

Educators 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.

Please complete information in full and check boxes tick (✓) where appropriate. Please answer on a separate sheet of paper if the space provided is insufficient.

Cover Note No.	<input type="text"/>	Intermediary No.	<input type="text"/>
Intermediary Contact Number	<input type="text"/>	Intermediary Name	<input type="text"/>

A. DETAILS OF APPLICANT

- Name of educational institution or organisation (Hereinafter referred to as the "educational institution" in this proposal and in this Policy):
- Your principal address :

 Postal Code
- Date the educational institution commenced business: (dd/mm/yyyy)
- Type of educational institution (check all boxes that apply)
 Boarding School Primary/Secondary International School
 Primary/Secondary Private School College/University
 Others (Please specify)
- Accreditation of the educational institution:

B. DETAILS OF BOARD OF MANAGEMENT

- Please note: If your application contains the most recent Annual Report of the educational institution and the Board of Management remains unchanged from that Annual Report then it is NOT necessary to complete this question. Just tick (✓) the appropriate box below.
Details of the Board of Management of the educational institution are: in the attached Annual Report
 detailed below

2. 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 EDUCATIONAL INSTITUTION

1. Has there been any change in the financial position of the educational institution 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 educational institution to meet all its debts as and when they fall due? Yes No

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

3. Please provide the financial details as per the following:

	Current Year	Prior Year
Revenue		
Government grant		
Accumulated Budget Deficit/Surplus		
Reason for budget deficits and anticipated steps to address this.		

D. ACTIVITIES OR SERVICES OF THE EDUCATIONAL INSTITUTION

1. Please provide description of the courses provided by the educational institution (Please provide brochures or other promotional materials (if any)):

2. Is the educational institution engaged in any form of research, development, experimentation, or testing? Yes No

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

3. Please provide the approximate percentage of activities according to the region.

Income	Malaysia	Asia	USA/CAN	Other
Current Year				
Prior Year				

E. ENROLMENT AND EMPLOYMENT INFORMATION

1. Please provide the number of staff and students as per the following:

	Full Time		Part Time		Temporary	
	Current Year	Prior Year	Current Year	Prior Year	Current Year	Prior Year
Students						
Teachers						
Non-Teachers						
Others						

2. What is the number of students who stay in campus (for boarding schools).

3. What is the percentage (%) of local versus foreign teachers.

4. Are all employment terminations reviewed prior to termination? Yes No

5. Do you have an employee handbook? Yes No

6. Do your employment procedures conform to local employment legislation? Yes No

7. Are you anticipating any redundancies, early retirements or downsizing in the next twelve (12) months? Yes No

8. 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 5 and 6, please elaborate.

F. EDUCATIONAL INSTITUTION POLICIES

1. Does the educational institution adopted below policies pertaining to teachers and students?

- | | |
|--------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Suspension/expulsion | <input type="checkbox"/> Disciplinary action |
| <input type="checkbox"/> Corporal punishments | <input type="checkbox"/> Drug testing |
| <input type="checkbox"/> Sexual harassment/molestation | <input type="checkbox"/> Students with disabilities |

2. Does the educational institution plan to hold any study tour activities in the next 12 months?

Yes No

3. Does the educational institution have a disaster planning document in place and in practice for natural disasters, terrorist acts, acts of violence or unauthorized intrusions?

Yes No

4. Does the educational institution have any activities in North America?

Yes No

If yes, please provide details.

G. CYBER QUESTIONNAIRE

1. Please provide the number of Personal Identifiable Information (PII) records.

2. Do you store any credit card records?

Yes No

If yes, are they compliant?

3. Have you obtained Personal Data Protection license issued by Personal Data Protection Commission?

Yes No

If yes, please provide the date of certification.

H. 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 educational institution 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:

I. CLAIMS HISTORY OF EDUCATIONAL INSTITUTION

After full enquiry:

1. Has there been, or is there now any prior or pending action, litigation or other proceeding against the educational institution, 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 educational institution?

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:

J. INSURANCE COVER

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

If YES, please provide details:

Insurer:

Expiry Date:

Limit of Indemnity:

Deductible:

K. 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.

L. 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.

This application and declaration hereby given shall be the basis of the contract with the Company and I will accept the terms, exclusions and conditions which will be set out in the policy to be issued.

The liability of the Company does not commence until the application has been accepted.

Proposer's signature &
Company stamp

Date: (dd/mm/yyyy)

M. DECLARATION BY AGENT / BROKER / OFFICER (STAFF OF QBE)

In compliance with Section 16(2) of the Anti-Money Laundering, Anti-Terrorism Financing and Proceeds of Unlawful Activities Act 2001

- I/ WE hereby certify that I have verified and authenticated the Proposer's NRIC / Business Registration Certificate at the point of sales.
- I/WE have maintained a copy of the NRIC of the applicants of individual insurance where premium is more than RM50,000.00, a copy of Certificate of Incorporation (ROC or ROS) for applicants of group insurance policies where premium is more than RM100,000.00.

Name

NRIC No

Signature &
Company Stamp:

Date: (dd/mm/yyyy)

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