



Statement Pursuant to Schedule 9 of the Financial Services Act 2013: The **Policyholder** is to disclose in this proposal form, fully and faithfully, all the facts which you know or ought to know, which are relevant to the **Insurer** decision in accepting the risk and terms to be applied, otherwise the policy issued hereunder may be void or the **Insurer** could refuse your **Claim**. Please note that this duty to disclosure shall continue until the time the policy is issued, varied or renewed.

Architects and Engineers Professional Liability Proposal Form

I. APPLICANT DETAILS

Name of Applicant:	
Address(es):	
Web Site Address:	
Establishment Date:	

II. BUSINESS ACTIVITIES

2. Please state the following details:

Number of Partners/Directors/Principals:

Number of Architects:

Number of Engineers:

Number of Qualified Others (i.e. surveyors etc.):

Number of Non-Technical Staff (i.e. administration, clerical, typists etc.):

3. Please give the following details of all Partners/Directors/Principals:

Name	Qualifications	Years in Industry	Years as Partner /Director/Principal

If a Partner/Director/Principal has been working in the relevant industry for less than 3 years, we will require a brief resume outlining career details.

4. Please provide a full description of the activities of Applicant:



5. Please state, during the past 5 years:

a) has the name of the Applicant(s) been changed?

☐ Yes ☐ No

b) has any other business(es) been purchased, merged or consolidated with the Applicant?

☐ Yes ☐ No

If "yes", please provide details on a separate sheet

6. Please provide details of any major new operations undertaken during the last 12 months or planned for the next 12 months.

7. Please give names of any professional organisations or associations of which the Applicant or principals are members:

8. Please indicate the type of professional services provided and the approximate percentage of each relative to the Applicant's total gross fee income:

Activity/ Nature of Work	Percentage (%) of Fee Income
Architecture	
Interior Design	
Civil Engineering	
Electrical Engineering	
Mechanical Engineering	
Chemical/ Petrochemical Engineering	
Structural Engineering (including piling work)	
Nuclear Engineering	
Surveying (land)	
Surveying (building)	
Heating, Ventilation and Refrigeration	
Valuation	
Project Co-ordination	
Project Management	
Industrial Engineering/ Process Engineering	
Landscape Architecture	
Planning Supervision	
Total	100%

9. Please indicate the categories of clients handled and the approximate percentage of each relative to the Applicant's total gross fee income/ gross turnover:

Activity/ Nature of Work	Percentage (%) of Fee Income
Government (Non-Military)	
Government (Military)	
Healthcare, Hospitals, Laboratories and Clinics	
Aerospace	
Manufacturing/ Industrial	
Other	
Total	100%

10. Please indicate the categories of projects handled and the approximate percentage of each relative to the Applicant's total gross fee income/ gross turnover:

Activity/ Nature of Work	Percentage (%) of Fee Income
Housing – Individual low rise homes	
Housing – High rise buildings (more than 10 stories)	
Housing – Multi-unit low rise building developments	
Roads – Non-highway (single lanes)	
Roads – Highways (non single lanes)	
Bridges, Tunnels and Dams	
Railways, Airports and Harbors	
Sewerage and Water Schemes	
Urban Planning/ Infrastructure	
Industrial – Power Plants, Utility Plants and Manufacturing Plants, Refineries and Petro-Chemical Plants, Industrial System Build	
Hospitals/ Nursing Homes	
Schools and Universities	
Hotels and Recreation Facilities	
Other Activities, please advise:	
Total	100%

11. Please give the following fee income details:

Year	Malaysia	USA/ Canada	Elsewhere
a) Previous Completed Financial Year			
b) Current Financial Year			
c) Estimate of Financial Year			

12. Please provide details of the 5 largest contracts the Applicant have carried out in the past 3 years:

Client Name	Nature and Period of Contract	Total Contract Value	Income

13. Is the Applicant, or any partner or principal- a member of a consortium, Joint Venture, or have any financial interest in any other firm? ☐Yes ☐No

If “yes”, please provide information about details of the work involved, the approximate percentage of the total fee income and information about how the liability is divided within the consortium/ Joint Venture.

III. RISK MANAGEMENT

14. a) Does the Applicant hold regular principal meetings? ☐Yes ☐No

b) Does the Applicant have standard procedures for regular review of ongoing Contracts internally and with clients? ☐Yes ☐No

c) Does legal counsel always review the Applicant's contracts, including changes to standard contracts/ letters of engagement? ☐Yes ☐No

If “no”, please explain who can approve variations and under what circumstances contracts can be changed.



d) Does the Applicant always use standard written contracts condition which clearly outlines the scope of your services?

