

QBE Professional Indemnity Proposal Form Accountants



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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Your Duty of Disclosure:

Pursuant to Paragraph 5 of Schedule 9 of the Financial Services Act 2013, if you are applying for this Insurance wholly for purposes unrelated to your trade, business or profession, you have a duty to take reasonable care not to make a misrepresentation in answering the questions in this Proposal Form. You must answer the questions in this Proposal Form fully and accurately.

Failure to take reasonable care in answering the questions 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.

In addition to answering the questions in this Proposal Form, you are required to disclose any other matter that you know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied.

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"/>
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. YOUR DETAILS

- Full name of all entities to be insured
- Your principal address
 Postal Code
- Address(es) of branch offices or other locations
 Postal Code
- Date on which your practice was established
- Has your practice been continuously in business since establishment? Yes No
If NO, please provide details.

B. MANAGEMENT AND STAFF

1. Please provide the following details

Name of Partner, Principal, Director	Age	Qualification	Date Qualified	Period Practicing as Partner, Principal or Director	
				This Practice	Previous Practice

Please append resume of your management (partner, principal or director) outlining their relevant professional experience if the practice been in operation for less than 3years.

2. Please provide the total number of:

a. Professionally Qualified Staff	<input type="text"/>	c. Non-Technical (Administrative) Staff	<input type="text"/>
b. Other Skilled and Technical Staff	<input type="text"/>	d. Other Staff (Please specify)	<input type="text"/>

C. DETAILS OF PRACTICE

1. Has the name of your practice ever been changed? Yes No
2. Has any other practice or business amalgamated or merged with your practice? Yes No
3. Have you purchased any other practice or business? Yes No

If you have answered YES to either C1, C2 or C3 please provide details.

4. Does the practice undertake work for any firm, company or organization in which any partner, principal or director holds a position whereby he is able to make major policy decisions on behalf of such firm, company or organization? Yes No

If YES, please provide details.

5. Please list the professional bodies or associations to which you and/or your practice belong.

6. Please categorise your activities or business conducted and indicate the approximate percentage of your fee income derived from each activity.

Type of Activity	Current Year (%)	Forthcoming Year (%)
(a) Audit		
(i) Public Companies		
(ii) Private Companies		
(b) Accounts Preparation/ Book Keeping		
(c) Payroll		
(d) Tax Advice		
(i) Public Companies		
(ii) Private Companies		
(iii) Individuals		
(e) Directorships/Secretarial Positions		
(f) Insolvencies, Liquidations & Receivership		
(g) Executorship And Trusteeship		
(h) Corporate Financing		
(i) Merger And Acquisitions		
(j) Management Consulting		
(k) Others (Please elaborate)		
Grand total of all divisions above must come to 100% ➡	100%	100%

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C. DETAILS OF PRACTICE (Continuation)

7. Have you undertaken any other activities in the past for which cover is required? Yes No

If YES, please provide details.

8. Do you or have you done any work or given any advice to financial institutions? Yes No

If YES, please provide details.

9. Do all instruments issued for the operation of bank account(s) bear at least two signatures where the amount of such instrument exceeds RM10,000? Yes No

If NO, what checks do you have in place?

10. Does your practice have a system in place for ensuring that time limits and critical dates are met? Yes No

If NO, how do you keep track of such time limits and critical dates?

11. Do you have a standard letter of engagement outlining your duties and the respective clients' responsibilities? Yes No

12. Do you have a standard disclaimers or warranties that you use/apply with all advice? Yes No

If you have answered NO to either C11 or C12, how do you outline your duties and responsibilities to the client?

13. Please provide a brief description and fees of the five (5) largest contracts(in terms of contract value) undertaken over the past five (5) years:

Client	Brief Description	Type of Work	Fees

14. Do you engage consultants, sub-contractors or agents? Yes No

15. What percentage of your work is subcontracted out? %

16. What is the nature of the work undertaken by them?

17. Do you perform work outside of Malaysia? Yes No

If YES, please provide locations and details of work.

