

## 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)	(Hereinafter the applic			"You" or "\	/our")		
	(b)	Your Situation of Prop	erty:					
	(b)	Tour olluation of Trop	orty.					
	( )							
	(c)	Mailing address for no	otices — if diffe	rent to abo	ve			
	(d)	Date of establishment	of the body:	/	/			
2.	Det	tails of Property	Manager					
		o you use a property ma	_	No[]	Yes [ ]	If 'Yes', please provide details		
	Na	ame of property manag	er					
	PI	ease note: This insura	nce does not	cover your	property n	nanager's liability		
				•		•		
			_	•				
3.	Pro	pperty		·				
3.			; Units				lo[]	Yes [ ]
3.	(a) Nu	umber of Blocks			Is the occu	pancy of the units for residential purpose only?		
3.	(a) Nu	umber of Blocks			Is the occu	pancy of the units for residential purpose only?		Yes [ ] Yes [ ]
3.	(a) Nu	umber of Blocks			Is the occu	pancy of the units for residential purpose only?		
3.	(a) Nu (b) Ar	umber of Blocks			Is the occu	pancy of the units for residential purpose only?		
3.	(a) Nu (b) Ar	umber of Blocks ny units used for busine ar built	ess purpose?		Is the occu	pancy of the units for residential purpose only?		
3.	(a) Nu (b) Ar (c) Yea (d) Ple	umber of Blocks  ny units used for busine  ar built  ase tick appropriate box	ess purpose?	If 'Yes', ple	Is the occu	pancy of the units for residential purpose only? Nother nature and percentage (as to total floor areas)		
3.	(a) Nu (b) Ar	umber of Blocks  ny units used for busine  ar built  ase tick appropriate box avators	ess purpose?	If 'Yes', ple	Is the occu	pancy of the units for residential purpose only?  Note the nature and percentage (as to total floor areas)  Note the nature and percentage (as to total floor areas)		
3.	(a) Nu (b) Ar	umber of Blocks ny units used for busine ar built ease tick appropriate books	ess purpose?	If 'Yes', plo	Yes [ ]	pancy of the units for residential purpose only?  Nother nature and percentage (as to total floor areas)  If 'Yes", number  If 'Yes", number		
3.	(a) Nu (b) Ar	umber of Blocks  ny units used for busine  ar built  ase tick appropriate box avators	ess purpose?	If 'Yes', ple	Is the occu	pancy of the units for residential purpose only?  Note the nature and percentage (as to total floor areas)  Note the nature and percentage (as to total floor areas)		
3.	(a) Nu (b) Ar	umber of Blocks ny units used for busine ar built ease tick appropriate books	x(es)	No[] No[]	Yes [ ] Yes [ ]	pancy of the units for residential purpose only?  Nother nature and percentage (as to total floor areas)  If 'Yes", number  If 'Yes", number		
3.	(a) Nu (b) Ar (c) Year (d) Ple El Po (G) (e) Tot	umber of Blocks  ny units used for busine  ar built  asse tick appropriate boo avators  pols ymnasium for common	x(es) usage maintenance	No[] No[] No[]	Yes [ ] Yes [ ]	pancy of the units for residential purpose only?  Note the nature and percentage (as to total floor areas)  If 'Yes", number  If 'Yes", number  If 'Yes", number		
3.	(a) Nu (b) Ar  (c) Yea  (d) Ple El Pc G; (e) Tot	umber of Blocks  ny units used for busine  ar built  ase tick appropriate box avators  ools  ymnasium for common  al amount of charges /	x(es) usage maintenance RM	No[] No[] No[] fees collect	Yes [ ] Yes [ ] Yes [ ]	pancy of the units for residential purpose only?  Note the nature and percentage (as to total floor areas)  If 'Yes", number  If 'Yes", number  If 'Yes", number		

## 4. **Claims Details**

5.

(b) Have any claims either successful or otherwise ever been made against you or any of your present or former committee members?  Not ] 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?  Not [] 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 lettershead:  1) Date of Matter notified  1) Name of Claimant or Potential Claimant  1) Brief description of the Matter  1) Anount paid or estimated or potential flaibility  2) Current status of the Matter — whether settled or outstanding?  5. Application for Cover  (a) Limit of Indemnity required:  Option 1:	(a) Have you or any of your present or former committee members ever been the subject of disciplinary act authorities as a result of their duties to the body / entity?	tion or investigati No[]	ion by Yes [ ]
(c) Are you or any of your committee members, after enquiry, aware of any circumstance which may result in a claim beling 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 letterchead:  i) Date of Matter notified i) Name of Claimant or Potential Claimant ii) Name of Claimant or Potential Claimant iii) Name or Claimant iii)	(b) Have any claims either successful or otherwise ever been made against you or any of your present or for	ormer committee	
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 i) Name of Claimant or Potential Claimant iii) Brief description of the Matter i) 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?	members?	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:    Date of Matter notified   Name of Claimant or Potential Claimant			
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(a) Limit of Indemnity required:  Option 1:	<ul><li>ii) Name of Claimant or Potential Claimant</li><li>iii) Brief description of the Matter</li><li>iv) Amount paid or estimate of potential liability</li></ul>		
Option 1:	5. Application for Cover		
Option 2:	(a) Limit of Indemnity required:		
Option 3: any one claim and in the aggregate  (b) Has any application for this Insurance by you  i) Has been declined?	Option 1: 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:  Signature:	Option 2: any one claim and in the aggregate		
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	Name of the entity / body:		
Name of Chairman / Any Authorized Person: Date:	Signature:		
	Name of Chairman / Any Authorized Person:		