

PROPOSAL FORM
PROFESSIONAL INDEMNITY INSURANCE FOR REAL ESTATE AGENTS/VALUERS

SECTION 149(4) OF THE INSURANCE ACT 1996 : Statement Pursuant to Section 149(4) of the Insurance Act 1996. You are required to disclose in this proposal form, fully and faithfully all the facts which you know or ought to know, otherwise the policy issued hereunder may be avoided.

IMPORTANT NOTICE : Your attention is drawn to the 60 days premium warranty attached to the Policy. By this warranty, the Insurance Policy is automatically cancelled unless the full premium is paid to the Insurer within 60 days from the commencement date of cover. Please note that if this insurance is transacted through your Insurance Broker, the Broker is acting on your behalf for the purpose of formation of this contract of insurance. It is important that you make the full payment of the premium to your Broker as soon as possible and in any case within the 60 days period of the premium warranty so as to enable your Broker to remit the premiums early to your Insurer. You are advised to request your Broker to furnish you with the Broker's and Insurer's receipt on the premium that you paid.

ALL QUESTIONS MUST BE FULLY ANSWERED

Cover Required:

RM100,000	RM200,000	RM250,000	RM500,000
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Policy:

New	Renewal
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Name of Proposer : _____

Postal Address : _____

Post Code : _____

Date of Birth : _____ I/C No. / Business Registration No. _____

Occupation / Business : _____

Telephone No. : (O) _____ (H/P) _____

Fax No. : _____ E-mail : _____

Period of Insurance : From _____ to _____ (both date inclusive)

Name of all Partners / Principals	Age	Qualifications & Date Qualified	How long Practising as a Partner / Principal	Years of Experience in the Profession

Total number of

(a) Partners/Directors _____

(b) Professionally/qualified staff other than Valuers _____

(c) Professionally qualified staff Valuers _____

(d) Other staff _____

(e) Do any staff with less than 5 years experience engage in Valuing or Real Estate Duties?

Yes No

If yes, please state names and qualifications and/or experience on a separate sheet.

Please state percentage of practice relating to the following field of activities :-

- (a) Domestic Property %
- Industrial and Commercial Property %
- Rural/Farm Property %
- Hotel / Licensed Premises %
- Plant and Machinery %

Does the Firm/Company engage in valuation work of
Yes/No

- | | | |
|--|----------------------|----------------------|
| (a) Domestic Property? | <input type="text"/> | <input type="text"/> |
| (b) Industrial or Commercial Property? | <input type="text"/> | <input type="text"/> |
| (c) Rural/Farm Property? | <input type="text"/> | <input type="text"/> |
| (d) Hotel/Licensed Premises? | <input type="text"/> | <input type="text"/> |
| (e) Plant and Machinery? | <input type="text"/> | <input type="text"/> |
| | | <u>100%</u> |

Have any claims ever been made against you, your Firm or their predecessors in business individually or otherwise in respect of liabilities to be covered by the Proposed Insurance?

Yes No

If yes, how many and for what amounts?

Are any of the Partners/Principals/Staff, after enquiry, aware of any circumstances which may give rise to a claim against the Firm or their predecessors in business or any of the present or former Partners?

Yes No

If yes, please give details.

(a) Does your firm undertake foreign projects?

Yes No

(b) What are the total gross fees earned for the following :-

	Last Financial Year (Audited)	Estimate for Current Financial Year	Estimate for Next Financial Year
Domestic			
Foreign			

(c) List 5 largest jobs performed by your firm in the last five years :-

Item	Description of work done	Location	Value of Property	Fees Received
1				
2				
3				
4				
5				

Please state the approximate percentage of income for each of the following activities :-

- (a) Estate Agency (General Practice) %
 - (b) Valuations %
 - (c) Estate/Property/Management %
 - (d) Rent Collecting %
 - (e) Auctioneering %
 - (f) Loss Assessors and Adjusters %
 - (g) Insurance Agents without Binding Authority %
 - (h) Insurance Broking with Binding Authority to issue Cover Notes and/or Certificates etc. on behalf of Insurers %
 - (i) Project Managers (also please supply details of this work) %
 - (j) Other (please specify) %
- 100%

Does the Firm require the policy to be extended to cover

- (a) Libel and Slander Yes No
- (b) Loss of Documents (Property Damage) Yes No
- (c) Dishonesty Yes No
- (d) Fidelity Yes No
- (e) Previous Business Yes No
- (f) Outgoing Principal Yes No

If Incoming and Outgoing Partners extension is required

- (a) For whom cover is required new/former partners _____
- (b) Date they ceased/joined the Firm _____

(i) Is the Firm at present insured for Professional indemnity Risks?

Yes No

(ii) If not at present Insured has the Firm ever been insured for Professional Indemnity Risks?

Yes No

If yes to either of the above, give name of Insurers and expiry date of policy?

In respect of the Firm(s) or their predecessors in business or any of the present Partners/Directors/Consultants, have any Professional Indemnity Insurers declined any proposal or renewal?

Yes No

Please give full particulars of all similar insurance during the past five years :

Insurer	Amount of Policy	Deductible	Period

DECLARATION

I/We hereby declare that the above statements are true, that I/We are not suppressed or mis-stated any facts, and that should any of the information given by me/us alter between the date of this Proposal and the inception date of the insurance to which this Proposal relates. I/We will give immediate notice thereof. I/We agree that this Proposal is for insurance in the normal terms and conditions of the Professional Indemnity Policy and shall be incorporated into and form the basis of the insurance contract.

Name of Firm _____

Signed by (Partner) _____

Dated this _____ day of _____ 19_____

Note : Throughtout this Proposal Form the word "Partner(s)" shall include :

Principal(s), Director(s) and Officer(s).

Enquiries should be made of all Partners/Directors/Consultants adn staff to ensure full disclosure.

It is imperative for your own protection that full details are disclosed.

Underwritten by



KURNIA INSURANS (M) BERHAD

Head Office :

Menara Kurnia, Block B4,

Leisure Commerce Square

No. 9, Jalan PJS 8/9, 46150 Petaling Jaya,

Selangor Darul Ehsan.

Tel : 03-7875 3333 Fax: 03-7874 8646

(b) If yes, please supply full details

During the past five years :

(a) Has the name of the Firm been changed?

Yes No

OR

(b) Has any other Firm amalgamated with or been merged with the Firm?

Yes No

If yes, please give details