18. Do you envisage any substantial changes in your activities or are there any major new operations contemplated for the next 12 months? Yes No

If YES, please provide details.

D. FINANCIALS

1. Please provide your total income/fees for the following:

Currency	Malaysia	Others
Estimate For Next Financial Year		
Current Financial Year Estimate		
Last Financial Year		

2. Please provide the approximate percentage of your activities (based on fee income) derived from clients based in the following country/regions:

Country/Region	Malaysia	Asia	USA/Canada	Others (Please specify)
Percentage of Total Income (100%)				

E. CLAIMS

1. Has any partner, principal, director or employee ever been subject to disciplinary proceedings for professional misconduct? Yes No

If YES, please provide details.

2. Has any claim been made, or has any civil liability been alleged in the last ten (10) years against you, your practice or any of its predecessors in business or any prior practice of any of their present or former partners, principals or directors, or have circumstance been notified to insurers that might give rise to a claim? Yes No

If YES, please provide the following details in respect of each matter on your company's letterhead and attach

- Date of Claim made
- Name of Insurer (if any)
- Name of Claimant or Potential Claimant
- Brief Description of Matter and latest update
- Amounts (If any) of Claim Paid and Estimated Outstanding amounts
- Is Matter Finalised or Outstanding and when was the last update?
- What actions have been undertaken to prevent a recurrence of the situation which gave rise to each claim?

3. Are there any circumstances not already notified to Insurers which may give rise to a claim against you? Yes No

If YES, please provide the following details in respect of each matter on your company's letterhead and attach

- Name of Claimant or Potential Claimant
- Brief Description of Matter
- Estimate of Potential Liability

F. PREVIOUS INSURANCE COVER

1. Does your practice presently carry, or has your practice ever carried professional indemnity insurance? Yes No

If YES, please provide details.

Insurer:

Expiry Date:

Limit of Indemnity:

Deductible:

2. Has your practice or any partner, principal or director 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 provide details.

G. INSURANCE COVER REQUESTED

Limit of Indemnity Required

Deductible / Excess Required

H. DECLARATION AND SIGNATURE

Privacy Policy Statement

I/We understand, acknowledge, agree and consent that QBE Insurance (Malaysia) Berhad and all of its related companies ("QBE") is permitted to collect, use, disclose and/or process my personal data revealed hereto. QBE is at liberty to disclose and transfer (including outside Malaysia) such personal data to relevant third parties provided that the revelation of my personal data is strictly for the purpose(s) in relation to the insurance which I have applied hereto, including but not limited to, the purpose(s) of: (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims; (ii) exercising any rights that QBE may have to recover monies from third parties; (iii) making reinsurance recoveries; (iv) investigating the accident and/or my claims; (v) carrying out and/or dealing with my instructions or responding to any enquiries by me; (vi) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); (vii) the development of databases on claims, claims statistics and/or claims development; and/or (viii) complying with applicable law in administering, processing, handling and/or dealing with my claims; (collectively the "Purpose"). My consent given hereto covers any repeated collection of my personal data in the same circumstances and is in line with the requirement set forth on the Personal Data Protection Act 2010.

QBE Insurance (Malaysia) Berhad is committed to ensuring the safety and security of your personal data. You may refer to our Privacy Policy Statement which is posted at our website www.qbe.com/my. If you seek further enquiries, please contact the Personal Data Privacy Officer at telephone number 03-78618400.

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.

Signature of Proposer

Date: (dd/mm/yyyy)

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

In compliance with Section 16(2) of the ANTI-MONEY LAUNDERING AND ANTI-TERRORISM FINANCING (AMENDMENT) ACT 2014

1. I/ WE hereby certify that I have verified and authenticated the Proposer's NRIC / Business Registration Certificate at the point of sales.
2. 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)