

1. Are these appliances regularly inspected	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Is the Building standing detached? If so, how far? If not, please describe the construction and occupation of the adjoining premises.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Is there any Hazardous Trades carried on or near the premises to be insured? If so, please give full particulars.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Have you ever had any claims in the past 3 years? If "Yes", complete item C - History of Loss Details.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Is there any other insurance on the same property in force? If "Yes", please give name(s) of the insurance company and type of coverage.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Have you been previously Insured? If Yes, with which Insurance Company and for what amount(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Has any insurance company ever declined to insure you? If "Yes", please give full details.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Has any insurance company ever cancelled or turn down to renew your insurance? If "Yes", please give full details.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Has any insurance company ever increased your premium on renewal? If "Yes", please give full details.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Description of security provided at insured location:		
a) Is there a 24-hour guard service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) Is the guard armed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c) Is the perimeter fence set up at the insured premises?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d) Is the insured premises illuminated at night?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e) Is there any intrusion detection system installed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f) Is the access control system installed for all employees and visitors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
g) Are the parking facilities available within the building and/or within 250 meters of the insured premises?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
h) Is there any other significant security feature that is not mentioned above?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If your answer is "Yes" for any item a) to item h) above, please give full details.

C: History of Loss Details

Please give full details of any claims/lawsuit/losses (whether insured or uninsured) that you have suffered for the past three (3) years.

Class of Insurance	Date of Loss	Amount of Loss (RM)	Insurer	Details of Loss	Yes	No
Fire & Extraneous Perils					<input type="checkbox"/>	<input type="checkbox"/>
All Risks					<input type="checkbox"/>	<input type="checkbox"/>
Burglary					<input type="checkbox"/>	<input type="checkbox"/>
Plate Glass					<input type="checkbox"/>	<input type="checkbox"/>

Fidelity Guaranteed				<input type="checkbox"/>	<input type="checkbox"/>
Money				<input type="checkbox"/>	<input type="checkbox"/>
Machinery				<input type="checkbox"/>	<input type="checkbox"/>
Computer				<input type="checkbox"/>	<input type="checkbox"/>
Personal Accident				<input type="checkbox"/>	<input type="checkbox"/>
*Public Liability				<input type="checkbox"/>	<input type="checkbox"/>
*Error & Omission				<input type="checkbox"/>	<input type="checkbox"/>

* - To be completed if the Class of Insurance is included.

D: Fire Insurance And Extraneous Perils Details

Description of Property to be insured	Amount Insured(RM)
(a) On Building Only	
(b) On Equipment, Machinery and Utensils	
(c) On Office Equipment	
(d) Others (please specify):	
Total Sum Insured	

Extraneous Perils (Please against the extension(s) required)

Description	Remarks	Extend Cover		
Earthquake and Volcanic Eruption	Tariff Rate is charge on Total Sum Insured	Yes		
Impact Damage	Tariff Rate is charge on Total Sum Insured	Yes		
Storm and Tempest	Tariff Rate is charge on Total Sum Insured	Yes		
Subsidence and Landslide	Tariff Rate is charge on Total Sum Insured	Yes		
Riot, Strike and Malicious Damage	Tariff Rate is charge on Total Sum Insured	Yes		
Bursting or Overflowing of Water Tanks, Apparatus or Pipes.	Tariff Rate is charge on Total Sum Insured	Yes		
Please tick "✓" on a) or b)				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px;"><input type="checkbox"/></td> <td>a) Exceeding 5 storeys (including mezzanine)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>b) Others</td> </tr> </table>			<input type="checkbox"/>	a) Exceeding 5 storeys (including mezzanine)
<input type="checkbox"/>	a) Exceeding 5 storeys (including mezzanine)			
<input type="checkbox"/>	b) Others			
Aircraft Damage	Tariff Rate is charge on Total Sum Insured	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Bush / "Lalang" Fire	Tariff Rate is charge on Total Sum Insured	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Cold Storage Warranty (B)	On Stocks	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Escalating Clause	Excluding Stocks	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Explosion (Non-Industrial without Boilers)	Tariff Rate is charge on Total Sum Insured	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Explosion (Non-Industrial with Boilers)	Tariff Rate is charge on Total Sum Insured	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Falling Trees or Branches & Object there from Damage	Tariff Rate is charge on Total Sum Insured	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Flood	Tariff Rate is charge on Total Sum Insured	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Flood - First Loss	Limit: RM _____	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Smoke Damage	Tariff Rate is a percentage of Basic Fire Rate	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Sprinkler Leakage (Building)	On Building	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Sprinkler Leakage (Contents)	On All contents	<input type="checkbox"/> Yes <input type="checkbox"/> No		

