

### Proposal Form

# **Fire Consequential Loss Insurance**

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

Berjaya Sompo 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 <a href="https://www.pidm.gov.my">www.pidm.gov.my</a>.

### 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 use BLOCK letters and CROSS (X) in appropriate box				
PARTICULARS OF PROPOSER				
Full Name:				
Business Registration No:				
Tel. No (H/P): Tel. No (Office):				
Address (Postal):				
Postcode: City:				
State: Country:				
Email:				
Business, Trade or Occupation:				
PARTICULARS OF RISK TO BE INSURED				
1. Period of insurance : From to to (Both Dates Inclusive)				
2. Situation of Risk in which the insurance is to apply				
3. Nature of Business carried on therein				

Particulars of Items to be Insured     (a) Description of Item to be Insured					
Description		Amount to be Insured (RM)			
i. On GROSS PROFIT (see Explanatory Notes 1 to 2)					
ii. On TOTAL WAGES for the first weeks followed by% for the remainder of the Indemnity Period (see Explanatory Note 4)					
iii. On AUDITORS' FEES (see Explanatory Note 5					
	Total sum insured				
(b) Indemnity Period (see Explanatory Note 3)	Months				
(c) Specified Working Expenses to be excluded are (see Explanatory Note 1)					
5. Additional Perils can be included with additional premium. Please cross if Perils is required. NB: Insurance against the risk of material damage by these Perils is required in order that cover under the Fire Consequential Loss Policy may be granted.					
☐ Aircraft Damage	☐ Impact Damage				
☐ Earthquake & Volcanic Eruption	☐ Water Damage due to burs	ting or overflowing of water tank, apparatus and pipes			
☐ Hurricane, cyclone, typhoon, windstorm	☐ Bush / lalang fire				
☐ Flood	☐ Subsidence or landslip				
☐ Explosion	☐ Others				
If others, please give details.					
6. The following Extensions can be included with addit	ional premium. Please cross if Ex				
(i) Prevention of Access		∐ Yes ∐ No			
(ii) Public Utilities		☐ Yes ☐ No			
If Yes, for utilities   Electricity   Water   Gas  The standard time excess for public utilities extension is 72 hours. This can be reduced to either 48 hours or 24 hours with additional premium					
Please specify if required.   Time Excess redu					
GENERAL QUESTIONNAIRES	_				
How long has the business been established?					
(a) Do you keep Stock Books and Sales Books?		☐ Yes ☐ No			
(b) Are there regularly entered?		☐ Yes ☐ No			
3. (a) Are your books regularly audited?		☐ Yes ☐ No			
(b) Give the name and address of the Auditor					
(c) Please submit along with this proposal the audited accounts for the last 3 years.					

4. Have you at present any insura	ance covering Consequential Loss?		Yes	□No
If yes, please give name(s) o	f the insurance company(ies) and amount(s) insured.			
5. Had any Company or Insurer in	n respect of any of the perils to which this proposal relates:-			
(a) Declined to insure you?			Yes	□No
(b) Required special terms to in	nsure you?		Yes	□No
(c) Cancelled or refused to ren	ew your insurance?		☐ Yes	□No
6. Have you ever made a claim u	nder a Fire Policy or Consequential Loss Policy within the last	3 years?	Yes	□No
If yes, please give details.				
	of the insurance covering Fire and Perils with all insurance  Y to which the insurance is to apply:	RM		
Total Annual Premium paid in	11,7	RM		
PAYMENT METHOD				
Total Premium Paid: RM Please select payment method.				
Cash				
□ JomPay	For payment via JomPay, please provide proof of payment.	PAY Ref-1: 0	Agent Code/Nan	
☐ Visa ☐ MasterCard	Card No.	Expiry Date	У	
Cardholder's Name:				
Date:	Cardholder's Signature:			
<b>SERVICE TAX</b> - 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 <a href="https://www.berjayasompo.com.my">www.berjayasompo.com.my</a> 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 or made any misrepresentation likely to affect the acceptance of this proposal subsequent change to the information provided in this proposal form. Disclosure Sheet (PDS) which has/have been made available to me/us explained to me/us and I/we fully understand the terms.	oposal. I/We shall undertake to notify the Company when there is any I/We understand and acknowledge receipt of a copy of the <b>Product</b>
Date:	Proposer's Signature: (If the Proposer is a company, authorised signature(s) and chop)
FOR AGENT / OFFICE USE	
Cover Note / Policy No.:	
Intermediary:	
Account No.:	
Remarks:	

# **EXPLANATORY NOTES**

- 1. GROSS PROFIT The sum to be insured should represent the amount by which
  - i) the sum of the turnover and the amount of the closing stock shall exceed
  - ii) the sum of the opening stock, and the amount of the Specified Working Expenses.

If the selected Indemnity Period is 12 months or less, the annual amount of Gross Profit should be insured; for Indemnity Periods exceeding 12 months the sum insured should represent the anticipated Gross Profit for the period selected. In the estimation of the Gross Profit the trend of business should be taken into account, bearing in mind that it is the Gross Profit which would have been earned during the twelve months (or longer indemnity period selected) following a fire, had the fire not occurred, which would be insured.

Specified Working Expenses are the uninsured variable charges; example 100% of Purchases (less discount received) carriage, packing, freight.

- 2. REBATE CLAUSE If at the end of your financial year the sum insured on Gross Profit proves to have been in excess of the certified Gross Profit earned, a return of premium limited to 50% on the premium paid on such sum insured will be made in respect of the excess. For this reason you are recommended to include a margin in the sum insured in order that you are not penalised by under insurance when a loss occurs.
- 3. INDEMNITY PERIOD This is the maximum period immediately following a fire during which the policy will provide indemnity under the respective items.

For items 1 and 2 you should select the period you estimate would be necessary for the business to recover entirely from the effects of any fire.

#### WAGES

- (a) If your business is such that all employees would be retained for the full indemnity period, then all wages should be insured under the Gross Profit item by not including wages as a specified working expense under Item 1.
- (b) If the full cover under note (a) is unnecessary, you may decided to insured the Wages of all employees for an initial period but thereafter to insure only a percentage of the wage roll for the remainder of the Indemnity Period chosen for the Gross Profit item, provided:-
  - (i) the indemnity period relating to the Gross Profit cover is 12 months or longer;
  - (ii) the initial period where 100% wages cover operates is at least 4 weeks;
  - (iii) a minimum of 10% of the total wage roll is to be insured after the initial period;

The rebate system also applies to items covering wages and it is recommended that wages sums insured also should include generous margins to allow for increasing trend or special circumstances. In all cases the sum insured should provide for all payments associated with wages such as EPF Contributions, SOCSO, Bonuses, Holiday Pay and the like. The initial period of cover should allow for the effects of the Contracts of Employment.

5. AUDITORS' FEES' - In the event of a claim under the policy it would be necessary for your Accountants to produce the figures which would be required in the preparation of the claim. Their fees for their work (which would be additional to their normal auditing of the Accounts) can be provided for by a special item, the sum insured representing your estimate of the fees likely to be incurred.