

Proposal Form

**Professional Indemnity Insurance –
For Construction Industry (Architect, Engineer, Land Surveyor)**

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. YOUR DUTY OF DISCLOSURE**

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.

2. 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.

3. 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 Identified Officer of the Firm.
4. If you have a brochure about your firm's operation(s), please forward a copy with this application.
5. If the firm is a body corporate, "Partners" is deemed to read "Directors".

Please use BLOCK letters and CROSS (X) in appropriate box

PARTICULARS OF PROPOSER			
1. Name of Proposer			
2. Address of Proposer – If there is more than one address, please give each address.			
3. a. When was the firm established?			
b. Business Registration Number/NRIC No:			
4. Is the firm: <input type="checkbox"/> A corporation <input type="checkbox"/> A partnership <input type="checkbox"/> An individual			
5. During the past five years has the name of the firm changed or any other business been purchased or any merger or consolidation taken place? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, give full details:			
6. In which of the following professions is your firm engaged? Please indicate :			
____% Architects ____% Building Designers ____% Land Surveyors ____% Civil Engineers	____% Soil Engineers ____% Electrical Engineers ____% Mechanical Engineers ____% Heating & Ventilation	____% Structural Engineers ____% Chemical Engineers ____% Nuclear Engineers ____% Marine Surveyors	____% Aerospace Engineers ____% Other, Specify below:
7. Personnel			
Name of Partners/Directors/Executives	Qualifications	Date & place acquired	How long with firm
8. Total Personnel			
a. Partners/Directors/Executives as above. _____			
b. Total number of engineers, surveyors & architects _____			
c. Total number of field people (rodmen, chainmen, etc.) _____			
d. Total number of draughts people _____			
e. Total number of secretaries, phone operators, typists, etc _____			
TOTAL STAFF _____			
9. States in which firm practices: _____			
If involved in foreign work, give details:			
10. Have any of those listed in question 8 ever been the subject of disciplinary action by authorities as a result of their professional activities? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, give details:			
11. To what professional association(s) does the proposer belong?			
12. Indicate the proportion of fee income associated with supervision of construction _____			
13. A) Indicate the proportion of work under these headings in which the firm engages (should total 100%).			
a. Boundary surveys	None / Yes _____ %		
b. Work in connection with construction of bridges and/or tunnels	None / Yes _____ %		
c. Work in connection with dams	None / Yes _____ %		
d. Work in connection with mines	None / Yes _____ %		
e. Work in connection with harbours or jetties	None / Yes _____ %		
f. Work in connection with sewerage systems	None / Yes _____ %		

g. Work in connection with foundations	None / Yes _____ %
h. Work in connection with marine surveys	None / Yes _____ %
i. Work in connection with nuclear or atomic projects	None / Yes _____ %
j. Work in connection with heating, ventilation and air conditioning	None / Yes _____ %
k. Work in connection with petrochemicals, refineries, fertilizer, ammonia, urea plants	None / Yes _____ %
l. Work in connection with hospitals, schools, municipal buildings	None / Yes _____ %
m. Work on feasibility studies, reports, surveys where applicant is not involved in construction or design	None / Yes _____ %
n. Services connected with structures at fairs, shows, exhibitions to be demolished when fair, etc. closes	None / Yes _____ %
o. Other, please specify below	None / Yes _____ %
Total _____ %	
B) Does the proposer foresee any substantial changes in the percentages of question 12 or 13A) during the next twelve months? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, give details:	
C) Is the proposer embarking on any operation not detailed above during the next twelve months? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, give details:	
D) Has the proposer ever used or recommended design concepts which have not been previously proven to be successful in a production environment, or will the proposer do so during the period of the proposed insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please provide details	
14. A) Fees and contract values where applicable	
Estimate next 12 months	12 months expiring
12 months prior	
DOMESTIC OPERATIONS	
a. Construction values	RM _____ RM _____ RM _____
b. Gross billings/fees whether collected or not	RM _____ RM _____ RM _____
B) OVERSEAS OPERATIONS	
a. Construction values	RM _____ RM _____ RM _____
b. Gross billings/fees whether collected or not	RM _____ RM _____ RM _____
15. What percentage of the proposer's practice involves any of the following:	
a. Subletting of work to others	_____ %
b. Professional services on projects for owners who act as their own builder	_____ %
c. Professional services on projects for package or "turnkey" contractors	
i) As a manager of project	_____ %
ii) As member of project	_____ %
16. Does any one contract or client represent more than 50% of annual work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, give details:	
17. A) Does the proposer or any subsidiary, parent or otherwise related entity engage in actual construction, manufacturing or fabrication? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, give details:	
B) Are any of the individuals named in question 7, owners, officers, or employees of firms engaged in such work? <input type="checkbox"/> Yes <input type="checkbox"/> No	

