

COMMERCIAL GENERAL LIABILITY INSURANCE PROPOSAL FORM

Operations and Contractual Liability Coverage on a claims made basis

This proposal is to be completed by the proposer or an authorised officer of the proposer. All questions should be answered fully and accurately.

Signing of this proposal does not bind the company to offer nor the proposer to accept insurance, but it is agreed that this proposal shall be the basis of any insurance issued. No inference should be made, however, from the inclusion of any question in this proposal that the subject matter to which that question relates will be covered under the policy. The policy terms are only as stated in the policy which should be read carefully.

Non-Consumer Insurance Contract

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 inform 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 the Proposal Form (or when you applied for this insurance) is inaccurate or has changed.

Personal Data Protection Act 2010 ("PDPA") Notification to customers of The Pacific Insurance Berhad ("TPIB")

Under the PDPA, there are various requirements that regulate the processing of your personal data. Please refer to www.pacificinsurance.com.my for details of TPIB PDPA privacy notice.

Please read the entire policy and this proposal form carefully

If there is insufficient space to complete the proposal, please attach additional sheets.

1. **Full Name of Proposer** (To be Named Insured if policy is issued)

Name : _____

Postal Address : _____

The Proposer is a :

- Individual Joint Venture Partnership
 Organization (Other than Partnership or Joint Venture)

2. Is the Proposer a subsidiary of another entity? Yes No
If yes Details : _____

3. Does the Proposed have any Subsidiaries ? Yes No
If yes Details : _____

4. is there any other insurance with this Proposal ? Yes No
If yes Details : _____

5. Location of Premises : _____

6. **Limits of Insurance Requested**

A. Each Occurrence : _____
Combined single limit for bodily injury and property damage
B. Aggregate each policy year : _____

7. **Insured's Retained Amount Requested**

A. _____ per claimant with respect to each occurrence
or
B. _____ per each occurrence.

8. **Period of Insurance**

9.1 Commencement Date: _____
9.2 Termination Date: _____
9.3 Duration of Maintenance: _____

9. Exposure

		No	Yes			No	Yes
A	Is there any other insurance with this company or being submitted ?			I	Is there any participation in trade shows, exhibits, conventions ?		
B	Is a formal safety program in operation			J	Are recreation facilities provided?		
C	Are there advertising signs away from premises ?			K	Are sporting or social events sponsored ?		
D	Are medical facilities or first aid, fire or ambulance services provided or doctor employed/contracted ?			L	Are any structural alterations contemplated ?		
E	Is equipment loaned/rented or others ?			M	Is any demolition exposure contemplated ?		
F	Are boats or watercraft of any kind owned, hired or leased ?			N	Is there any catastrophe exposure ?		
G	Is there any exposure to flammables, explosives, chemicals?			O	Are there any areas of expected expansion in the next year ?		
H	Are there any parking facilities owned/rented ?						

Give a brief description of premises occupied by Proposer's business.

Give brief description of surrounding and existing buildings and/or structures not belonging to the Principal or Contractors (enclose maps if possible)

Is there any aggravated risk of

Fire ?

Yes

No

Explosion ?

Yes

No

If yes, give details :

Experience & details of Proposer in this Project?

10. **Information regarding Operations & Contractual Liability**

Title of contract (if projects consists of several section, specify section) to be insured.

Location of contract

Principal Name:

Address:

Main Contractor (s) / Name(s) :

Address(es) :

Sub-Contractor(s) Name(s) :

Address(es):

Name which parties are to be specified as the Insured in the Policy:

Contract Value : RM _____

Give full description of the scope of works of the contracts where insurance is required:

Details of agreement(s) assumed by the Proposer:

A. Is the proposer assuming all liability including the sole negligence of the Principal? Yes No

B. Is the Proposer assuming liability in the case of joint or indeterminate negligence? Yes No

If Yes to A or B, give details:

C. Is the Proposer assuming liability and expenses resulting from the Proposer's negligence? Yes No

If Yes to A or B, give details:

11. Have Plans, Design and Materials of the kind used in the project been used and/or tested in

11.1 Previous constructions? _____

11.2 Previous constructions by the Contractors(s)? _____

12. Specify the work to be carried out by Contractor / Sub-contractors:

Loss Experience

13. Please indicate below all losses paid or now reserved (whether resulting in claims or not) occurring during the past five years :

Year	Paid Claims		Outstanding Claims Reserves		Details of all Major Losses
	Number	Amount	Number	Amount	
20					
20					
20					
20					
20					

Please give details of all major losses :

14. Are there any claims currently pending against the proposer or is the proposer aware, AFTER INQUIRY, of any circumstances which could give rise to a claim under the proposed insurance ? Yes No

If yes, please give details :

15. **Prior Insurance**

Please give details of proposer's liability insurance coverage for the past five years :

Year	Insurer	Retroactive Date	Limits of Prior Insurance (RM)				Details of all Major Losses
			Bodily Injury		Property Damage		
			Each Occurrence	Annual Aggregate	Each Occurrence	Annual Aggregate	
20							
20							
20							
20							
20							

Has any Insurer ever declined or cancelled or refused to renew insurance or imposed special terms ? Yes No

If yes, please give details including name of Insurer.

Any other Extensions required

Give details of any special extension of cover required:

I/We, the undersigned, declare that to the best of my/our knowledge and belief the statements set forth herein are true and correct, and agreed that this Proposal and any supplementary information requested by the company and furnished in connection herewith shall form the basis of and be incorporated into any contract of insurance which may be concluded between the proposer and the Company.

I/We acknowledge that the key contract terms in the Product Disclosure Sheet have been adequately explained to me/us.

Signed: _____

Name: _____

Position: _____

Date: _____