

**AmAssurance****Professional Indemnity For Real Estate Agents / Valuers / Property Managers Proposal Form**

Cover Note No. :

Agent's Name and Code :

**DETAILS OF PROPOSER**

Name of Firm	:		
Address (Head Office)	:		
Branch Offices (if any)	:		
NRIC/ Business Reg. No.	:	Passport No. / Nationality	:
Are you registered under the SST (Amendment) Act 2018	:	<input type="checkbox"/> Yes <input type="checkbox"/> No	SST Registration No. :
Email / Web Address	:	Phone No. :	Fax No. :

**GENERAL INFORMATION**

1.	When was the firm established?	_____ (dd) _____ (mm) _____ (yyyy)
2.	Has the name of the firm been changed, any other business purchased or any merger or consolidation taken place during the past five years? If 'Yes', please provide the details.	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
3.	What professional association, if any, does your firm belong to?	

**BUSINESS ACTIVITIES**

4.	When engaging independent or specialist consultants in connections with any contract, does the firm ensure that such consultants have entered into a binding contract with the principal, accepting full responsibility for their own professional acts, errors or omissions? If 'No', does the firm ensure that such consultants carry professional liability insurance with adequate limits (not less than those carried by your firm)?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____								
5.	What are the dates of your firm's financial year?	From _____ To _____								
6.	Does the firm has any contract or client represents more than 50% of annual fees/revenue of the firm? If 'Yes', please provide the details.	<input type="checkbox"/> Yes <input type="checkbox"/> No _____								
7.	Please provide details of any major new operations undertaken during the last 12 months or planned for the next 12 months.									
8.	Please give the following gross fee/revenue details	<table border="1"> <thead> <tr> <th></th> <th>Malaysia</th> </tr> </thead> <tbody> <tr> <td>(a) Last financial year (as confirmed by your auditor)</td> <td>RM</td> </tr> <tr> <td>(b) Estimate for current financial year</td> <td>RM</td> </tr> <tr> <td>(c) Estimate for next financial year</td> <td>RM</td> </tr> </tbody> </table>		Malaysia	(a) Last financial year (as confirmed by your auditor)	RM	(b) Estimate for current financial year	RM	(c) Estimate for next financial year	RM
	Malaysia									
(a) Last financial year (as confirmed by your auditor)	RM									
(b) Estimate for current financial year	RM									
(c) Estimate for next financial year	RM									
9.	Please indicate the approximate percentage of total gross revenue/fees derived from the following type of work in the current financial year	<table border="1"> <tbody> <tr> <td>(a) Valuation</td> <td>%</td> </tr> <tr> <td>(b) Estate Agency</td> <td>%</td> </tr> <tr> <td>(c) Property Management</td> <td>%</td> </tr> <tr> <td><b>Total</b></td> <td><b>100%</b></td> </tr> </tbody> </table>	(a) Valuation	%	(b) Estate Agency	%	(c) Property Management	%	<b>Total</b>	<b>100%</b>
(a) Valuation	%									
(b) Estate Agency	%									
(c) Property Management	%									
<b>Total</b>	<b>100%</b>									

**Liberty General Insurance Berhad 197801007153 (44191-P)**  
Formerly known as AmGeneral Insurance Berhad

Liberty Insurance Tower, CT9, Pavilion Damansara Heights, 3 Jalan Damanlela, Pusat Bandar Damansara, 50490 Kuala Lumpur.  
P.O. Box 11228, GPO Kuala Lumpur, 50740 Kuala Lumpur.  
**Tel:** +603 2268 3333 **Website:** www.amassurance.com.my  
(Service Tax Registration No.: B16-1808-31015443)

10.	List the five largest typical jobs executed in last five (5) years				
	Client Name	Property Description	Location	Services Provided	Fee Received (RM)
11.	Please provide details of practicing principals, partners or directors				
	Name	Age	Relevant Qualification	Years Qualified	Number of years in this capacity This Firm      Previous Firm
12.	Total Number of practicing partners, principals and staff		(a) Partners / Principals / Directors		
			(b) Qualified staff		
			(c) Other qualified staff (please specify) _____		
			(d) Trainee staff (please specify) _____		
			(e) Non-Technical staff (i.e. typists, telephonists, receptionists, office boys, messengers, etc)		
		<b>Total</b>			
13.	Have any of those listed in question (11) ever been subject to disciplinary action by authorities as a result their professional activities?  If 'Yes', please provide the details.		<input type="checkbox"/> Yes <input type="checkbox"/> No		
			_____		
<b>INSURANCE AND LOSS HISTORY</b>					
14.	Is the firm at present insured for professional liability risks?  If 'Yes', please state (a) Name of insurers (b) Deductible borne by firm (c) Policy Limit (d) Expiry date of policy (e) Premium paid		<input type="checkbox"/> Yes <input type="checkbox"/> No		
			(a) _____		
			(b) RM _____		
			(c) RM _____		
			(d) _____ (dd) _____ (mm) _____ (yyyy)		
			(e) RM _____		
15.	Has any application for insurance on behalf of the firm or their predecessors in business or any of the present partners or principals been declined or has any such insurance been cancelled or renewal refused or have special terms been imposed?  If 'Yes', please provide the details.		<input type="checkbox"/> Yes <input type="checkbox"/> No		
			_____		
16.	Have any claims been made against or negligence alleged against the firm or their predecessors in business or any of the present or former partners or principals during the last five (5) years?  If 'Yes', state briefly the cause and nature of claim including the amount involved and names of the partner and the claimant, the date when the claim was made, the date the act giving rise to the claim was committed and the final disposition.		<input type="checkbox"/> Yes <input type="checkbox"/> No		
			_____		
			_____		
17.	Are the partners or principals, after enquiry, aware of any circumstances, which may result in any claim being made against the firm, its predecessors in business or any of its present or former partners or principals?  If 'Yes', please provide the details.		<input type="checkbox"/> Yes <input type="checkbox"/> No		
			_____		

Please tick the appropriate plan (depending on your annual gross fee) that you would like to purchase:

**For Real Estate Agents:**

Gross Fees (RM)	Limit of Indemnity					
	RM 100,000		RM 300,000		RM 500,000	
1,000 to 250,000	RM 406.36		RM 820.00		RM 1,306.00	
250,001 to 500,000	RM 604.00		RM 1,306.00		RM 1,954.00	
500,001 to 750,000	RM 766.00		RM 1,792.00		RM 2,602.00	
750,001 to 1,000,000	RM 928.00		RM 2,278.00		RM 3,250.00	
1,000,001 to 1,250,000	RM 1,090.00		RM 2,764.00		RM 3,898.00	
1,250,001 to 1,500,000	RM 1,306.00		RM 3,250.00		RM 4,546.00	
1,500,001 to 1,750,000	RM 1,441.00		RM 3,655.00		RM 5,086.00	
1,750,001 to 2,000,000	RM 2,029.60		RM 5,453.20		RM 7,570.00	
2,000,001 to 2,250,000	RM 2,105.20		RM 5,680.00		RM 7,872.40	
2,250,001 to 2,500,000	RM 2,256.40		RM 6,133.60		RM 8,477.20	
2,500,001 to 2,750,000	RM 2,483.20		RM 6,814.00		RM 9,384.40	
2,750,001 to 3,000,000	RM 2,672.20		RM 7,381.00		RM 10,140.40	

\* Premium is inclusive of 8% Service Tax and RM 10 stamp duty

**For Valuers and Property Manager:**

Gross Fees (RM)	Limit of Indemnity					
	RM 100,000		RM 300,000		RM 500,000	
1,000 to 250,000	RM 569.46		RM 982.00		RM 1,576.00	
250,001 to 500,000	RM 857.80		RM 1,468.00		RM 2,224.00	
500,001 to 750,000	RM 1,100.80		RM 1,954.00		RM 2,872.00	
750,001 to 1,000,000	RM 1,343.80		RM 2,440.00		RM 3,520.00	
1,000,001 to 1,250,000	RM 1,424.80		RM 2,926.00		RM 4,168.00	
1,250,001 to 1,500,000	RM 1,586.80		RM 3,412.00		RM 4,816.00	
1,500,001 to 1,750,000	RM 1,829.80		RM 3,817.00		RM 5,356.00	
1,750,001 to 2,000,000	RM 2,032.86		RM 3,979.00		RM 7,181.20	
2,000,001 to 2,250,000	RM 2,710.00		RM 4,870.00		RM 9,001.00	
2,250,001 to 2,500,000	RM 3,250.00		RM 6,220.00		RM 9,816.40	
2,500,001 to 2,750,000	RM 3,601.00		RM 6,868.00		RM 10,621.00	
2,750,001 to 3,000,000	RM 3,908.80		RM 7,462.00		RM 11,431.00	

