

Proposal Form

**Error and Omission Insurance –
For Joint Management Body & Management Corporation**

A copy of the **Product Disclosure Sheet (PDS)** is available at our Customer Service Centre, branch offices or our intermediaries. Please make sure that you have read and understood the contents of the **PDS** before purchasing the product.

Berjaya Sampo Insurance Berhad (Registration No. 198001008821 (62605-U)) (BSIB) is licensed under the Financial Services Act 2013 and regulated by Bank Negara Malaysia.

Berjaya Sampo Insurance Berhad is a member of Perbadanan Insurans Deposit Malaysia (PIDM). For more information, kindly contact PIDM at 1-800-88-1266 or visit the PIDM website at www.pidm.gov.my.

IMPORTANT NOTICE ON PRE-CONTRACTUAL DISCLOSURE AND REPRESENTATION**Non-Consumer Insurance Contract**

Pursuant to Schedule 9 of the Financial Services Act 2013, if you are applying for this insurance for purposes of your trade, business or profession, you have a duty to disclose any matter you know to be relevant to our decision in accepting the risks and determining the rates and terms of your insurance. You also have a duty to inform us of any change in the details or information given to us before we issue the Policy to you, or before you renew or change any of the terms of your Policy. If you fail to do so, your Policy may be cancelled or treated as if it never existed, or your claim may be rejected or not fully paid.

The above duty of disclosure for Non-Consumer Insurance Contract shall continue until the time your contract of insurance is entered into, varied or renewed with us.

In addition to answering the questions in this proposal form, you are required to disclose any other matter that you know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied. 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.

PLEASE READ THE FOLLOWING NOTE BEFORE YOU COMPLETE THE PROPOSAL**1. CLAIMS MADE POLICY**

Claims made insurance only covers claims made against you during the period of insurance. However, provided you give the insurers notice in writing of any facts that might give rise to a claim against you, as soon as reasonably practicable after you became aware of those facts and before the expiry date of this insurance then this insurance will respond notwithstanding the fact that no claim has actually been made against you prior to the expiry date.

2. UTMOST GOOD FAITH

This Insurance is a contract based on the utmost good faith requiring the Insurer(s) and the Proposer/Insured(s) to act towards each other with the utmost good faith in respect of any matter arising in relation to this insurance.

IMPORTANT

1. Please answer all questions, leaving no blank spaces.
2. If you have insufficient space to complete any of your answers, please continue on your headed paper.
3. This form must be signed and dated by a Partner, Principal or Chief Executive Officer of the Firm.
4. If the firm is a body corporate, "Partners" is deemed to read "Directors".
5. Please circle the appropriate YES or NO.

A. Particulars of the Body Corporation				
1.	Name of the Body Corporation :			
2.	Registered Address of the Body Corporation:			
3.	a) When was the Body Corporation incorporated?			
	b) Business Registration Number/NRIC No :			
4.	Please give details of the current members of the management committee			
	Name	Age	Occupation	Date first appointed as committee member
	Please provide a copy of the Deed of Mutual Covenant of the Property			
5.	Number of property owner eligible to become members of the Body Corporation. (or number of units)			
B. Administration of the Body Corporation				
6.	Does the Body Corporation keep a budget annually?			<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	a) Does the Body Corporation Keep it's own accounts?			<input type="checkbox"/> Yes <input type="checkbox"/> No
	b) Are the Body Corporation's accounts audited by independent accounting firms?			<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Number of employees in the employ of the Body Corporation. Now: 12 months ago:			
9.	Did the Body Corporation instruct any property management company to take up the day to day management of the common parts of the building? If Yes, please specify:			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Please attach a copy of the latest financial statement of the Body Corporation.			
10.	Is there any plan to appoint another property management company? If Yes, please specify:			<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Is there any renovation project involving the amount over RM 1,000,000 during the last 12 months or anticipated in the next 12 months? If Yes, please specify:			<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	Is there any legal advisor appointed for the Body Corporation? If Yes, please specify:			<input type="checkbox"/> Yes <input type="checkbox"/> No
C. Insurance history				
13.	Are the committee members currently insured against their liabilities arising out of their performance of duties as a member of the management committee? If Yes, please specify:			<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	Particulars of the insurance arrangement during the last 5 years			
	Insurer	Period of insurance	Limit of Indemnity	Excess/ Deductible

