

## Proposal Form

**Professional Indemnity Insurance - Single Project**

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](http://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****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.

**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 Proposer.
4. If you have a brochure about your operation(s), please forward a copy with this application. If the proposer is a body corporate, "Partners" is deemed to read "Directors".

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

PARTICULARS OF PROPOSER	
1.	<p>Name of Proposer (in full) :</p> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table> <p>Address (Postal):</p> <table border="1" style="width: 100%; height: 40px; border-collapse: collapse;"></table> <p>Postcode:</p> <p>Date(s) established.:</p>
2.	<p>Please give the total turnover or fee income (state which) of the Proposer. If a consortium, of each its members separately</p> <p>Name :</p> <p>Annual Turnover :</p>
3.	<p>Has the Proposer suffered any losses during the past five years in respect of those activities for which insurance is being proposed? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>If <b>Yes</b>, please give brief details including contract value and amount of claim.</p>
4.	<p>Is the Proposer or any senior officer thereof financially associated with any other organisation involved in this project? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>If <b>Yes</b>, please give full details.</p>
5.	<p>Has any application for similar insurance, whether for this project or not, ever been declined or cancelled or increased terms applied? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>If <b>Yes</b>, please give full details.</p>
<p>Project Title :</p>	
6.	
7.	<p>a. Nature of Proposer's responsibilities in respect of this project (e.g. please describe whether an architect, engineer, building contractor, consortium etc.)</p> <p>b. Does the Proposer have the experience and expertise necessary to fulfil the responsibilities described in 7a) <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>c. In respect of this project, will the Proposer use or recommend design concepts which have not been previously proven to be successful in a production environment ? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>If <b>Yes</b>, please provide details.</p>
8.	<p>Please give a brief description of works. (If the proposer is a Design &amp; Build contractor, please describe the design work to be undertaken by the Proposer in respect of this project for which this insurance is being proposed)</p>
<p><b>IMPORTANT:</b> Enclose a copy of the contract or if this is not available a copy of the clauses defining the Proposer's liabilities and in case of Design &amp; Build contract, a copy of the clauses specifying the Proposer's design responsibility in respect of this project.</p>	
9.	<p>State which of the following is applicable :</p> <p>a. The Proposer is currently in the process of tendering for this work and is unaware of the outcome of its tender. <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>b. The Proposer's tender / application has been successful. <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p>

10.	<p>If independent specialist designers or consultants are required would they be appointed by:</p> <p>a. The Proposer <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>b. The Principal <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p style="padding-left: 20px;">If appointed by the proposer what steps are taken to ensure that they are insured for their professional responsibilities, and to what extent is the Proposer responsible for such work?</p> <p>c. Does the contract call for the Proposer to assume responsibility for any independent specialist? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p style="padding-left: 20px;">If <b>Yes</b>, please explain in detail.</p>																																													
11.	<p>Are there any aspects of the project (or part of the project) for which this insurance is intended to cover:</p> <p>a. Comprise or include prototype or innovative construction techniques, designs or materials? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p style="padding-left: 20px;">If <b>Yes</b>, please provide detail. (If necessary by attachment):</p> <p>b. Are unusual with regard to the performance, quality, durability or tolerances required? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p style="padding-left: 20px;">If <b>Yes</b>, please provide details. (If necessary by attachment):</p> <p>c. The proposer is unfamiliar with and / or which do not fall within the scope of work with which the proposer is thoroughly experienced? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p style="padding-left: 20px;">If <b>Yes</b>, please provide details. (If necessary by attachment):</p> <p>d. The proposer considers should be drawn to underwriters' attention? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p style="padding-left: 20px;">If <b>Yes</b>, please provide details</p>																																													
12.	<p>Please complete the following in respect of the senior designers and project managers:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 25%;">Name</th> <th style="width: 25%;">Qualification</th> <th style="width: 25%;">Date Qualified</th> <th style="width: 25%;">Experience With This Type Of Contract</th> </tr> </thead> <tbody> <tr> <td style="height: 100px;"></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Name	Qualification	Date Qualified	Experience With This Type Of Contract																																									
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14.	<p>What is the estimated final contract value ? <b>RM</b></p>																																													
15.	<p>(a) Please provide the following information for each activity included in the project <b>(for Design &amp; Build contractor, please go to Question 15 (b))</b></p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 25%;"></th> <th style="width: 25%;">Total cost including <u>amounts subcontracted</u> Contract Value (RM)</th> <th style="width: 15%;">Fee (RM)</th> <th style="width: 25%;">Amount <u>subcontracted</u> Contract Value (RM)</th> <th style="width: 10%;">Fee (RM)</th> </tr> </thead> <tbody> <tr> <td>1. Consulting Engineering</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">a. Civil</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">b. Structural</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">c. Soil Foundation</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">d. Mechanical</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">e. Electrical</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">f. Heating and ventilating</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2. Architectural</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Total cost including <u>amounts subcontracted</u> Contract Value (RM)	Fee (RM)	Amount <u>subcontracted</u> Contract Value (RM)	Fee (RM)	1. Consulting Engineering					a. Civil					b. Structural					c. Soil Foundation					d. Mechanical					e. Electrical					f. Heating and ventilating					2. Architectural				
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3. Quantity Surveying				
4. Project Management				
5. Other (please specify)				
Total:				

(b) Please provide the following split of the total contract value in report of of this project  
**(for Design & Build contractor only)**

	Contract Value
1. Contract value where responsibility for design, technical supervision and construction is yours and you undertake all the activities 2. Contract Value where responsibility for design, technical supervision and construction is your but you sub-contract the following parts: a) Design b) Design and technical supervision c) Construction 3. Contract value where your undertake construction but have no responsibility in design (other than temporary works) or technical supervision 4. Contract value derived from other activities connected with your contract (Please give description of the activities)	a) b) c)
Total :	

16. Is the Proposer aware of any circumstances which are likely to give rise to a claim under this proposed insurance? ☐ Yes ☐ No  
If YES, please give full details.

17. Limit of Indemnity required **RM** \_\_\_\_\_  
The amount of indemnity effected provides protection in the aggregate during the period and is not an amount of coverage provided for each and every claim.

18. The excess you are willing to carry uninsured each and every claim :**RM** \_\_\_\_\_

19. Period of Insurance required?

PAYMENT METHOD	
Total Premium Paid: RM .....	Please select payment method.
<input type="checkbox"/> Cash	
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> JomPay           For payment via JomPay, please provide proof of payment.         </div> <div style="border: 1px solid black; padding: 5px; text-align: right;"> <p style="font-size: 0.8em; margin: 0;">             Biller Code: 1388              Ref-1: Cover note No/Policy No/EndtNo              Ref-2: Agent Code/Name &amp; Contact No           </p> <p style="font-size: 0.7em; margin: 0;">JomPAY online at Internet and Mobile Banking with your Current, Savings or Credit Card account</p> </div> </div>	
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Visa           Card No.           <div style="display: flex; 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; 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 style="display: flex; justify-content: flex-end; margin-top: -20px;"> <div style="text-align: right;">             Expiry Date  <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">m</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">m</div> </div> <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">y</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">y</div> </div> </div> </div> <div style="margin-top: 5px;"> <input type="checkbox"/> MasterCard       </div> </div>	
Cardholder's Name: .....	
Date: ..... Cardholder's Signature: .....	
<p><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.</p>	
PRIVACY NOTICE	
<p>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.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.</p>	
ACKNOWLEDGEMENT	
<p>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.</p>	
<div style="display: flex; justify-content: space-between; margin-top: 50px;"> <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:	