



MUI Continental Insurance Berhad

(Company no. 29123-D)

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PROFESSIONAL INDEMNITY PROPOSAL FORM

IMPORTANT NOTICE

Notice to the Proposer under Section 149 (4) of the Insurance Act 1996, you are required to disclose, in this proposal form, fully and faithfully all the facts which you know or ought to know, otherwise the policy issued hereunder may be void.

PREMIUM WARRANTY

Your attention is drawn to the 60 days premium warranty attached to the policy. It is a fundamental and absolute special condition of this contract of insurance that the premium due must be paid and received by the Insurer within sixty (60) days from the inception date of this policy/endorsement/renewal certificate.

If this condition is not complied with then this contract is automatically cancelled and the Insurer shall be entitled to the pro-rata premium for the period they have been on risk.

Policy No: _____ **Agency:** _____ **A/C No:** _____

I. GENERAL DATA

- Name of firm
- Address of head office
- Address of branch office(s) and name(s) of resident partners(s)
- In which country do you have tourists?
- When was the firm established?
- During the past five years, has the firm been charged or has any other firm been purchased or any merger or consolidation taken place? Yes No

If so, please give full details

- Details of all practising principals or partners

Names	Qualifications, dates qualified/total duration of professional experience	Position held in company and how long

- Total number of principals, partners and staff
Numbers

Technical:

- Principal, partners or officers _____
- Qualified tours guides _____
- Qualified architects _____
- Surveyors _____
- Draughtsmen _____
- Other qualified staff (please specify) _____
- Other technical staff _____
- Trainee staff (please specify) _____

Total non-technical/administration staff _____

A member of The MUI Group
In association with CNA Insurance, USA

9. Do you give work to independent firms, subcontractors and/or specialists? Yes No

If so, please state kind of work and percentage of fees.
(The professional liability of such independent firms is not fully covered under the proposed policy)

_____ %

10. Are you financially connected with a client? Yes No

Name of client: _____

11. Is a major part of the work carried out for only one client? Yes No

II. NATURE AND VOLUME OF YOUR PRESENT AND FORESEEABLE FUTURE ACTIVITIES

1. In which of the following professions is your firm engaged?

- | | | | |
|---------------------------|--------------------------|--|--------------------------|
| a) Civil engineering | <input type="checkbox"/> | e) Heating and ventilating engineering | <input type="checkbox"/> |
| b) Structural engineering | <input type="checkbox"/> | f) Chemical engineering | <input type="checkbox"/> |
| c) Mechanical engineering | <input type="checkbox"/> | g) Soil engineering | <input type="checkbox"/> |
| d) Electrical engineering | <input type="checkbox"/> | h) Others, not shown
Please specify _____ | <input type="checkbox"/> |

2. Division of the firm's activities
- | | % of total fees | | % of total fees |
|--|-----------------|--|-----------------|
|--|-----------------|--|-----------------|

- | | | | |
|--|---------|--|---------|
| a) Feasibility studies, reports, surveys, etc. | _____ % | i) Nuclear or atomic projects | _____ % |
| Please specify projects: | | j) Chemical, petrochemical plants | _____ % |
| b) Bridges and/or tunnels and roads | _____ % | k) Housing schemes, architecture | _____ % |
| c) Dams, rivers, and ports/harbours, jetties | _____ % | l) High-rise buildings | _____ % |
| d) Mines, underground or subaqueous works | _____ % | m) Schools, hospitals, municipal buildings | _____ % |
| e) Airports | _____ % | n) Industrialized system buildings | _____ % |
| f) Sewerage schemes, water supply | _____ % | o) Mechanical plant and bulk handling equipment (including silos, etc.) | _____ % |
| g) Foundations and underpinning railway and subway | _____ % | Other works including any specialist activities not shown above (specify which) – | _____ % |
| h) Water schemes, agricultural engineering | _____ % | | _____ % |

3. Responsibilities

- a) Design only _____ %
- b) Supervision of construction _____ %
- c) Design and supervision _____ %
- d) Project management (turn-key contract) _____ %
(see also III/3)

4. Construction values and fees

		Past financial year	Current financial Year	Estimate coming financial year
a.	Trips values			
b.	Gross fees received			

CV

Fees

5. List some of the largest **and** typical jobs performed by your firm during the last five years (brief description including values and fees). **1.**

Do you perform work outside of Malaysia, or clients / tourists from overseas?

If Yes, please supply breakdown of detail by country.

Please list all of the Origin country of your tourist
(% of any USA/CANADA/AUSTRALIA/EURPORE & etc, duration of the trips)

III. FURTHER ACTIVITIES

- 1. Do you also concern yourself with the sale and administration of real estate? Yes No
- 2. Do you construct and sell houses and flats for your account? Yes No
- 3. Do you act as a project manager or main contractor? Yes No
- 4. Are you an agent for goods used for construction or do you obtain commission from the sale or distribution of such goods? Yes No

What goods? _____

5. Are you connected with firms constructing houses and flats or with auxiliary firms to the building industry or with other firms as a

- member of the board? Yes No
- partner? Yes No
- Shareholder (more than 3%)? Yes No

Name of firms and activities: _____

6. Do your activities include giving expert opinions?

- Yes No

Also for municipal and state authorities?

- Yes No

IV. PREVIOUS INSURANCE/PREVIOUS CLAIMS

1. Have you previously been insured?

If so, please specify:

	Name of Insurer	Policy Period	Limit of Indemnity
1.			
2.			
3.			
4.			
5.			

2. Has a previous application been declined?

- Yes No

Has a previous insurance

- a) Required increased premium? Yes No
- b) Required special restrictions? Yes No
- c) Been terminated/not been renewed by an insurer Yes No

If so, please give detailed information: _____

3. Have any claims been made during the past five years against your firm?

- Yes No

If so, please advise amount and background of each claim: _____

4. Is your firm aware of any circumstances or incidents which may result in a claim or claims against your firm?

- Yes No

If so, please give full details: _____

V. INDEMNITY REQUIRED

1. Limit any one accident
2. Limit in the annual aggregate
3. Deductible each and every claim to be borne by the insured

VI. EXTENSION TO BASIC COVER

1. Loss of Documents
 * An extension that insured liability for any loss of documents that occur due to destruction, damage, misplacement or being unintentionally lost whilst insured documents are within the custody and care of the firm.
 Is insurance coverage required for this extension? Yes No

 If 'Yes', are the insured documents kept in cabinets or alternate storage space that is fireproof? Yes No

 If other than fireproof cabinets are employed, please provide description of the alternate storage space. _____

2. Dishonesty of employees Yes No
 If so, please answer the following questions:
 a) Has the firm sustained any loss through the fraud or dishonesty of any employee? Yes No
 b) Is any employee allowed to sign cheques without countersignature by a partner? Yes No

 If so, up to what amount? _____
3. Libel and slander Yes No
4. Partners' previous business Yes No
 a) Incoming partners Yes No
 b) Outgoing partners Yes No

 If this extension is required, please advise names of the partners and Incoming/outgoing dates. _____

Declaration

I/We declare that the statements and particulars in this proposal are true and that I/we have not misstated or suppressed any material facts. I/We agree that this proposal, together with any other information supplied by me/us, shall form the basis of any contract of insurance effected thereon.

Signing this proposal form does not bind the proposer or underwriter to complete this insurance.

Dated this _____ day of _____ Year

For and on behalf of _____
(insert name of firm)

Signature of partner or principal _____

Please attach a brochure concerning your firm.