☐Yes ☐No

e) Does all of the Applicant's contracts/ letters of engagement with the Applicant's customers include the following:

i) A detailed "scope of work", product specifications or other "performance expectations"? ☐Yes ☐No

ii) A limitation of liability for a fixed monetary amount? ☐Yes ☐No

iii) Do customers always sign the contract and its modifications? ☐Yes ☐No

f) Does the Applicant operate any Quality Assurance Systems? ☐Yes ☐No

If "yes", please specify which Quality Assurance Systems is use.

g) Does the Applicant operate Continuous professional training for all qualified members of staff?

☐Yes ☐No

IV. SUBCONTRACTED WORK AND PROCEDURES

15. a) Does the Applicant use sub-contractors? (sub-contractors includes any "outside consultants")

☐Yes ☐No

If "no", please move to next section of this proposal form

b) If "yes" to question 15(a), does the Applicant always use written contracts with all sub-contractors?

☐Yes ☐No

If "no", please advise when and why exceptions are granted.

c) Does the Applicant insist that sub-contractors maintain their own professional liability insurance policy?

☐Yes ☐No

If "yes", what are the minimum limit of liability that the Applicant insist upon.

If "no", does the Applicant assume the full responsibility for the work carried out by subcontractors.

V. POLLUTION QUESTIONNAIRE

16 Does the Applicant undertake any of the following activities: ☐Yes ☐No

a) Environmental Assessments/ Monitoring ☐Yes ☐No

b) Survey or Valuation of Landfill Sites ☐Yes ☐No

c) Survey or Valuation of property known to be polluted prior to the survey ☐Yes ☐No

d) Design or supervision of remedial or clean up operations involving polluted or contaminated property ☐Yes ☐No

e) Management of property which is known to be polluted or contaminated ☐Yes ☐No

f) Any contract relating to waste disposal, treatment or management ☐Yes ☐No

g) Any work relating to air emission control systems ☐Yes ☐No

h) Any work relating to industrial piping or process systems ☐Yes ☐No

i) Any work relating to underground storage facilities ☐Yes ☐No

j) Any work relating to hazardous chemical substances ☐Yes ☐No



VI. FRAUD & DISHONESTY COVERAGE

17. If the Applicant wishes to have coverage for Fraud/ Dishonesty, please complete the following:

a) Has the Applicant(s) sustained any loss or claim through the fraud or dishonesty of any person?
☐ Yes ☐ No

If "yes", please specify

b) Is the Applicant(s) aware of any allegation or occurrence of fraud or dishonesty at any time committed by any past or present partner, director or employee?
☐ Yes ☐ No

If "yes", please give details and state precautions taken to prevent a reoccurrence.

c) Does the Applicant(s) always require satisfactory references or only when engaging senior employees?
☐ Always ☐ Senior Appointments Only

Nature of Reference ☐ Written ☐ Verbal

d) Is any employee allowed to sign cheques on his/her signature alone for values exceeding RM 50,000?
☐ Yes ☐ No

If "yes", please give details on a separate sheet.

e) How frequently are checks carried out on all entries in the cash book with paying-books, receipts, counterfoils and vouchers and reconciled with bank statements including the balance of cash and unrepresented cheques, independently of employees receiving or banking monies, in respect of monies belonging to the Applicant as well as in trust on behalf of others?

☐ Weekly ☐ Monthly ☐ Quarterly ☐ Other (please specify)

f) Are client funds kept in a properly designated client account which is separate from the bank account of the Applicant?
☐ Yes ☐ No

VII. INSURANCE & LOSS HISTORY

18. Is any partner, director or principal after inquiry aware of any claims ever been made against the Applicant(s) or their predecessors in business or any of the present or former partners, directors or principals?
☐ Yes ☐ No

19. Is any partner, director or principal after inquiry, aware of any circumstances or occurrences which may give rise to a claim against the Applicant or their predecessors in business or any of the present or former partners, directors or principals?
☐ Yes ☐ No

If the Applicant have answered "YES" to questions 18 or 19, then full details of each matter must be advised before quotation can be considered. We, the **insurer**, AIG Malaysia Insurance Berhad (795472-W) must remind the Applicant that it is imperative to answer these questions correctly. **FAILURE TO DO SO COULD WELL PREJUDICE THE APPLICANT'S RIGHTS**, if a subsequently a claim should arise.



20. a) Please list out details of previous Professional Liability Insurance carried during the past 3 years.

