



MANAGEMENT LIABILITY (STRATIFIED PROPERTIES) INSURANCE PROPOSAL

IMPORTANT NOTES: STATEMENT 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 invalidated.

IMPORTANT:

- Please answer ALL questions fully. If there is insufficient space please provide details on your letterhead.
- Where provided, tick (✓) appropriate box to indicate answer.

1. Details of Applicant

- (a) Full name of the entity / body to be insured
(Hereinafter the applicant will be referred to as "You" or "Your")

- (b) Your Situation of Property:

- (c) Mailing address for notices – if different to above

- (d) Date of establishment of the body: ____ / ____ / ____.

2. Details of Property Manager

- (a) Do you use a property manager? No [] Yes [] If 'Yes', please provide details

Name of property manager

Please note: This insurance does not cover your property manager's liability

3. Property

- (a) Number of Blocks _____ ; Units _____ Is the occupancy of the units for residential purpose only? No [] Yes []

- (b) Any units used for business purpose? If 'Yes', please detail the nature and percentage (as to total floor areas) No [] Yes []

- (c) Year built _____

- (d) Please tick appropriate box(es)

Elevators No [] Yes [] If 'Yes', number _____

Pools No [] Yes [] If 'Yes', number _____

Gymnasium for common usage No [] Yes [] If 'Yes', number _____

- (e) Total amount of charges / maintenance fees collected

Previous year RM _____

Current year RM _____

Next year estimated RM _____

4. Claims Details

- (a) Have you or any of your present or former committee members ever been the subject of disciplinary action or investigation by authorities as a result of their duties to the body / entity? No [] Yes []
- (b) Have any claims either successful or otherwise ever been made against you or any of your present or former committee members? No [] Yes []
- (c) Are you or any of your committee members, **after enquiry**, aware of any circumstance which may result in a claim being made against you, or any of your present or former committee members and which matter is not referred to in question (b) above? No [] Yes []

If any of the answer above is 'Yes', please provide the following details in respect of each matter in a separate sheet with your letterhead:

- i) Date of Matter notified
- ii) Name of Claimant or Potential Claimant
- iii) Brief description of the Matter
- iv) Amount paid or estimate of potential liability
- v) Current status of the Matter – whether settled or outstanding?

5. Application for Cover

- (a) Limit of Indemnity required:
- Option 1: _____ any one claim and in the aggregate
- Option 2: _____ any one claim and in the aggregate
- Option 3: _____ any one claim and in the aggregate
- (b) Has any application for this Insurance by you
- i) Has been declined? No [] Yes []
 - ii) Has any such insurance been cancelled or renewal refused? No [] Yes []
 - iii) Have special terms been imposed? No [] Yes []

If Yes to any part of the above, please give details:

6. Declaration

I/We the undersigned authorised **Insured Person(s)**, after enquiry declare as follows:

- (1) I am / We are authorised by each of the other Applicants to make this Proposal.
- (2) I/We have read and understood the Notice to the Proposed Insured on the front of this Proposal Form.
- (3) I/We have read this Proposal and the accompanying documents and acknowledge the contents of same to be true and complete.
- (4) I/We understand that, up until a contract of insurance is entered into, I/We are under a continuing obligation to immediately inform the Insurer of any change in the particulars or statements contained in this Proposal or in the accompanying documents.

Although the signing of this Proposal does not bind the Applicants to effect insurance the Applicants acknowledge that the particulars and statements contained in this Proposal and in the accompanying documents shall be the basis of the contract should a Policy be issued; and further, the Applicants acknowledge that the Proposal and the accompanying documents will be incorporated in the Policy.

Name of the entity / body: _____

Signature: _____

Name of Chairman / Any Authorized Person: _____ Date: _____