



QBE Insurance (Malaysia) Berhad

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for Directors & Officers' Management Liability

PROPOSAL FORM

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PROPOSAL FORM

A. NOTICE TO THE PROPOSED INSURED PERSONS AND COMPANY

1. Disclosure of Relevant Facts

Your Duty of Disclosure

Before you enter into a contract of general insurance with an insurer, you have a duty to disclose to the insurer every matter which you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same duty to disclose those matters to us before you renew, extend, vary or reinstate a contract of insurance.

Warning: Statement pursuant to Section 149(4) of the Insurance Act 1996) :

YOU ARE TO DISCLOSE IN THIS PROPOSAL FORM, FULLY AND FAITHFULLY, ALL THE FACTS WHICH YOU KNOW, OTHERWISE, THE POLICY ISSUED HEREUNDER MAY BE VOID.

Comment

The requirement of full and frank disclosure of anything which may be material to the risk for which you seek cover (e.g. claims, whether founded or unfounded), or to the magnitude of the risk, is of the utmost importance with this type of insurance. It is better to err on the side of caution by disclosing anything which might conceivably influence the insurer's consideration of your proposal.

2. Claims Made Policy

This proposal is for a "claims made" policy of insurance. This means that the policy covers you for claims made against you and notified to the insurer during the period of cover. This policy does not provide cover in relation to:

- events that occurred prior to the retroactive date of the policy (if such a date is specified);
- claims made after the expiry of the period of cover even though the event giving rise to the claim may have occurred during the period of insurance;
- claims notified or arising out of facts or circumstances notified (or which ought reasonably to have been notified) under any previous policy;
- claims made, threatened or intimated against you prior to the commencement of the period of insurance;
- facts or circumstances of which you first became aware prior to the period of insurance, and which you knew or ought reasonably to have known had the potential to give rise to a claim under this policy;
- claims arising out of circumstances noted on the Proposal Form for the current period of insurance or on any previous proposal form.

However, where you give notice in writing to the insurer of any facts that might give rise to a claim against you as soon as reasonably practicable after you become aware of those facts but before the expiry of the period of cover, the policy will, subject to the terms and conditions, cover you notwithstanding that a claim is only made after the expiry of the period of insurance.

You should familiarise yourself with our standard form of policy for this type of cover before submitting this proposal.

IMPORTANT

- Please answer ALL questions fully. If there is insufficient space, please provide details on your letterhead.
- Where provided, tick the appropriate box to indicate answer.
- The Applicant will be referred to in this Proposal as "You" or "Your".



B. DETAILS OF APPLICANT

(a) Name of the Company or Organization.

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

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.....

(b) Principal Address:

.....
.....
.....

(c) Date the Company commenced business:/...../..... .

(d) Principal business of the Company:

.....
.....

(e) Is the Company LISTED UNLISTED

(f) If listed, please detail the stock exchanges whereby the Company or its Subsidiary Companies are listed below:

Country of listing	Date of listing	Amount raised (Please provide currency)
.....
.....

C. FINANCIAL POSITION AND PRACTICES OF THE COMPANY

(a) Is any proposed Insured Person aware of facts or circumstances that might affect the ability of the Company to meet all its debts as and when they fall due? YES NO

(b) Does the Company have any plans to remove or replace its external auditor in the next 12 months? YES NO

(c) Are any of your significant accounting practices, including revenue recognition, anticipated to change in the next 13 months? YES NO

If you have answered Yes to any of the above, please elaborate:

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D. CAPITAL RAISINGS

Has the Company issued a prospectus or any other securities offering documents in the last twelve (12) months? YES NO

If Yes, please provide a copy of the document.

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E. SHAREHOLDER INFORMATION

Does any shareholder, or associated group of shareholders, own or control (directly or beneficially) more than ten percent (10%) of the share capital of the Company? YES NO

If Yes, please provide names of the shareholders and the percentage owned / controlled.

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F. MERGER, ACQUISITION OR TAKEOVER ACTIVITY

- (a) Is the **Company** considering any merger, acquisition, takeover or divesture proposal at present? YES NO
- (b) Is the **Company** subject to any takeover attempt, or has there been any attempted takeover of the **Company** in the last twelve (12) months? YES NO

If you have answered **Yes** to any of the above, please elaborate.

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G. NORTH AMERICAN OPERATIONS

Does the **Company** conduct any business in the United States of America or Dominion of Canada or their territories or protectorates? YES NO

If **Yes**, please provide the following details.

