

**AmAssurance****LOSS OF PROFITS FOLLOWING MACHINERY
BREAKDOWN INSURANCE PROPOSAL FORM**

Name : _____

Address : _____

Nature of business : _____

Business Registration No. : _____

1. What works of your business are to be insured against Machinery Loss of Profits (names and addresses of the works. their purposes)?	_____ _____ _____ _____
2. What company insures these works against	Fire? _____ Fire Loss of profits? _____
3. What company covers the machinery to be insured under a Machinery Breakdown policy? Date of issue of the Machinery Breakdown policy?	_____ _____
4. Has the machinery to be insured been formerly covered by other companies against Machinery Loss of Profits?	<input type="checkbox"/> Yes <input type="checkbox"/> No If so, which company? _____
5. Which chartered accountant(name and address) audits the accounting records and at what intervals?	_____ _____
6. When was your firm established?	_____ _____
7. Since when has the works to be insured existed?	_____ _____
8. Since when has the present production method used in the works to be insured been applied?	_____ _____

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

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<p>9. What interruptions due to a machinery loss have occurred in the works to be insured during the last 5 years?</p>	<p>Number and type(s)</p> <hr/> <hr/> <p>Duration</p> <hr/> <p>Due to machinery of item No.</p> <hr/>		
<p>10. Please give a brief description of the production process, making special allowance for production bottlenecks and attaching a flow sheet to show the machinery to be insured.</p> <p>(Please attach further sheets if necessary)</p>			
<p>11. What type of repair work can be carried out without external help?</p> <p>Please indicate external repair facilities for the individual machines in the list of machinery.</p>	<hr/> <hr/> <hr/> <hr/> <hr/>		
<p>12. What maintenance work and what inspections are carried out regularly to keep the machines to be insured in good working order?</p>	<p>Type of maintenance and intervals</p> <hr/> <hr/> <hr/> <hr/>		
<p>13. Number of employees in the works to be insured.</p>	<p>Total number</p> <hr/> <p>Number employed for maintenance</p> <hr/> <p>purposes Fluctuation (in %)</p> <hr/>		
<p>14. Normal working hours of the works to be insured.</p>	<p>per day</p> <hr/> <p>per week</p> <hr/> <p>per year</p> <hr/>	<p>hours in</p> <hr/> <p>hours</p> <hr/> <p>days</p> <hr/>	<p>shifts</p> <hr/> <hr/> <hr/>

[illegible]

22. Calculation of the sum The subject-matter insured is the profit achieved by selling the goods manufactured in the works insured and the profit gained from services rendered as well as all standing charges which continue to accrue in the works insured in the event of a business interruption. The annual total of net profit and standing charges, the gross profit, is conveniently determined on the basis of the Profit and Loss Account. The following calculation is based on the Profit and Loss Account of the year : _____
Currency : _____

Deductions from turnover (such as discounts granted to customers, rebates price deductions)	_____
Excise and turnover taxes	_____
Expenditure incurred for external power, goods, raw materials and supplies, total	_____
Other costs (such as Carriages paid to other firms, custom duties, postage, turnover-dependent insurance premiums, licenses)	_____
Inventory value of finished and semi-finished goods at the commencement of the business year	_____
Total	_____

Turnover	_____
Expenditure incurred for external power, goods, raw materials and supplies used for maintenance	_____
Company-manufactured additions to assets	_____
Reduction in gross profit due to damage incurred during the business year	_____
Inventory value of finished and semi-finished goods at the end of the business year	_____
Total	_____
	Less _____
Gross profit	_____
during the policy year	_____
Sum insured	_____

If a separate indemnity period is desired for wages, please subdivide the sum insured accordingly and indicate the period desired for the item of wages under question 23

23. Summary of the insurance covers desired.

Item No.	Subject matter to be insured	Sum insured
1	Gross profit	
2	Increased cost of electricity	
3	Maximum demand charges	
4		
5		

24. What time excess is desired? ☐ 2 days ☐ 4 days ☐ 7 days ☐ 14 days
(minimum time excess 2 days)

25. When is the insurance to commence? _____

The insurers undertake to deal with the information supplied in strict confidence the undersigned persons declare here with that the statements made in the questionnaire are complete and to their best knowledge and belief and that they agree that this questionnaire forms the basis and part of the policy to be issued for insurance proposes.

Date :

Signature of Proposer
(Please affix Company Stamp)

LIST OF MACHINERY AND PLANT TO BE INSURED

[illegible]

¹ Each prime mover and machine should be listed separately. Spare machines should be designated as such and are to be included in the insurance cover.

²Ratio between actual load designed load (e.g.80%).

³ Reduction (per cent) of the gross profit in the event of failure of a machine (disregarding any loss minimizing possibilities).

⁴ The indemnity period limit represents the maximum period during which the insurers pay indemnification for loss of profits 3, 6, 9 or 12 month may be agreed on as indemnity periods.

⁵ Reduction (percent) of the loss of production by using machines not fully utilized or not utilized at all, carrying on production on other premises, etc. How long does it take to procure hired machinery?

DECLARATION OF PROPOSER

I/We hereby confirm that I/We have taken reasonable care to answer all the 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 a 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 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 requirements, 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. You are advised to read the Policy Wordings before you purchase the product.
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 60 days from the date of commencement of policy coverage in accordance with Premium Warranty condition.
7. Liberty General Insurance Berhad (formerly known as AmGeneral Insurance Berhad) is licensed under Financial Services Act 2013 and regulated by Bank Negara Malaysia.
8. A full version of the Privacy Notice of Liberty General Insurance Berhad (formerly known as AmGeneral Insurance Berhad) is available on our website at www.amassurance.com for your further reference.