If Yes, give details concerning the extent of such work and in the case of individuals named in question 7, the exact relationship of the individuals to the firm engaged in actual construction, manufacturing or fabrication.				
18. Does the proposer work with other firms in joint ventures (JV)? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes*, give details as follows:				
Name of JV	Total construction values	Proposers portion	Estimated total fees	% complete
*NOTE: Coverage will only be provided in respect of work physically performed by the proponent				
19. Is the proposer controlled, owned or associated with any other firm, corporation or company? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes give details:				
20. A) PREVIOUS COVERAGE:				
Give particulars of previous similar insurance carried during the PAST THREE YEARS:				
Company	Policy no.	Limits	Period (including dates)	
B) Give particulars of any specific project insurance previously arranged which included coverage for your firm and for which coverage is now proposed.				
21. Has any proposal for similar insurance made on behalf of the firm, any predecessors in business or present partners, ever been declined or has any such insurance ever been cancelled or renewal refused? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, give details:				
22. Has any claim ever been made against the proposer or any persons named in question 7 above or has the proposer made a claim under any design and construct policy? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, state briefly the cause and nature of the claim including the amount involved and names of the project and the claimant, the date when the claim was made, the date the act giving rise to the claim was committed and the final disposition:				
23. Is the proposer aware of any circumstances which may result in any claim of the kind covered by the proposed insurance against them, their predecessors in business, or any of the present or past partners or officers? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, give full details on the same basis as question 22				
24. Limit of liability requested RM _____ (limits in policy will govern coverage)				
25. Amount of excess required RM _____				
26. Attach a list of the 10 largest jobs in the last five years. Give names, type of structure and services performed, and amount for each job.				
27. Does the firm require indemnity for any or all of the following extensions for which extra premium may be required?				

<p>a. Amendment to the dishonesty exclusion (fraud and dishonesty of staff)</p> <p>b. Automatic reinstatement</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>																								
<p>28. If extension b. ii) (outgoing partners) is required, give the following details:</p> <p>a) Full name of the partners to whom it is to apply</p> <p>b) Date when they ceased to be partners of the firm</p> <p>Any additional remarks</p>																									
<p>29. Details of any design and consulting activities including project management and construction management activities</p> <p>a) Does a Design and Consulting Department operate as a separate entity with each contract billed with the actual fees? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b) Please list the countries in which the Firm provides, or has provided, Design and Consulting Activities, etc.</p> <p>c) Are all Associates and/or Subsidiary Companies and/or external consultants' work checked by Head Office? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, please give details:</p>																									
<p>30. a) Do you use independent specialist consultants? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, please give details (type of specialty and proportion of fees subcontracted).</p> <p>b) Are any persons ever hired from outside agencies on a short term basis? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c) Do you request evidence of Professional Indemnity Insurance from all consultants? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																									
<p>31. Please state (on an attached addendum) details of the five largest D & C type contracts which have commenced during the past six years where Design and Consulting activities etc. have been involved.</p>																									
<p>32. Please give an approximate percentage split of the disciplines within your Design and Consulting activities, etc.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Fees and contract values where applicant</th> <th style="text-align: center;">Estimate 12 months</th> <th style="text-align: center;">12 months expiring</th> <th style="text-align: center;">12 months prior</th> </tr> </thead> <tbody> <tr> <td>a) Design and construct in-house</td> <td style="text-align: center;">RM _____</td> <td style="text-align: center;">RM _____</td> <td style="text-align: center;">RM _____</td> </tr> <tr> <td>b) Construct from others design</td> <td style="text-align: center;">RM _____</td> <td style="text-align: center;">RM _____</td> <td style="text-align: center;">RM _____</td> </tr> <tr> <td>c) Design & technical services for others to construct</td> <td style="text-align: center;">RM _____</td> <td style="text-align: center;">RM _____</td> <td style="text-align: center;">RM _____</td> </tr> <tr> <td>d) Construction management – no construction input</td> <td style="text-align: center;">RM _____</td> <td style="text-align: center;">RM _____</td> <td style="text-align: center;">RM _____</td> </tr> <tr> <td>e) Project management</td> <td style="text-align: center;">RM _____</td> <td style="text-align: center;">RM _____</td> <td style="text-align: center;">RM _____</td> </tr> </tbody> </table>		Fees and contract values where applicant	Estimate 12 months	12 months expiring	12 months prior	a) Design and construct in-house	RM _____	RM _____	RM _____	b) Construct from others design	RM _____	RM _____	RM _____	c) Design & technical services for others to construct	RM _____	RM _____	RM _____	d) Construction management – no construction input	RM _____	RM _____	RM _____	e) Project management	RM _____	RM _____	RM _____
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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="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="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> </div>		Expiry Date <div style="display: flex; justify-content: center; gap: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; font-size: 0.7em;">m</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; font-size: 0.7em;">m</div> </div> / <div style="display: flex; justify-content: center; gap: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; font-size: 0.7em;">y</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; font-size: 0.7em;">y</div> </div>
Cardholder's Name:		
Date: <div style="float: right;">Cardholder's Signature:</div>		
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:		