E: Condominiums And Apartments Protection Insurance Cover Details

1	<p>ALL RISKS INSURANCE On all types of office machines and condominium facilities including lifts, air-conditioning generators, transformers and firefighting equipment on leased, hired or rented, equipment on lease, hire or rent.</p>	<u>Sum Insured</u> RM _____
	Excess	RM _____
2	<p>BURGLARY INSURANCE On all property of every description belonging to the Insured or held by them in trust or on commission including business furniture, fixtures and fitting, office plant, equipment and machinery.</p>	<u>Sum Insured</u> RM _____
	Excess	RM _____
3	<p>PLATE GLASS INSURANCE On all glass doors and windows including all other plate glass, tempered glass, embossments, lettering or ornamented work of any kind in or at the Insured's premises.</p>	<u>Sum Insured</u> RM _____
	Excess	RM _____
4	<p>FIDELITY GUARANTEE INSURANCE On all Joint management committee members and/or Insured's employees. (The Amount Guarantee is for any one loss and in aggregate any one period)</p>	<u>Amount Guarantee</u> RM _____
	Excess	RM _____
5	<p>MONEY</p> <p>a) On Money In Transit for any one loss.</p> <p>b) On Money kept in locked drawer, locked safe or strongroom during business hours within the premises for any one loss.</p> <p>c) On Money kept in locked safe or strongroom after business hours within the premises for any one loss.</p> <p>d) Annual Carrying</p> <p>Territorial limits are within Malaysia.</p>	<u>Limit of Indemnity</u> RM _____ RM _____ RM _____ RM _____
	Excess	
6	<p>MACHINERY BREAKDOWN INSURANCE On all plant & machinery related to the condominium facilities including lift, air-conditioning generators, transformer, and fire-fighting equipment.</p>	<u>Sum Insured</u> RM _____
	Excess	RM _____
7	<p>COMPUTER On all electronic equipment and computer on leased, hired or rented belonging to the Insured or for which the Insured is responsible.</p>	<u>Sum Insured</u> RM _____
	Excess	RM _____
8	<p>PERSONAL ACCIDENT On all Joint Management Committee members and the Insured's employees as per list attached Benefit (Per Insured Person)</p> <p>a) Death</p> <p>b) Permanent Disablement</p> <p>c) Medical Expenses</p>	<u>Sum Insured</u> RM _____ RM _____ RM _____

Condominiums And Apartments Protection Cover Details

<p>1. a) How often are journey with cash made?</p> <p>b) Please describe the journey or transit to be insured and state approximate distance and whether made on foot or by private conveyance?</p> <p>c) How many employees will be engaged in carrying money?</p> <p>d) Will such employees be armed or accompanied by an armed guard?</p>	<p>a. _____</p> <p>b. _____</p> <p>c. _____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
--	--

<p>2. In respect of money in Safe or Strongroom, please state:</p> <p>a) Maker's name of Sale or Strongroom</p> <p>b) Approximate cost</p> <p>c) Whether marked Thief-Resisting</p> <p>d) How and where is it fixed? Or is it free standing?</p> <p>e) Date of Purchase</p> <p>f) Number of keys and by whom held?</p>	<p>a. _____</p> <p>b. RM _____</p> <p>c. _____</p> <p>d. _____</p> <p>e. DD / MM / YYYY</p> <p>f. _____</p>
--	---

<p>3. Is there any manufacturer's guarantee and/or inspection contract in force on the insured machinery? If Yes, please give full details.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
---	--

4. In respect of the maintenance programme in place, please state:

- a) Frequency of Maintenance
- b) Nature of Maintenance
- c) Personnel available

a.
b.
c.

d) Is the programme in line with manufacturer's recommendation &/or statutory regulation? Yes No

5. Is the maintenance contracted to external parties? If Yes, please give full details of contractors and extend of work. Yes No

6. Total Number of: Desktop : _____ units
Laptop : _____ units

7. During the last 5 years have any of the Joint management committee members/your employees suffered from serious illness or received surgical treatment or hospitalised? If Yes, please give full details. Yes No

8. Are any of the Joint management committee members/your employees suffered from hearing impaired, sight impaired or any physical defects or infirmity? If Yes, please give full details. Yes No

9. Are any of the Joint management committee members/your employees will be involved in professional sports, Offshore activities or wood working activities? If Yes, please give full details. Yes No

Please tick "✓" if you wish to include Public Liability Insurance

F: Public Liability Insurance Details (To be completed if this Insurance is included)

Limit of Indemnity Any One Accident RM _____ Any One Period RM _____

Note: Territorial Limit and Jurisdiction is limited to Malaysia Only.

Public Liability Cover Details

1. Is any portion of your premises sub-let? If Yes, please give particular. (A sketch plan will be helpful) Yes No

2. Do you employ hoist or cranes? If Yes, please give full details. Yes No

3. State the number of lifts or elevators operating in your premises.
Lifts: _____
Elevators: _____

4. Please give details of all hanging signs, neon signs, outside lamps and the like.

5. Do you handle or use asbestos or silica or material containing asbestos or silica? If Yes, please give details. Yes No

6. Do you handle or use material giving rise to dust or fumes? If Yes, please give full details. Yes No

Please tick "✓" if you wish to include Error And Omission Insurance

G: Error And Omission Insurance Details (To be completed if this Insurance is selected)

Limit of Indemnity Required : RM _____

Excess / Deductible Request : RM _____

Error And Omission Cover Details

1. Has your name ever been changed, or have you purchase or merged with any other practice or business? If Yes, please give full details. Yes No