- (a) Total assets held in North America: US\$.....
- (b) Total revenue generated from North America: US\$.....
- (c) Does the **Company** have any American Depository Receipts (ADR) traded in the USA? YES NO

If **Yes**, please provide the following details:

- (i) What level is the ADR?
- (ii) How many outstanding ADRs are there?

H. INSURANCE COVER

- (a) Does the **Company** presently carry or has the **Company** ever carried Directors and Officers Liability Insurance? YES NO

If **Yes**, please supply details:

Insurer:

Expiry Date:

Limit of Indemnity:

Retention:

- (b) Has the **Company** or any proposed **Insured Person** ever been refused this type of insurance, or had similar insurance cancelled, or had an application of renewal declined, or had special terms imposed? YES NO

If **Yes**, please supply details.

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I. EMPLOYEE INFORMATION

(a) Please complete the table below:

	Location of Employees	
	USA/Canada	Excluding USA/Canada
Number of Employees		

(b) Are all employment terminations reviewed prior to termination? YES NO

(c) Do you have an employee handbook? YES NO

(d) Do your employment procedures conform to local employment legislation? YES NO

If you have answered **No** to any of the questions from (b) to (d), please elaborate:

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(e) Are you anticipating any redundancies, early retirements or downsizing in the next twelve (12) months? YES NO

(f) Have there been any **Employment Related Matters** or **Claims** in the last five (5) years? YES NO

If you have answered **Yes** to any of the questions from (e) and (f), please elaborate:

.....

J. CLAIMS HISTORY OF DIRECTORS AND OFFICERS

After full enquiry,

(a) 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 **Company** or any other company, organization, association or trust? YES NO

(b) Has there been or is there now any prior or pending litigation against any proposed **Insured Person**? YES NO

(c) Do 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 elaborate.

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K. CLAIMS HISTORY OF COMPANY

After full enquiry,

(a) Has there been or is there now any prior or pending action, litigation or other proceeding against the **Company**? YES NO

(b) Has there been or is there now any prior or pending investigation, examination, inquiry or other proceedings in relation to the affairs of the **Company**? YES NO

(c) Do any circumstances exist that might give rise to any event described under (a) or (b) above? YES NO

If you have answered **Yes** to any of the above, please elaborate.

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L. APPLICATION FOR COVER

- (a) Limit of Indemnity required:
- (b) Retention requested: (Each and Every Claim)

M. DECLARATION

I / We the undersigned authorized **Insured Person** or **Company**, after enquiry declare as follows:

- (a) I am / We are authorized by each of the other Applicants to make this **Proposal**.
- (b) I / We have read and understood the Notice to the Proposed Insured Persons or Company on the front of this **Proposal**.
- (c) I / We have read this **Proposal** and the accompanying documents and acknowledge the contents of same to be true and complete.
- (d) I / We understand that, up until a contract of insurance is entered into, I am / we are under a continuing obligation to immediately inform **QBE** of any change in the particulars or statements contained in this **Proposal** or in the accompanying documents.

Although the signing of this **Proposal** does not bind the Applicants to effect insurance, the Applicants acknowledge that the particulars and statements contained in this **Proposal** and in the accompanying documents shall be the basis of the contract should a **Policy** be issued; and further, the Applicants acknowledge that the **Proposal** and the accompanying documents will be incorporated in the **Policy**.

Name of Chairman/
Managing Director/
Chief Executive Officer:

Signature of Chairman/
Managing Director/
Chief Executive Officer: Date:/...../.....

Please enclose with this Proposal:

- (a) **The latest Annual Report or audited financial statements of the Company.**
- (b) **The last Interim Statement of the Company (if applicable).**

QBE Specialist Risks Unit
QBE Insurance (Malaysia) Berhad
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 Leisure Commerce Square
 No.9 Jalan PJS 8/9
 46150 Petaling Jaya
 Selangor

Phone: (03) 7861 8400 Fax: (03) 7861 8640

Your Insurance Adviser or Broker



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

In compliance with Section 16(2) of the Anti-Money Laundering Act 2001:

1. I/We hereby certify that the Proposer's original NRIC / Business Registration Certificate was verified and authenticated by me/us at the point of sale.
2. I have maintained a copy of the NRIC of the applicant of individual policies where premium is more than RM50,000.00 or Certificate of Incorporation (ROC or ROS) for applicants of group insurance policies where premium is more than RM100,000.00.

Name: NRIC No:

Date: ___/___/___ (dd/mm/yy) Signature and company stamp: