Comprehensive General Liability Proposal Form

FOR: CONTRACT RISK

IMPORTANT NOTICE:
Statement Pursuant to Schedule 9 if the Financial Services Act 2013: You are to disclose in this proposal form, fully & faithfully, all the facts which you know or ought to know, which are relevant to our decision in accepting the risk and terms to be applied, otherwise the policy issued hereunder may be void or we could refuse your claim. Please note that this duty of disclosure shall continue until the time the policy is issued, varied or renewed.

1. **Name of Proposer:**

2. **Address:**

3. **Name of Principals proposed to be included as additional Insureds:**

4. **Business Description:**

5. **Date Established :**

6.

Surrounding third party property:	Distance:	Nature of Property/Biz.
a) Front :		
b) Rear :		
c) Right :		
d) Left :		

7. **Estimated annual revenue/Turnover :**

8. **Estimated annual payroll :**

9. **Number of employees :**

10. **Equipment used in the contract:**
    a) Cranes :
    b) Backhole, Excavators
    c) Scaffoldings
    d) Other rented equipments- Please specify

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11. Please provide a complete list of Contractors and/or Subcontractors

a)
b)
c)
d)
e)
f)
g)

12. Is there any process involving the use of chemical, toxic and/or waste?
If so please provide details.

_____

_____

13. Please provide detail Scope of work as in the contract:

_____

_____

14. Location of Risk:

_____

15. Limit of Liability required :

_____

_____

16. Duration of the contract:

a) Contract period _____
b) Maintenance period _____
c) Any Testing period _____

17. Please mark Additional coverages required under this policy:

Premises Operation:

- **Products Liability** _____
- **Completed operations** _____
- **Comprehensive Auto coverage for Owned Non Owned Hired vehicles** _____
- **Contractual liability-Excluding sole negligence of Principals** _____
- **Premises Medical payment Insurance** _____
- **Personal Injury** _____
- **PLEASE BE ADVISED THAT ADDITONAL PREMIUM MAY BE CHARGED FOR CERTAIN ADDITIONAL COVERAGE**

18. Have any Insurers cancelled or declined cover in the past five years?

_____ **Yes** _____ **No** **If yes, please provide details.**

_____

_____

19. Has any insurer refused to renew and or increase your premium or imposed any new terms?

_____ **Yes** _____ **No** **If yes, please provide details.**

_____

_____

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20. Has any claim or loss been made against the Insured within the past five years?
_____ Yes _____ No If yes, please provide details.

_____

_____

Please list all claims of any nature incurred and/or presented to the Insured during the last five years whether paid or not. Please designate Currency and indicate whether claims have been paid or are still outstanding.

DATE	CLAIM	AMOUNT

21. Please provide the detail of your current insurance Premium for Liability Insurance.

a) Insurance Company _____
b) Cover _____
c) Limits _____
d) Deductibles _____
e) Rates/Premium _____
f) Why are you switching carriers

_____

_____

_____

IMPORTANT NOTICE

1. Your attention is drawn to the 60-days premium warranty attaching to this contract of insurance.
2. By this warranty, AIG Malaysia Insurance Berhad ("Company") has the option to automatically cancel the insurance policy unless the full premium is paid to the Company within 60 days from the commencement date of cover. Any premiums paid to your insurance broker is not deemed to be payment to the Company for the purpose of the premium warranty. Please note that if this insurance is transacted through your insurance broker, the broker is acting on your behalf for the purpose of formation of this contract of insurance. It is important that you ensure your insurance broker remits your premiums to the Company in strict compliance with the provisions of the premium warranty.