2. What is the number of your

Committee Members		Other skilled & technical staff	
Non-technical administrative staff		Property managers	
Other Staff (please specify, e.g. security guards)			
Total			

3. What is the current number of residential properties managed?

Residential properties		Other Staff (please specify)	
Commercial properties			
Total			

4. Breakdown of property management work

Type of work	Are you responsible for this work?	Do you outsource this function?
Administration & Accounting	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Air-conditioning maintenance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Building improvement & renovation work	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cleaning	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Electrical Maintenance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Facilities management	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fire safety	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Garbage disposal	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Insurance & Legal support	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Landscaping	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lift, plumbing & mechanical maintenance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pest control	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Property Tax	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rent Collection	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Security	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Others (Specify): _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

5. Do you engage in any other professional or business activities other than what is described in Part G item 3 and item 4 above? If Yes, please attach the details of the type of work and the fee income from these other activities. Yes No

Financial Details

6. When does your Financial Year End? _____ Day / Month

7. Management Fund

Item	Fund	Last Financial Year (RM)	Current Financial Year (RM)
i	Total contributions (including maintenance charges and sinking fund) payable by all parcel owners		
ii	All other moneys/revenues (including interest)		
Total:			

a) With respect to the above stated total payable contributions of the last financial year, is there any amount due but unsettled? If Yes, the total of such unsettled amounts due as at this proposal date Yes No

b) What is the collection rate for maintenance charges (including sinking fund)?
 If the first annual general meeting of the Management Corporation was held less than a year ago, the collection rate formula is as below:
 The collection rate of such charges as at this proposal date: _____ %

$$\text{Collection Rate (\%)} = \frac{\text{Total of maintenance charges settled}}{\text{Total maintenance charges due to the M. Fund maintained by the developer}} \times 100$$

c) Has the Management Corporation taken any action to recover outstanding charges due from parcel owner? Yes No

d) Total sinking Fund (the special Account) as at this proposal date. **RM** _____

e) Has the management Corporation invested any money in the Fund? Yes No

Risk Management

8. Do you execute a written contract, agreement or engagement letter for services with every service provider/contractor? Yes No

9. Are these service provider's/contractor's contract reviewed by a law firm experienced in your profession? If not, how do you review and approved service provider's/contractor's contracts? Yes No

10. Does these contracts contain

a) Specific description of services of the service provider/contractor provided?

Yes No

b) Guarantee or warranties of the service provider/contractor?

Yes No

c) Limitation of your liability to your service provider/contractor?

Yes No

d) Hold harmless or indemnity agreements to your benefit?

Yes No

e) Hold harmless or indemnity agreements to your service provider's/contractor's benefit?

Yes No

f) Disclosure of actual or potential conflicts of interest?

Yes No

11. Are all changes to your contracts confirmed in writing?

Yes No

12. Are verbal reports or advice always confirmed in writing?

Yes No

13. Are written disclaimer included with any advice that you give?

Yes No

14. What percentage of your service provider/contractor, sub-contracted to others?

_____ %

15. What services are sub-contracted?

16. Do your service provider/contractor's contractually agree to hold you harmless for liability caused by the sub-contractor's acts?

Yes No

17. Do you contractually agree to waive any legal rights you may have against your service provider/contractor?

Yes No

18. Do you ask for verification that the service provider/contractor carries professional liability insurance?

Yes No

H: Joint Management Board Committee members and the Insured's employees list

Please provide details:

No.	Name	NRIC	Nationality	Sex M/F	Age	Occupation	Position
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							
17.							
18.							
19.							
20.							

I: Declaration

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 reallocation 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 avoid 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.

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, re-insurers and solicitor but not limited to affiliate companies including their outsourcing partners.

I/We further agree that the Company, its related 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

Applicant Authorize Signatory

Name: _____

Designation: _____

Date: / /

Applicant Authorize Signatory

Name: _____

Designation: _____

Date: / /

J: Premium Warranty

It is a fundamental and absolute special condition of this contract of insurance that the premium due must be paid and received by the Company within sixty (60) days from the inception date of this policy/endorsement/renewal certificate.

If this condition is not complied with then this contract is automatically cancelled and the Insurer shall be entitled to the pro-rated premium for the period they have been on risk.

Where the premium payable pursuant to this warranty is received by an authorized agent of the Company, the payment shall be deemed to be received by the Company for the purposes of this warranty and the onus of proving that the premium payable was received by a person, including an insurance agent, who was not authorized to receive such premium shall lie on the Company.

Subject otherwise to the terms and conditions of this policy.

K: Anti-Money Laundering and Anti-Terrorism Financing Act

In compliance with Section 16(2) of the Anti-Money Laundering and Anti-Terrorism Financing Act 2001, I hereby certify that the Applicant's original NRIC/Business Registration Certificate was verified and authenticated by me at the point of Sales.

Signature of Agents / Broker / Staff : _____

Name of Agents / Broker / Staff : _____

NRIC No. : _____

Date : / /