If none, then please check here ☐

Period	Insurer	Limit	Excess	Premium

b) Has any proposal for Professional Liability Insurance made on behalf of the Applicant(s) or any predecessors in the business, or present partners/directors or principals ever been declined or has such insurance ever been cancelled or renewal refused or special terms imposed? ☐ Yes ☐ No

If "yes", please advise reason(s).

c) Is the Applicant currently Applicant under a Comprehensive General Liability, Contractor Pollution Liability and/or Umbrella Policy? ☐ Yes ☐ No

If "yes", please give details:

Insurance Company	Type of Coverage	Limits BI/PD	Effective (From/To)

21. a) Please specify Limit of Liability desired:

RM _____ RM _____ RM _____ RM _____ RM _____

b) Deductible desired:

RM _____ RM _____ RM _____ RM _____ RM _____

SIGNING THIS PROPOSAL DOES NOT BIND THE APPLICANT TO COMPLETE THIS INSURANCE

VIII. DECLARATION

I/We hereby declare and agree that:

- All written information provided by me/us for this insurance or any formal questionnaire or other documents signed by me/us in conjunction with this application, and statements and answers so made to AIG Malaysia Insurance Berhad (795492-W) ("Company") are full, complete, true, correct and to the best of my/our knowledge and belief and that I/we have not withheld or omitted any information, and I/we understand and agree that the Company, believing them to be such, will rely and act on them, otherwise any policy and endorsements (if applicable) issued (including renewals) or coverage granted may be void at the Company's option.
- I/We will notify the Company of any material change to my/our risk profile, failing which, the Company reserves the right to either continue cover, impose additional terms or discontinue cover. I/We understand that failure to notify the Company of any material change to my/our risk profile may affect my/our rights during a claim.
- I/We fully authorize the undersigned agent to act on my/our behalf in making representation/statements and/or instructions on my/our behalf to the Company for the purposes of any renewal and/or endorsements and/or cancellation to be made on the policy issued hereunder.



- d. Any personal information collected or held by the Company (whether contained in this application or otherwise obtained) is provided to the Company and may be held, used and disclosed by the Company to individuals, service providers and organizations associated with the Company or any other selected third parties (within or outside of Malaysia, including reinsurance and claims investigation companies and industry associations) for the purpose of storing and processing this application and providing subsequent service(s) for this purpose, the Company's financial products and services and data matching, surveys, and to communicate with me/us for such purposes. I/We understand that I/We have the right to obtain access to and to request correction of any personal information held by the Company concerning me/us. Such request can be made by writing to the Company at Level 18, Menara Worldwide, 198, Jalan Bukit Bintang, 55100 Kuala Lumpur, Malaysia, or phone: 03-2118 0188; fax:03-2118 0388; e-mail: AIGMYCare@aig.com.
- e. Furthermore, I/we hereby authorize any organization, institution or individual that has any records or knowledge of me/my covered family member(s), my health and medical history and any treatment or advice to disclose such information to the Company. This information (unless amended by at my/our request) shall bind me/my covered family member(s), successors and assigns, and remain valid, notwithstanding my/my covered family member(s) death or incapacity. A copy of this authorization shall be as valid as the original. **(this clause is only applicable for policies with medical & health benefits)**
- f. By submitting your personal information, you are indicating your consent to allow the Company to keep you posted on the Company's latest products, services and upcoming events. If you do not wish to be contacted by the Company, you can opt out anytime by notifying the Company at any of the channels above.
- g. For all intents and purposes where there is a conflict or ambiguity as to the meaning in the English provisions or the Bahasa Malaysia provisions of any part of this application, it is hereby agreed that the English version of this application shall prevail.

Signed _____

Title _____
(to be signed by Partner/ Director or Principal or equivalent)

Applicant(s) _____

Date _____

- h. I hereby confirm that the Proposer/Insured* has expressly authorized me to act on his/their behalf in respect of the information and/or changes relating to the renewal/endorsement of this insurance policy. I agree to undertake any loss, cost or damages incurred by the said Proposer/Insured* and/or Company in relation to this representation. I declare that I have sighted the original NRIC/Certificate of Incorporation of the Proposer/Insured* and have done the necessary Anti Money Laundering check(s) which I have been trained to do and verify that the transaction is not prohibited by virtue of the Anti-Money Laundering & Anti-Terrorism Financing Act 2001.

Signed by Agent Date Agent Code

Agent Name:

*Delete where appropriate

IX. PLEASE ENCLOSE WITH THIS PROPOSAL FORM

- A Brochure (if available)
- Copy of Standard Contract Terms with client (if available)
- Copy of latest Financial Statement (if available)