



## COMPREHENSIVE GENERAL LIABILITY INSURANCE

### Proposal Form

*Operations and Contractual Liability Coverage on a claims made basis*

This proposal is to be completed by the proposer or an authorised officer of the proposer. All questions should be answered fully and accurately.

Signing of this proposal does not bind the company to offer nor the proposer to accept insurance, but it is agreed that this proposal shall be the basis of any insurance issued. No inference should be made, however, from the inclusion of any question in this proposal that the subject matter to which that question relates will be covered under the policy. The policy terms are only as stated in the policy which should be read carefully.

Attention is drawn to the proposer's obligations under Section 149(4) of the Insurance Act 1996 to disclose all material facts which would affect the issuance of the proposed insurance.

If there is insufficient space to complete the proposal, please attach additional sheets.

### PARTICULARS OF PROPOSER

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

Postal Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Incorporation : \_\_\_\_\_

### 1.0 Details to Propose

- 1.1 The proposer is a(n) Individual ☐  
Joint Venture ☐  
Partnership ☐  
Organization ☐  
Other than partnership or joint venture ☐

\_\_\_\_\_

- 1.2 Is the proposer a subsidiary of another entity? Yes ☐  
Details: \_\_\_\_\_  
\_\_\_\_\_ No ☐



1.3 Does the proposer have any subsidiaries? Yes ☐  
Details: \_\_\_\_\_  
No ☐

1.4 Is there any other insurance with this proposal? Yes ☐  
Details: \_\_\_\_\_  
No ☐

## 2.0 Business To Be Insured

2.1 Description to Business of Proposer (please attach literature, brochures, prospectus)

	20__	20__	20__
2.2 Turnover - last 3 years			
Payroll Turnover			
Number Of Staff			

## 3.0 Exposure

3.1 Give a brief description of premises occupied by proposer's business

3.2 Give a brief description of surrounding and existing buildings and/or structures not belonging to the Principal or Contractors (enclose maps if possible)

3.3 Is there any aggravated risk of:  
Fire ? Yes ☐ No ☐  
Explosion ? Yes ☐ No ☐

If Yes, give details:



#### 4.0 Limits of Insurance Requested

- 4.1 Each occurrence  
(combined single limit for bodily injury and property damage) RM \_\_\_\_\_
- 4.2 Aggregate each policy year RM \_\_\_\_\_
- 4.3 Insured's retained amount requested per occurrence  
(Deductible) RM \_\_\_\_\_

#### 5.0 Information Regarding Operations and Contractual Liability

- 5.1 Title of contract (if projects consists of several section, specify section) to be insured.

\_\_\_\_\_

- 5.2 Location of contract

\_\_\_\_\_

- 5.3 Principal

Name:

Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 5.4 Main Contractor (s)

Name(s) :

Address(es) :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 5.5 Sub-Contractor(s)

Name(s) :

Address(es):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 5.6 Name which parties are to be specified as the Insured in the Policy:

\_\_\_\_\_

- 5.7 Contract Value: RM \_\_\_\_\_

- 5.8 Give full description of the scope of works of the contracts where insurance is required:

\_\_\_\_\_

\_\_\_\_\_



**5.9 Details of agreement(s) assumed by the Proposer:**

A. Is the proposer assuming all liability including the sole negligence of the Principal? Yes ☐ No ☐

B. Is the Proposer assuming liability in the case of joint or indeterminate negligence? Yes ☐ No ☐

If Yes to A or B, give details:

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C. Is the Proposer assuming liability and expenses resulting from the Proposer's negligence? Yes ☐ No ☐

**6.0 Period of Insurance**

6.1 Commencement Date: 

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6.2 Termination Date: 

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6.3 Duration of Maintenance: 

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**7.0 Have Plans, Design and Materials of the kind used in the project been used and/or tested in**

7.1 Previous constructions? 

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7.2 Previous constructions by the Contractors(s) ? 

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**8.0 Specify the work to be carried out by sub-contractors:**

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**9.0 Loss Experience**

9.1 Please indicate below all losses paid or now reserved (whether or not resulting in claims) during the past 5 years.

YEAR	Paid Claims		Outstanding Claims Reserved		Details of all Major Losses
	Number	Amount	Number	Amount	
20					
20					
20					
20					
20					



**10.0 Prior Insurance**

10.1 Please give details of proposer's liability insurance coverage for the past 5 years.

YEAR	Insurer	Retroactive Date	Limits of Prior Insurance (RM)			
			Bodily Injury		Property Damage	
			Each Occurrence	Annual Aggregate	Each Occurrence	Annual Aggregate
20						
20						
20						
20						
20						

10.2 Has any insurer ever declined or cancelled or refused to renew insurance or imposed special terms? Yes ☐ No ☐

If Yes, please give details including name of Insurer

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**11.0 Any other Extensions required**

11.1 Give details of any special extension of cover required:

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**DECLARATION**

I/We, the undersigned, declared 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 any 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.

\_\_\_\_\_  
Proposer's Signature & Stamp

\_\_\_\_\_  
Date