



Statement Pursuant to Schedule 9 of the Financial Services Act 2013: The **Policyholder** is to disclose in this proposal form, fully and faithfully, all the facts which you know or ought to know, which are relevant to the **Insurer** decision in accepting the risk and terms to be applied, otherwise the policy issued hereunder may be void or the **Insurer** could refuse your **Claim**. Please note that this duty to disclosure shall continue until the time the policy is issued, varied or renewed.

## Employment Agencies Professional Liability

### I. APPLICANT DETAILS

Name of Applicant:	
Address(es):	
Web Site Address:	
Establishment Date:	

### II. BUSINESS ACTIVITIES

2. Please state the following details:

Number of Partners/Directors/Principals:	
Number of Employees:	
Number of Clerical Staff:	

3. Please give the following details of all Partners/Directors/Principals:

Name	Qualifications	Years in Industry	Years as Partner /Director/Principal

*If a Partner/Director/Principal has been working in the relevant industry for less than 3 years, we will require a brief resume outlining career details.*

4. Please provide a full description of the activities of Applicant:

---



---



---

5. Please state, during the past 5 years:

- (a) has the name of the Applicant(s) been changed?  Yes  No  
 (b) has any other business(es) been purchased, merged or consolidated with the Applicant(s)?  Yes  No

*If "yes", please provide details on a separate sheet.*



6. Please provide details of any major new operations undertaken during the last 12 months or planned for the next 12 months.

---



---

7. State percentage of turnover/ fees relating to the supply of staff in the following categories.

	Temporary Staff	Permanent Staff
Drivers and/ or persons whose duties include responsibility for money or goods	%	%
Executive, Technical, Specialist or Professional Staff	%	%
Medical Staff (i.e. nurses, locums etc.)	%	%
IT/ Computer Consultants	%	%
Construction Workers	%	%
Clerical	%	%
Others	%	%

8. Is the Applicant a member of any Professional Body:

---

9. Please state the turnover from supplying staff:

Year	Malaysia	USA/ Canada	Elsewhere
a) Previous Completed Financial Year	RM	RM	RM
b) Current Financial Year	RM	RM	RM
c) Estimate of Financial Year	RM	RM	RM

10. Does the Applicant have written contracts or agreements with each client? Yes No

*If "yes", please attach copy of standard contract terms*

11. Subcontracting Work

(a) Please state the amount of Applicant's involvement in subcontracting work to others? \_\_\_\_\_%

(b) If subcontracting work exists, please describe the services undertaken and provide a specimen of the contract terms applicable to this work.

---



---

(c) Are subcontractors required to carry their own Professional Liability insurance? Yes No

### III. FRAUD & DISHONESTY COVERAGE

12. If the Applicant wishes to have coverage for Fraud/ Dishonesty, please complete the following:

(a) Has the Applicant(s) sustained any loss or claim through the fraud or dishonesty of any person?

Yes No

If "yes", please specify

---



---

(b) Is the Applicant(s) aware of any allegation or occurrence of fraud or dishonesty at any time committed by any past or present partner, director or employee?

Yes No

If "yes", please give details and state precautions taken to prevent a reoccurrence.

---



(c) Does the Applicant(s) always require satisfactory references or only when engaging senior employees?  
Always Senior Appointments Only

Nature of Reference Written Verbal

(d) Is any employee allowed to sign cheques on his/her signature alone for values exceeding RM50,000?  
Yes No

If "yes", please give details on a separate sheet.

(e) How frequently are checks carried out on all entries in the cash book with paying-books, receipts, counterfoils and vouchers and reconciled with bank statements including the balance of cash and unrepresented cheques, independently of employees receiving or banking monies, in respect of monies belonging to the Applicant as well as in trust on behalf of others?

Weekly Monthly Quarterly Other (please specify)

(f) Are client funds kept in a properly designated client account which is separate from the bank account of the Applicant?  
Yes No

**IV. INSURANCE & LOSS HISTORY**

13. Is any partner, director or principal after inquiry aware of any claims ever been made against the Applicant(s) or their predecessors in business or any of the present or former partners, directors or principals?  
Yes No

14. Is any partner, director or principal after inquiry, aware of any circumstances or occurrences which may give rise to a claim against the Applicant or their predecessors in business or any of the present or former partners, directors or principals?  
Yes No

If you have answered "YES" to questions 13 or 14, then full details of each matter must be advised before quotation can be considered. We, the **insurer**, AIG Malaysia Insurance Berhad (795472-W) must remind the Applicant that it is imperative to answer these questions correctly. **FAILURE TO DO SO COULD WELL PREJUDICE THE APPLICANT'S RIGHTS**, if a subsequently a claim should arise.

