



(c) Total number of products manufactured annually.			
<b>* Please attach all printed materials describing the products.</b>			
5. Do you manufacture the complete products?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If 'No', what component parts are purchased by you?			
6. Do you assemble the products?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Do you supervise the assemble of the products?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Do you maintain and/or service the products?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If 'Yes', please give full details, including copy of your standard written service contract			
9. Do you maintain quality control procedures?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If 'Yes', set forth a brief outline of such procedures.			
10. Do you maintain complete inventory records reflecting shipment and/or delivery to consignees and/or serial and/or batch numbers reflected on the finished product and on shipment invoices?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Can the date of manufacture of each product be identified by the factory number stamped on it?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Do you keep samples of products involved in your quality control procedures?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If 'Yes', how long are samples retained?			
1 Year <input type="checkbox"/> 2 Years <input type="checkbox"/> 3 Years <input type="checkbox"/> 4 Years <input type="checkbox"/> 5 Years <input type="checkbox"/>			
13. Has your product ever been subject to any inquiry or investigation by any Government Agency concerning the efficiency, adequacy of labeling, hazardous contents, or safety?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If 'Yes', please give full details and results of such inquiry.			
14. Has your product complied with applicable national safety standards set by the respective government department?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If 'No', please explain.			
15. Have any of the products been recalled or ordered to be removed from the market by any government authority because of potential safety hazards?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If 'Yes', please give full details.			
16. What are the dates of your firm's financial year?		From _____	to _____
17. Set forth annual total gross sales as to each product.			
(a) Last Financial Year (audited)	RM	From _____	to _____
(Please attach copies of the audited annual report)			
(b) Estimate for Current Financial Year	RM	From _____	to _____
(c) Estimate for Next Financial	RM	From _____	to _____

18. Set forth the percentage (%) distribution of each product by country of destination.		
Product Insured	Country	% Of Distribution
19. Are you affiliated in any manner with any of your suppliers or distributors?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If 'Yes', please give full details.</b>		
20. (a) Is original installation of such products made by your employees?		<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) If 'No', does the installer supply parts not manufactured by you?		<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Do you issue guarantees and/or warranties to purchasers?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If 'Yes', for what period do you guarantee and/or warrant your products?</b>		
<b>Set forth full details and attach copy of your form of guarantee and/or warranty.</b>		
22. Do you agree to hold your dealers or distributors or firms harmless against claims or suits for personal injuries or property damage in connection with your products?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If 'Yes', please provide copies of all hold harmless and indemnity agreements with your dealers, distributors and firms.</b>		
23. Are your products accompanied by any written brochures, instructions or other written statements?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If 'Yes', please provide copies of the brochures, instructions or written statements.</b>		
24. Have you ever been sued or has any claim ever been made against you in connection with any of your products, whether or not such products are the subject of this application for insurance?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If 'Yes', state date and nature of claim or suit whether pending or resolved, and if resolved, manner of such resolution.</b>		
25. Is your company at present or has it in the past insured for any products liability risks?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If 'Yes', please state: -</b>		
a) Name of insurer(s)		
b) Limit of indemnity		
c) Gross Premium		
d) Deductible		
e) Period of insurance		
f) Extension (if any)		
26. Has any application for insurance for products liability been declined or has any such insurance been cancelled or renewal refused or have special terms been imposed?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If 'Yes', please give full details.</b>		
27. What amount of insurance indemnity do you require (list alternatives, if desired)?		a) RM                      b) RM

28. Are you aware of any incidents, occurrences, or circumstances in connection with or involving products which are the subject of this application that are likely to result in claims against you?	<input type="checkbox"/> Yes <input style="margin-left: 100px;" type="checkbox"/> No
<b>If 'Yes', please provide full details.</b>	
29. Have you acquired any entities within the last 5 years?	<input type="checkbox"/> Yes <input style="margin-left: 100px;" type="checkbox"/> No
<b>If 'Yes', please provide full details.</b>	
30. Do you have a legal department?	<input type="checkbox"/> Yes <input style="margin-left: 100px;" type="checkbox"/> No
a) Name b) Designation c) Tel No	
<b>PAYMENT METHOD</b>	
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="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 60%;"> <input type="checkbox"/> Visa Card No. <span style="border: 1px solid black; padding: 2px 5px;">  </span> - <span style="border: 1px solid black; padding: 2px 5px;">  </span> - <span style="border: 1px solid black; padding: 2px 5px;">  </span> - <span style="border: 1px solid black; padding: 2px 5px;">  </span>  <input type="checkbox"/> MasterCard         </div> <div style="width: 35%;"> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <div style="font-size: 0.8em;"> <b>Billers Code:</b> 1388  <b>Ref-1:</b> Cover note No/Policy No/EndtNo  <b>Ref-2:</b> Agent Code/Name &amp; Contact No           </div> </div> <div style="font-size: 0.8em;"> <b>JomPAY</b> online at Internet and Mobile Banking with your Current, Savings or Credit Card account         </div> </div> </div> <div style="margin-top: 10px;"> <b>Expiry date</b>  <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">m</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">m</div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">y</div> <div style="border: 1px solid black; padding: 2px 5px;">y</div> </div> </div>	
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.	
<b>PRIVACY NOTICE</b>	
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="http://www.berjaysompo.com.my">www.berjaysompo.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.	
<b>ACKNOWLEDGEMENT</b>	
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 <b>Product Disclosure Sheet (PDS)</b> 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 style="width: 45%;">           Date: .....         </div> <div style="width: 50%;">           Proposer's Signature: .....  <i>(If the Proposer is a company, authorised signature(s) and chop)</i> </div> </div>	
<b>FOR AGENT / OFFICE USE</b>	
Cover Note / Policy No.: _____	
Intermediary: _____	
Account No.: _____	
Remarks: _____	