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DECLARATION AND AUTHORISATION

I/We hereby declare and agree that:

a. All written information provided by me/us for this insurance or any formal questionnaire or other documents signed by me/us in conjunction with this application, and statements and answers so made to AIG Malaysia Insurance Berhad (795492-W) ("Company") are full, complete, true/correct and to the best of my/our knowledge and belief and that I/we have not withheld or omitted any information, and I/we understand and agree that the Company, believing them to be such, will rely and act on them, otherwise any policy and endorsements (if applicable) issued (including renewals) or coverage granted may be void at the Company's option.

b. I/We will notify the Company of any material change to my/our risk profile, failing which, the Company reserves the right to either continue cover, impose additional terms or discontinue cover. I/We understand that failure to notify the Company of any material change to my/our risk profile may affect my/our rights during a claim.

c. Any personal information collected or held by the Company (whether contained in this application or otherwise obtained) is provided to the Company and may be held, used and disclosed by the Company to individuals, service providers and organizations associated with the Company or any other selected third parties (within or outside of Malaysia, including reinsurance and claims investigation companies and industry associations) for the purpose of storing and processing this application and providing subsequent service(s) for this purpose, the Company's financial products and services and data matching, surveys, and to communicate with me/us for such purposes. I//We understand that I/We have the right to obtain access to and to request correction of any personal information held by the Company concerning me/us. Such request can be made by writing to the Company at Level 18, Menara Worldwide, 198, Jalan Bukit Bintang, 55100 Kuala Lumpur, Malaysia, or phone:1 800 88 8811; fax:03-2118 0288; e-mail: *AIGCare@aig.com*

d. By submitting your personal information, you are indicating your consent to allow the Company to keep you posted on the Company's latest products, services and upcoming events. If you do not wish to be contacted by the Company, you can opt out anytime by notifying the Company at any of the channels above.

e. I hereby confirm that the Proposer/Insured* has expressly authorized me to act on his/their behalf in respect of the information and/or changes relating to the renewal/endorsement of this insurance policy. I agree to undertake any loss, cost or damages incurred by the said Proposer/Insured* and/or Company in relation to this representation. I declare that I have sighted the original NRIC/Certificate of Incorporation of the Proposer/Insured* and have done the necessary Anti Money Laundering check(s) which I have been trained to do and verify that the transaction is not prohibited by virtue of the Anti-Money Laundering & Anti-Terrorism Financing Act 2001.

f. For all intents and purposes where there is a conflict or ambiguity as to the meaning in the English provisions or the Bahasa Malaysia provisions of any part of this application, it is hereby agreed that the English version of this application shall prevail.

_____ _____

Signed by Proposer/Insured* Date:
Name:

*Delete where appropriate

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DECLARATION BY PROPOSER

I/WE, TO THE BEST OF MY/OUR KNOWLEDGE, HEREBY CONFIRM THAT ALL STATEMENTS CONTAINED IN THIS QUESTIONNAIRE FORM ARE TRUE AND CORRECT AND I/WE HAVE NOT CONCEALED, MISREPRESENTED OR MISSTATED ANY MATERIAL FACT.

I/WE AGREE THAT THIS STATEMENT AND DECLARATION CONTAINED IN THIS QUESTIONNAIRE FORM SHALL BE THE BASIS OF THE CONTRACT AND ARE DEEMED TO BE INCORPORATED IN THE CONTRACT OF INSURANCE WITH THE COMPANY WHEN THE QUOTATION IS ACCEPTED FOR COVERAGE.

DATE : _____ SIGNATURE : _____

STAMP/CHOP : _____

BROKER/AGENT : _____ DESIGNATION : _____

Declaration by Agent/Officer
Pengisytiharan oleh Ejen/Pengawai

I hereby declare that sighted the original NRIC of the Proposer's authorised Signatory/Business Registration Certification of the proposer and thereby verify his/her/its identity.
Saya dengan in mengesahkan bahawa saya telah meneliti Kad Pengenalan/ Sijil Pendaftaran Perniagaan asal pemohon dan dengan itu, mengesahkan identiti beliau.

Signature (Agent/Officer)
Tandatangan (Ejen/Pengawai)

Name / *Nama* : .....

Date / *Tarikh :* .....

IMPORTANT NOTE

A. Coverage requested in this proposal form is not to be construed as an acceptance or commitment on the part of the Company. The Company will offer terms for consideration and upon acceptance, the Company will confirm coverage.

B. Please provide detail scope of work-Extracts from the contract on scope of works will be helpful in understanding the risk.

C. For Contractual Liability coverage please provide extracts from contract heading "Responsibilities and Indemnities or Indemnities and Liabilities"

D. Please bear with us if additional clarification is required after completion of this form.

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