15. (a) Please list out details of previous Professional Liability Insurance carried during the past 3 years.

If none, then please check here

Period	Insurer	Limit	Excess	Premium

(b) Has any proposal for Professional Liability Insurance made on behalf of the Applicant(s) or any predecessors in the business, or present partners/directors or principals ever been declined or has such insurance ever been cancelled or renewal refused or special terms imposed?  
Yes No

If "yes", please advise reason(s).

---

---

16. (a) Please specify Limit of Liability desired:

RM \_\_\_\_\_ RM \_\_\_\_\_ RM \_\_\_\_\_ RM \_\_\_\_\_ RM \_\_\_\_\_

(b) Deductible desired:

RM \_\_\_\_\_ RM \_\_\_\_\_ RM \_\_\_\_\_ RM \_\_\_\_\_ RM \_\_\_\_\_



**SIGNING THIS PROPOSAL DOES NOT BIND THE PROPOSER TO COMPLETE THIS INSURANCE**

**V. DECLARATION & AUTHORISATION**

I/We hereby declare and agree that:

- a. All written information provided by me/us for this insurance or any formal questionnaire or other documents signed by me/us in conjunction with this application, and statements and answers so made to AIG Malaysia Insurance Berhad (795492-W) (“Company”) are full, complete, true, correct and to the best of my/our knowledge and belief and that I/we have not withheld or omitted any information, and I/we understand and agree that the Company, believing them to be such, will rely and act on them, otherwise any policy and endorsements (if applicable) issued (including renewals) or coverage granted may be void at the Company’s option.
- b. I/We will notify the Company of any material change to my/our risk profile, failing which, the Company reserves the right to either continue cover, impose additional terms or discontinue cover. I/We understand that failure to notify the Company of any material change to my/our risk profile may affect my/our rights during a claim.
- c. Any personal information collected or held by the Company (whether contained in this application or otherwise obtained) is provided to the Company and may be held, used and disclosed by the Company to individuals, service providers and organizations associated with the Company or any other selected third parties (within or outside of Malaysia, including reinsurance and claims investigation companies and industry associations) for the purpose of storing and processing this application and providing subsequent service(s) for this purpose, the Company’s financial products and services and data matching, surveys, and to communicate with me/us for such purposes. I/We understand that I/We have the right to obtain access to and to request correction of any personal information held by the Company concerning me/us. Such request can be made by writing to the Company at Level 18, Menara Worldwide, 198, Jalan Bukit Bintang, 55100 Kuala Lumpur, Malaysia, or phone: 03-2118 0188; fax:03-2118 0388; e-mail: [AIGMYCare@aig.com](mailto:AIGMYCare@aig.com).
- d. Furthermore, I/we hereby authorize any organization, institution or individual that has any records or knowledge of me/my covered family member(s), my health and medical history and any treatment or advice to disclose such information to the Company. This information (unless amended by at my/our request) shall bind me/my covered family member(s), successors and assigns, and remain valid, notwithstanding my/my covered family member(s) death or incapacity. A copy of this authorization shall be as valid as the original. **(this clause is only applicable for policies with medical & health benefits)**
- e. By submitting your personal information, you are indicating your consent to allow the Company to keep you posted on the Company’s latest products, services and upcoming events. If you do not wish to be contacted by the Company, you can opt out anytime by notifying the Company at any of the channels above.
- f. For all intents and purposes where there is a conflict or ambiguity as to the meaning in the English provisions or the Bahasa Malaysia provisions of any part of this application, it is hereby agreed that the English version of this application shall prevail.

Signed \_\_\_\_\_

Title \_\_\_\_\_  
(to be signed by Partner/ Director or Principal or equivalent)

Applicant(s) \_\_\_\_\_

Date \_\_\_\_\_

