy Period;
- resulting from any circumstance of which you become aware during the Policy Period which could give rise to a future claim against you provided you immediately inform us in writing of such circumstances within the Policy Period.

The Policy will NOT cover your legal liability resulting from any claim, matter, occurrence or circumstance arising from any act, error or omission committed or alleged to have been committed of which you were aware before commencement of the Policy Period.

Change of risk or circumstance

You should advise the Insurer as soon as practicable of any change to your normal business as disclosed in the Proposal, such as changes in location, acquisitions and new overseas activities.

Subrogation

Where you have agreed with another person or company, who would otherwise be liable to compensate you for any loss or damage which is covered by the Policy that you will not seek to recover such loss or damage from that person, the Insurer will not cover you, to the extent permitted by law, for such loss or damage.

DECLARATION

We acknowledge that we have read and understand the Important Notices contained in this proposal.

We agree that this proposal, together with any other information or documents supplied, shall form the basis of any contract of insurance.

We acknowledge that if this proposal is accepted, the contract of insurance will be subject to the terms and conditions as set out in the policy wording as issued or as otherwise specifically varied in writing by the Insurer.

We declare after enquiry that the statements, particulars and information contained in this proposal and in any documents accompanying this proposal are true and correct in every detail and that no other material facts have been misstated, suppressed or omitted.

We undertake to inform the Insurer of any material alteration to those facts before completion of the contract of insurance.

Signed _____
Chairperson

Managing Director or Chief Executive Officer

Dated _____

Company Stamp _____

TO BE COMPLETED BY INSURANCE BROKERS, AGENTS OR STAFF OF MPI GENERALI INSURANS BERHAD
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:

Date:

PERSONAL DATA PROTECTION ACT 2010

MPI Generali Insurans Berhad 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