15.	Did any of the following event happen?	
	i. Application of specific restrictive terms of policy If Yes, please specify:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	ii. Cancellation of policy If Yes, please specify:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	iii. Refusal to provide renewal quotation please specify:	<input type="checkbox"/> Yes <input type="checkbox"/> No
D. Miscellaneous		
16.	During the last 5 years, did any member of the management committee required to retire/ resign/ disqualified to become a committee member between two annual general meetings? Please give the details.	
17.	Have any claim ever been made against any member of the management committee (current or resigned)? If Yes, please provide details of claims:	
18.	Are any of the members of the management committee, after specific enquiry to them, aware of any circumstance which may give rise to claims against themselves personally in their capacity as a member of the management committee? If Yes, please provide details: Note: Coverage will be excluded for items in response to questions 17 and 18	
19.	a. Limit of indemnity required. RM	
	b. What excess are you prepared to carry in respect of each and every claim RM	

PAYMENT METHOD	
Total Premium Paid: RM	Please select payment method.
<input type="checkbox"/> Cash	
<input type="checkbox"/> JomPay For payment via JomPay, please provide proof of payment. <div style="float: right; border: 1px solid black; padding: 5px; margin-top: 10px;"> <div style="font-size: 0.8em;"> Billir Code: 1388 Ref-1: Cover note No/Policy No/EndtNo Ref-2: Agent Code/Name & Contact No </div> </div> <div style="clear: both;"></div> <div style="font-size: 0.7em; margin-top: 5px;"> JomPAY online at Internet and Mobile Banking with your Current, Savings or Credit Card account </div>	
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard </div> <div style="text-align: center;"> Card No. <div style="display: flex; justify-content: center; gap: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="font-size: 0.8em;">-</div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="font-size: 0.8em;">-</div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="text-align: center; margin-top: 5px;"> Expiry Date <div style="display: flex; justify-content: center; gap: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="font-size: 0.8em;">/</div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> </div> </div>	
Cardholder's Name: Date: Cardholder's Signature:	
SERVICE TAX - The Premium payable by you shall be subjected to service tax pursuant to the Service Tax Act 2018, including any subsidiary legislations, orders or regulations governing the application of such tax, as may be imposed or amended by the relevant authorities from time to time.	
PRIVACY NOTICE	
The Personal Data provided by and collected from you may be used and processed by us in order for us to provide our services in accordance with our Privacy Notice, which explains how we treat your Personal Data. Please refer to our Privacy Notice which is available on our website at www.berjaysompo.com.my for details. You may contact us for access to or correction of your Personal Data, or for any other queries or feedback.	
ACKNOWLEDGEMENT	
I/We acknowledge that the answers/information provided in this proposal form are true and correct and I/we have not withheld any information or made any misrepresentation likely to affect the acceptance of this proposal. I/We shall undertake to notify the Company when there is any subsequent change to the information provided in this proposal form. I/We understand and acknowledge receipt of a copy of the Product Disclosure Sheet (PDS) which has/have been made available to me/us. I/We acknowledge that the key contract terms have been adequately explained to me/us and I/we fully understand the terms.	
<div style="display: flex; justify-content: space-between;"> <div>Date</div> <div> Proposer's Signature <i>(If the Proposer is a company, authorised signature(s) and chop)</i> </div> </div>	
FOR AGENT / OFFICE USE	
Cover Note / Policy No.:	
Intermediary:	
Account No.:	
Remarks:	