

QBE Professional Indemnity Proposal Form

Single Project Professional Indemnity



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)
No. 638, Level 6, Block B1, Leisure Commerce Square, No. 9, Jalan PJS 8/9, 46150 Petaling Jaya,
Postal Address P.O. Box 10637, 50720 Kuala Lumpur, Malaysia.
telephone +603 7861 8400 • facsimile +603 7873 7430
SST Reg No: B16-1808-31042744
www.qbe.com/my

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

1. Name of main applicant	<input type="text"/>		
2. Your principal address	<input type="text"/>		
	<input type="text"/>	Postal Code	<input type="text"/>
3. Date established	<input type="text"/>	(dd/mm/yyyy)	
4. Please list all parties (excluding main applicant) applying for this insurance			
Name:	Address:		
<input type="text"/>	<input type="text"/>		
<input type="text"/>	<input type="text"/>		
<input type="text"/>	<input type="text"/>		

Please note: The main applicant referred to in A1 and all parties referred to in A4 are collectively referred to in this proposal as 'You' or 'Your'.

B. DETAILS OF PROJECT

1. Please provide the following details

- a. Title of Project
- b. Location
- c. Estimated total contract value of project
- d. Estimated total contract value for all of you to be included for this insurance
- e. Estimated gross fee income of portion of project to be received by all of you to be included for this insurance
- f. Name of Principal
- g. Type of project Conventional Contract
 Design and Build Contract
 Management Contract
 Other, please elaborate:
- h. Brief description of project (Please also provide full details of the contractual scope of work, contract matrix/structure and conceptual design drawing via attachment)

2. Please summarise the expected time schedule for the project

Design Phase	Start Date	<input type="text"/>	Completion Date	<input type="text"/>
Construction Phase	Start Date	<input type="text"/>	Completion Date	<input type="text"/>
Maintenance Phase	Start Date	<input type="text"/>	Completion Date	<input type="text"/>
Discovery/ Extended Reporting Period	Start Date	<input type="text"/>	Completion Date	<input type="text"/>

3. Please categorise all the professional services required to be performed by you or on your behalf in connection with this project

Activity	Total Gross Fees* including any amount sub-contracted (RM)	Fees sub-contracted (RM)
a. Consultant Engineering		
(i) Civil		
(ii) Structural		
(iii) Mechanical		
(iv) Electrical		
(v) Acoustical		
(vi) Geotechnical / Soil / Foundation		
(vii) Heating and Ventilation		
(viii) Mining		
(ix) Nuclear		
(x) Environmental		
b. Architecture		
c. Drafting		
d. Town Planning		
e. Surveying		
(i) Building Surveying		
(ii) Land Surveying		
(iii) Quantity Surveying		
f. Interior Designing		
g. Project Management / Construction Management		
h. Registered Inspection / Accredited Checking		
i. Others (Please elaborate) :		
Total		

Clear 2

B. DETAILS OF PROJECT (Continuation)

4. Which of the following professional duties are required to be performed by or on behalf of you within the provisions of the contract?

- a. Administrating retention fund Yes No
- b. Agreeing clearing, forwarding and customs dues Yes No
- c. Approval of detailed design / drawings Yes No
- d. Arranging site insurance Yes No
- e. Authorising progress payments Yes No
- f. Cash flow forecasts Yes No
- g. Certifying final payment / completion Yes No
- h. Co-ordination / expediting Yes No
- i. Cost estimates Yes No
- j. Design criteria Yes No
- k. Drafting contract conditions Yes No
- l. Feasibility studies Yes No
- m. Flow sheets Yes No
- n. Geotechnical services Yes No
- o. Inspection of installation work Yes No
- p. Instructions to Tenderers Yes No
- q. Issuing variation orders Yes No
- r. Measurement Yes No
- s. Quality control and assurance Yes No
- t. Quantity estimates Yes No
- u. Settling contractual claims Yes No
- v. Supervision of commissioning Yes No
- w. Tender adjudication Yes No
- x. Working drawings Yes No
- y. Other (please elaborate): Yes No

C. METHODS EMPLOYED BY YOU

1. Are there any aspects of the project (or part of the project) which:

- a. Do not utilize well-established tried and tested techniques? Yes No
- b. Comprise or include prototype or innovative construction techniques, designs or materials? Yes No
- c. Involve the performance of professional services in regards to off-shore or sub-aqueous works? Yes No
- d. You are unfamiliar with and/or do not fall within the scope of work with which you are experienced? Yes No
- e. Are unusual with regards to the performance quality, durability or tolerance required? Yes No
- f. You consider should be brought to the insurer's attention? Yes No

If Yes to any above, please provide full details by attachment

2. Please provide resume of similar projects undertaken by you via attachment

Clear 3

D. CLAIMS DETAILS

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

If YES, please supply 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

E. OTHER INSURANCE

1. Please provide details (limits and deductibles) of other insurances which are likely to be in force in respect of and during the lifetime of the Project and which can be expected to provide elements of coverage for professional indemnity exposures for the parties included in this insurance:

Insurance	Details including Limits and Deductible
Construction "All Risk" (e.g. design cover following "damage")	<input type="text"/>
Building / other warranties	<input type="text"/>
General products liability (e.g. no exclusion of professional acts)	<input type="text"/>
Product guarantees (e.g. 12 months on equipment supplied)	<input type="text"/>
Other Professional Indemnity (e.g. consultants annual practice policies)	<input type="text"/>
Other Policies (please elaborate) :	<input type="text"/>
	<input type="text"/>

F. INSURANCE COVER REQUESTED

Limit of Indemnity Required

Deductible / Excess Required

Period of Insurance Required Start Date End Date (dd/mm/yyyy)

Clear 4

G. 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)

Important

When submitting this application, please check that you have attached the following :

- Question B1h. Extract of your contractual Scope of Work for this project
- Question B1h. Details of contract matrix/structure
- Question B1h. Conceptual design drawing
- Question C1. (If any) Details to question C1
- Question C2. Resume of similar projects
- Question D2/D3. (If any) Claim details

H. 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)