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.

Telecommunications 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 Employees:	
Number of Clerical:	

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. Telecommunication Services

(a) How many customers does the Applicant have? _____

(b) How many telephone access lines does the Applicant have? _____

(c) How many cable subscribers does the Applicant have? _____

(d) How many wireless subscribers does the Applicant have? _____

(e) Indicate the percentage of receipts attributable to the following services:

(f) Does the Applicant provide any form of emergency communications services? ❑Yes ❑No
If "Yes", please describe:

(g) Does the Applicant do its own billing? ❑Yes ❑No

(h) Does the Applicant bill for others? ❑Yes ❑No

If "Yes", please provide details:

(i) Please advise the Applicant's gross annual revenues from the following.

Professional Services	Last Year	This Year
Network & Related Services	RM	RM
Local Service	RM	RM
International Access	RM	RM
Internet Activities	RM	RM
Toll	RM	RM
Wireless	RM	RM
Billing	RM	RM
Technology Consultancy	RM	RM
Software Services	RM	RM
Software Maintenance / Installation	RM	RM
Facilities Management	RM	RM
MultiMedia Services or Broadcasting	RM	RM
Others (PLEASE SPECIFY)	RM	RM
Hardware		
Electronic & Related Equipment	RM	RM
Computer Hardware	RM	RM
Network Installation	RM	RM
Others (PLEASE SPECIFY)	RM	RM

8. Please give the following fee income details:

Year	Malaysia	USA/ Canada	Elsewhere
Previous Completed Financial Year	RM	RM	RM
Current Financial Year	RM	RM	RM
Estimate of next Financial Year	RM	RM	RM

9. Business Activities on the Internet

Check the appropriate box, if the Applicant's core business functions or processes involve, via internet, network or computer systems, the following activities listed in (a) to (h):

❑ (a) **ACCESS**: Sending and receiving email, transferring files, browsing the internet.

❑ (b) **PRESENCE**: Providing information or advertising over the internet through a web server.

❑ (c) **PRODUCTION ACCESS**: Integration of any business information or internal processes with a web site.

❑ (d) **ELECTRONIC COMMERCE**: The buying and selling of products, services or information over the internet between a buyer and seller. Electronic Commerce can also include three-party business transactions, typically between an internet user, a merchant, and a bank, involving buying or selling valuable goods, products, or services or the transmission of sensitive financial information to exchange. Electronic Commerce also includes the Applicant's permitting of advertisements on the Applicant's web site by others for a fee, regardless of any other internet activities the Applicant may conduct.

❑ (e) **COLLABORATION**: Virtual Private Network (VPN) or any "extranet" activities. This could also include the provision of computer system resources to a third party.

❑ (f) **HOSTING**: Providing hosting services to third parties.

❑ (g) **DIGITAL CERTIFICATES**: Installation, management, or maintenance of any digital certificate.

❑ (h) **OTHER**: Any other specific activities, products, or services (please describe)

10. Please provide details of the 5 largest contracts the Applicant has carried out in the past five years:

Client Name	Services Provided	Annual Revenue (RM)

11. Does the Applicant have written contracts or agreements with each client? ❑Yes ❑No
If "yes", please attach copy of standard contract terms

12. Subcontracting Work

(a) Please state the amount of Applicant's involvement in subcontracting work to others? _____%

(b) If subcontracting work exists, please describe the services undertaken and provide a specimen of the contract terms applicable to this work.

(c) Are subcontractors required to carry their own Professional Liability insurance? ❑Yes ❑No

III. FRAUD & DISHONESTY COVERAGE

13. 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 cheque on his/her signature alone for values exceeding RM50,000?
❑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 unpresented 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 ❑Others (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

IV. INSURANCE & LOSS HISTORY

14. 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

15. 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 has answered "YES" to questions 14 or 15, 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.

16. (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 (RM)	Excess (RM)	Premium (RM)

(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).

17. (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

V. DECLARATION

I/We hereby declare and agree that:

a. 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.

b. 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.

c. 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.

d. 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)**

e. 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.

f. 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 _____

g. 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

VI. PLEASE ENCLOSE WITH THIS PROPOSAL FORM

- A Brochure (if available)
- Copy of Standard Contract Terms (if available)