\* Premium is inclusive of 8% Service Tax and RM 10 stamp duty

**DECLARATION OF PROPOSER**

I/We hereby confirm that I/We have undertaken reasonable care to answer all questions herein honestly and to the best of My/Our knowledge, belief and recollection and that I/We shall remain under a continuous duty to inform the Company of any change, amendment or addition to the aforesaid questions until the Policy is issued and comes into effect. I/We understand that the Company may void the policy and reject any claim payable thereunder (whether in whole or in part) in the event of deliberate misrepresentation, misdescription, error, omission or non-disclosure of fact (whether or not there was an inquiry/question raised pertaining to the same) with or without an intention to defraud the Company by Me/Us which would have been affected the premium payable or the acceptance of the risk by the Company.

Yes  No

I/We agree that the Company shall have the right to use My/Our data and personal information for the purpose of the insurance operational process which might include transfer of data and personal information to the Company's related companies, subsidiaries and/or its holding company, outsourcing partners, reinsurers and solicitor but not limited to affiliate companies including their outsourcing partners.

Yes  No

I/We further agree that the Company, its partners and its related companies, subsidiaries and/or its holding company can share and use My/Our data and personal information for the purpose of promoting the Company's and its related companies', subsidiaries' and/or its holding company's products, new services and support requirement, and marketing campaigns and activities and commercial transactions.

Yes  No

Date : \_\_\_\_\_  
dd/mm/yyyy

\_\_\_\_\_  
Signature of Proposer  
(please affix Company Stamp)

For Agent/Staff Use Only

**Anti-Money Laundering, Anti-Terrorism Financing and Proceeds of Unlawful Activities Act 2001**

In Compliance with Section 16(2) of the Anti-Money Laundering, Anti-Terrorism Financing and Proceeds of Unlawful Activities Act 2001, I hereby certify that the Proposer's original NRIC / Business Registration Certificate / Passport was verified and authenticated by me at the Point of Sale.

Name of Proposer : \_\_\_\_\_

Cover Note No./Policy No. : \_\_\_\_\_

**VERIFICATION :**

Signature : \_\_\_\_\_

NRIC No. : \_\_\_\_\_

Name of Agent/Staff : \_\_\_\_\_

Date : \_\_\_\_\_

**IMPORTANT NOTICE**

1. This proposal form is a brief description only. The full details of the Policy coverage are to be found in the Policy.
2. Statement pursuant to Financial Services Act 2013, Section 129, Schedule 9, Para 5: It is the duty of the customer to take reasonable care not to make a misrepresentation to the licensed insurer when answering any questions which the insurer may request that are relevant to the decision of the insurer whether to accept the risk or not and the rates and terms to be applied.
3. Liability does not attach until the proposal has been accepted by the Company.
4. Any changes in the information given must be reported to the Company immediately; otherwise, the Company may reserve the right to decline all liability.
5. Please give a definite answer to each question, dashes are not sufficient.
6. Your premium must be paid within sixty (60) days from the date of commencement of policy coverage in accordance with Premium Warranty Condition.
7. You are advised to read the Product Disclosure Sheet (PDS) before you purchase any product. PDS can be obtained through our website [www.amassurance.com.my](http://www.amassurance.com.my)
8. Liberty General Insurance Berhad is licensed under Financial Services Act 2013 and regulated by Bank Negara Malaysia.
9. A full version of the Privacy Notice of Liberty General Insurance Berhad is available on our website at [www.amassurance.com.my](http://www.amassurance.com.my) for your further reference.