QBE CONTRACTORS GENERAL LIABILITY Insurance PROPOSAL

QBE Insurance (Malaysia) Berhad   Reg. No.: 198701002415 (161086-D)

(Part of QBE Insurance Group)
(Licensed under the Financial Services Act 2013 and regulated by Bank Negara Malaysia)
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IMPORTANT NOTICE

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.

Cover Note No. _____   Intermediary No. _____

Intermediary Contact Number _____   Intermediary Name _____

Name of Company _____

(Hereinafter referred to as "Company" in this Proposal and in the Policy)

Principal Address _____

_____

Postal Code _____   Contact no _____

PROPOSER DETAILS

1 a) **Full name of proposed Insured including subsidiaries**

Company Name

b) **Postal Address** _____

_____

_____

c) **Phone:**   **Mobile:** _____   **Facsimile:** _____

d) **Occupation:** _____   **License Number:** _____

e) **Are you license to complete demolition work?**   ☐ Yes   ☐ No
   If Yes, please supply details:

_____

_____

f) **Interested parties (e.g. mortgage)**

_____

2.   **Type of policy:**   Annual Contract / Single Project Contract   *(delete whichever is not applicable)*

3.   **Construction Period:**   Effective Date *(dd/mm/yyyy)* _____   Expiry Date *(dd/mm/yyyy)* _____

4.   **Maintenance Period:**   Either _____   Months or Expiry Date *(dd/mm/yyyy)* _____

5.   **Limit of Indemnity RM** _____   any one occurrence

6.   **Excess RM** _____   any one occurrence

Clear 1

PROPOSER DETAILS (Continuation)

7. For annual contracts please show principal type of work performed, including estimated contract values:

Dwelling/flat	RM	Offices	RM
Factory Warehouse	RM	School	RM
Car Park Buildings	RM	Hotel/motel/warehouse	RM
Sporting facility buildings	RM	Civil works	RM
Retail	RM	Exhibition & assembly halls	RM
Others (please advise)	RM		

8. Advise your experience in the type of construction applied for in this proposal.

9. Construction details relating to single contractors
Please supply copies of plans and bar chart.

Construction Value   RM

10. Is there any excavation, piling, shoring or underpinning?   ☐ Yes   ☐ No
If Yes, please supply details

11. Are there any alterations or additions to existing permanent structures?   ☐ Yes   ☐ No
If Yes, please supply details

12. Are existing buildings, underground services or surrounding property affected by your work such as underpinning, removal or alteration of supports, excavations, shoring, piling, vibration, demolition, blasting etc. If yes, state details and method proposed to avoid damage.

13. Do you assume liability under contract or hold others harmless (other than lease liability)?   ☐ Yes   ☐ No
If Yes, please provide full details and attach copies of all agreements (other than lease liabilities).

14. Do you provide any advice, design, specification or quantity service to third parties?

a)   For a fee   ☐ Yes   ☐ No

b)   For no fee   ☐ Yes   ☐ No

If yes please provide details

Clear 2

15. Details relating to Annual Contracts.

    a) Annual turnover for the previous twelve months   RM ___   Value of largest single contract   RM ___

    b) Your estimate for the next 12 months   RM ___   Estimated value of largest single contract   RM ___

    Annual contract works limitation
    In respect to Annual Contracts, the following must be referred to the Underwriter before cover may be considered:
    *   *Construction projects involving more than one basement*
    *   *Civil works or construction projects involving earthworks in excess of 25% of the Insured Contract Works Value*
    *   *Projects consisting solely of plant and equipment installations*
    *   *Projects involving the raising, lowering or restumping of an existing structure, removal or alterations of supports or blasting*
    *   *Excavations exceeding 2.4 metres, underpinning, shoring, propping or sheet piling projects*
    *   *Any contracts in a CBD area*
    *   *Contracts where the construction period exceeds twelve months*

16. Details of all owned or leased unregistered and registered equipment used in construction.

17. Sub contractors
    NB This policy covers the named Insured vicarious liability for sub-contractors. The primary liability of sub-contractors is not insured by this policy. Sub-contractors should arrange their own policy.

    Please supply the following details:

    *   Number and occupation of contractors and sub-contractors on site

    *   Fees paid to contractors and sub-contractors split by occupation   RM ___

    *   Do you employ any contract labour employees?   ☐ Yes   ☐ No
        If Yes, please supply full details of occupation, employee number and wage roll

18. Claims and/or Loss Experience
    (a) After investigation please provide claims experience and/or uninsured loss experience over the last five years for losses and claims that would have been covered under the proposed insurance. Please show claim amount after the application of any excess.

Date (dd/mm/yyy)	No. Claims Reported	Amount paid and outstanding	Applicable Excess	Description of Claim
To				
To				
To				
To				
To				

    (b) After investigation are there any circumstances of which you are aware which could give rise to a claim under the proposed Policy and which are not mentioned above.   ☐ Yes   ☐ No
        If YES, please provide full details.

    c) Is there any additional information or detail of which you are aware and which may assist the Underwriter to better assess the nature of the risk?   ☐ Yes   ☐ No
        If Yes, please provide details:

Clear 3

PROPOSER DETAILS (Continuation)

19. **Previous Insurance History**

    After investigation has any proposed insured ever had any:

    (i)   Insurance declined or cancelled?   ☐ Yes   ☐ No

    (ii)   Renewal refused?   ☐ Yes   ☐ No

    (iii)   Special conditions imposed?   ☐ Yes   ☐ No

    (iv)   Increased excess imposed?   ☐ Yes   ☐ No

    (v)   Claims denied for this class of insurance?   ☐ Yes   ☐ No

I/We do hereby declare that:
1. I/We understand that it is my/our duty to take reasonable care not to make a misrepresentation in answering the questions in this Proposal Form and I/we hereby declare that I/we have fully and accurately answered the questions above.
2. This application and declaration hereby given shall be the basis of the contract with the Company and I/we will accept the terms, exclusions and conditions which will be set out in the policy to be issued.
3. I/We declare that to the best of my knowledge and belief the answers given above, documents or papers submitted, represent the true position and that I have not withheld any information material to this proposal. I agree that this proposal and accompanying documents or papers shall form or partly form the basis of the Contract proposed.

Signature (s):

Date: (dd/mm/yyyy)

Title

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