

QBE Association Liability Insurance Proposal Form



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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SST Reg No: B16-1808-31042744
www.qbe.com/my

Important Notice

Insurance Act 1996. You are 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. You may have the same duty to disclose those matters to us before you renew, extend, vary or reinstate a contract of insurance. (Please complete the form in block capitals, giving full and complete details, and crossing (X) the appropriate boxes. If space is limited, kindly attach a separate sheet.)

Cover Note No.	<input type="text"/>	Intermediary No.	<input type="text"/>
Intermediary Contact Number	<input type="text"/>	Intermediary Name	<input type="text"/>
Name of Company	<input type="text"/>		
	<i>(Hereinafter referred to as "Company" in this Proposal and in the Policy)</i>		
Principal Address	<input type="text"/>		
	<input type="text"/>		
Postal Code	<input type="text"/>	Contact no	<input type="text"/>

A. DETAILS OF APPLICANT

- Name of Association or Organisation (Hereinafter referred to as the "Association" in this proposal and in this Policy)
- Your principal address

 Postal Code
- Date the Association commenced business (dd/mm/yyyy)

B. DETAILS OF BOARD OF MANAGEMENT

- Please note: If your application contains the most recent Annual Report of the Association and the Board of Management remains unchanged from that Annual Report then it is NOT necessary to complete this question. Simply cross (x) the appropriate box below.

Details of the Board of Management of the Association are: in the attached Annual Report
 detailed below

- Please provide the following details:

Name of Board Member	Date Appointed	Qualification	Age
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

C. FINANCIAL POSITION OF THE ASSOCIATION

1. Has there been any change in the financial position of the Association or is there any trend or event not reflected in the Annual Report and financial statements attached to this Proposal, that might materially affect the financial position shown in those statements? Yes No
2. Is any proposed Insured Person aware of facts or circumstances that might affect the ability of the Association to meet all its debts as and when they fall due? Yes No

If you have answered YES to the above, please provide details:

D. ACTIVITIES OR SERVICES OF THE ASSOCIATION

1. Please provide description of Activities or Services conducted by the Association (Please provide brochures or other promotional materials (if any)):

2. Does the Association provide legal aid services, financial services, computer or information services or other advisory services? Yes No
3. Is the Association engaged in any form of research, development, experimentation or testing? Yes No
4. Does the Association conduct any activity which evaluates or sets standards for the qualification and performance of others or the quality of products manufactured or sold? Yes No

If you have answered YES to any of the above, please provide details:

E. CLAIMS HISTORY OF DIRECTORS, OFFICERS AND BOARD OR COMMITTEE MEMBERS

After full enquiry:

1. Has there been or is there now any prior or pending Claim against any proposed Insured Person, in their capacity as a director or officer of either the Association or any other company, organization, association, or trust? Yes No
2. Has there been or is there now any prior or pending litigation against any proposed Insured Person? Yes No
3. Any circumstances exist that might give rise to a Claim against any proposed Insured Person? Yes No

If you have answered YES to any of the above, please provide details:

F. CLAIMS HISTORY OF ASSOCIATION

After full enquiry:

1. Has there been, or is there now any prior or pending action, litigation or other proceeding against the Association, including but not limited to any action, litigation or other proceeding brought under or pursuant to any Federal, State, or local legislation? Yes No
2. Has there been or is there now any prior or pending investigation, examination, inquiry or other proceedings in relation to the affairs of the Association? Yes No
3. Any circumstances exist that might give rise to any event described above? Yes No

If you have answered YES to any of the above, please provide details:

G. INSURANCE COVER

1. Does the Association presently carry, or has the Association ever carried, Association Liability or Directors and Officers Liability Insurance? Yes No

If YES, please provide details:

Insurer

Expiry Date

Limit of Indemnity

Deductible

H. APPLICATION FOR COVER

1. Limit of Indemnity Required

2. Deductible / Excess Required

Please Note:

If cover is requested for any Optional Extension, then QBE may require additional information and reserves the right to charge any additional premium as it may require.

If cover is required for the Outside Directorship, please supply full name of all Outside Entity. Please note that it is not necessary to submit Annual Reports or financial statements for any Outside Entity unless requested by QBE:

I. DECLARATION & CONSENT

I/we hereby declare that I/we have fully and accurately answered the questions in this proposal form.

Privacy Statement - I understand that the personal data provided to purchase the above insurance will be used by QBE Insurance (Malaysia) Berhad to facilitate the performance of the function as an insurance company. I allow QBE Insurance (Malaysia) Berhad to collect, use and disclose my personal data to selected third parties in or outside Malaysia, in accordance with Privacy Policy Statement which is posted at our website www.qbe.com/my.

Proposer's Signature

Date: (dd/mm/yyyy)

J. DECLARATION BY AGENT / BROKER / OFFICER (STAFF OF INSURANCE COMPANY) /

In compliance with Section 16(2) of the Anti-Money Laundering and Anti-Terrorism Financing Act 2001 (AMTFA)

1. I/We hereby certify that one or more of the following original documents was verified and authenticated by me/us at the point of sales.

For Individual

NRIC (New)

Passport

For Company

Certificate of Incorporation (ROC)

Annual Return or Form 24 and 49

Latest Annual Audited Financial Statements

2. I/We have attached together with this proposal form a copy of the document(s) above of the applicant of individual policies or group Insurance policies where premium is more than RM50,000.00 or RM100,000.00 respectively.

Name

NRIC No

Date (dd/mm/yyyy)

Signature & Company Stamp

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