

## PROPOSAL FORM FOR COUNCIL MEMBERS' LIABILITY INSURANCE (STRATA TITLE PROPERTY)

### IMPORTANT:

- I. **PURSUANT TO SECTION 149(4) OF THE INSURANCE ACT 1996** – You are 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 void.
- II. Signing of this Proposal does not bind the underwriter to offer or the Proposer to accept, Insurance, but it is agreed that this Proposal shall be the basis of any insurance issued.
- III. If there is insufficient space to complete the Proposal, please attach additional sheets.

### A. ABOUT THE BODY CORPORATE

1. Name: \_\_\_\_\_
2. Correspondence address: \_\_\_\_\_  
\_\_\_\_\_
3. The Body Corporate is:  
( ) a Joint Management Body; or  
( ) a Management Corporation.
4. Date of the first meeting convened by the Developer / the Original Proprietor: \_\_\_\_\_(DD)\_\_\_\_\_(MM)\_\_\_\_\_(YY)

**IMPORTANT NOTE:** This proposed insurance does not apply to a management corporation which has not held its first annual general meeting though it may have come into existence under Section 39(1) of the Strata Title Act 1985.

### B. ABOUT THE STRATA TITLE PROPERTY

1. Location: \_\_\_\_\_  
\_\_\_\_\_
2. Type: ( ) residential ( ) service apartment ( ) commercial  
If commercial, please specify: \_\_\_\_\_ (e.g. office building, etc)
3. Number of units: \_\_\_\_\_
4. Age of Building: \_\_\_\_\_
5. Date of vacant possession by the Developer: \_\_\_\_\_(DD) \_\_\_\_\_(MM)\_\_\_\_\_(YY)
6. Estimated total construction value: RM \_\_\_\_\_ (please base on the replacement value i.e. the value to replace the building in the case of fire or damage)

### C. ABOUT THE COMMITTEE / COUNCIL

1. Total number of members of the Joint Management Committee / the Council: \_\_\_\_\_

2. Particulars of the Committee/Council members:

Item	Designation	Name	Occupation	Age
1	Chairman			
2	Secretary			
3	Treasurer			
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

**D. ABOUT THE FUND**

1. **For Joint Management Body only:**

a. Financial year ends: \_\_\_\_\_(DD)\_\_\_\_\_ (MM)

b. Building Maintenance Fund

Item	Fund	Last financial year (RM)	Current financial year (RM)
1	Total maintenance charges (including sinking fund) payable by all parcel owners		
2	All other moneys/revenues (including interest)		
Total:			

c. With respect to the above stated total maintenance charges of the last financial year, is there any amount due but unsettled?  
 Yes ( ) No ( )

If "Yes", the total of such unsettled amount as at this proposal date: RM \_\_\_\_\_

d. If the Joint Management Body was established for less than a year, please advise the collection rate of maintenance charges (including sinking fund) as at the date of the first meeting of the Joint Management Body: \_\_\_\_\_ (%). The collection rate of such charges as at this proposal date: \_\_\_\_\_ (%)

$$\text{Collection Rate (\%)} = \frac{\text{Total of maintenance charges settled}}{\text{Total maintenance charges due to the M. Fund maintained by the developer}} \times 100$$

e. Has the Joint Management Body taken any action to recover outstanding charges due from parcel owners?

Yes ( ) No ( )

f. Total Sinking Fund as at this proposal date: RM \_\_\_\_\_

2. **For Management Corporation only:**

a. Financial year ends: \_\_\_\_\_(DD)\_\_\_\_\_ (MM)

b. Management Fund

Item	Fund	Last financial year (RM)	Current financial year (RM)
1	Total contributions (including maintenance charges and sinking fund) payable by all parcel owners		
2	All other moneys/revenues (including interest)		
Total:			

- c. With respect to the above stated total payable contributions of the last financial year, is there any amount due but unsettled? Yes ( ) No ( )  
 If "Yes", the total of such unsettled amounts due as at this proposal date: RM \_\_\_\_\_
- d. If the first annual general meeting of the Management Corporation was held less than a year ago, please advise the collection rate of maintenance charges (including sinking fund) as at the date of the first annual general meeting of the Management Corporation: \_\_\_\_\_ (%). The collection rate of such charges as at this proposal date: \_\_\_\_\_ (%)  
**Collection Rate (%) =  $\frac{\text{Total of maintenance charges settled}}{\text{Total maintenance charges due to the M. Fund maintained by the developer}} \times 100$**
- e. Has the Management Corporation taken any action to recover outstanding charges due from parcel owners? Yes ( ) No ( )
- f. Total Sinking Fund (the Special Account) as at this proposal date: RM \_\_\_\_\_
- g. Has the Management Corporation invested any money in the Fund? Yes ( ) No ( )  
 If "Yes", please detail the value and nature of the investment: \_\_\_\_\_  
 \_\_\_\_\_

**E. ABOUT MAINTENANCE AND MANAGEMENT PRACTICE**

1. Does the Body Corporate engage a property management company? Yes ( ) No ( )  
 If "Yes", does the Body Corporate require and ensure that such property management company to procure and maintain its own Professional Indemnity insurance policy? Yes ( ) No ( )
2. Does the Committee/Council require and ensure that any of its members having interest in any matter under discussion by the Committee/Council to disclose such interest and excuse himself/herself from taking part in any deliberation or decision of the Committee/Council? Yes ( ) No ( )
3. Is the maintenance and management of the building currently under a managing agent appointed by the Commissioner of Building or an administrator appointed by the court? Yes ( ) No ( )
4. Does the Body Corporate practise more than one signatory on any cheque it issues? Yes ( ) No ( )

**F. APPLICATION FOR COVER**

1. Limit of Indemnity required: RM \_\_\_\_\_ Any One Loss and in the aggregate
2. Excess to be bound by the insured any one loss: Minimum : RM 5,000 or any higher amount RM \_\_\_\_\_
3. Period of Insurance: From \_\_\_\_\_ to \_\_\_\_\_

**G. PREVIOUS INSURANCE AND CLAIMS EXPERIENCE**

1. Is there any error or omission insurance or office bearers' liability policy currently in force? Yes ( ) No ( )  
 If "Yes", please provide the details as follows:

Name of the Insurer	Limit of Indemnity (RM)	Deductible (RM)	Retroactive Date	Expiration Date

2. Has any Insurer ever declined the proposed insured's insurance proposal or cancelled or refused to renew its insurance or imposed special terms on it? Yes ( ) No ( )  
 If "Yes", please explain:

\_\_\_\_\_

3. Has there been any claim made against the Body Corporate or any of its Committee members/Council members, individually or otherwise? Yes ( ) No ( )  
 If "Yes", please provide the details as follows:

Name of Claimant	Nature of Claim	Amount demanded (RM)	Status as at this proposal date

4. Is the Body Corporate or any of its Committee members/Council members aware of, **AFTER ENQUIRY**, of any fact, incident or circumstance which may give rise to a claim made against the Body Corporate or any of its Committee members/Council members? Yes ( ) No ( )

If "Yes", please detail: \_\_\_\_\_

***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 agree that this proposal and 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.***

Signed for and on behalf Of \_\_\_\_\_

(The Body Corporate and all of its Committee/Council members)

Signature of **Chairman / Secretary**

Date: