

# ARcover

Professional Indemnity for Architects

## PROPOSAL FORM 2024/2025

### **IMPORTANT NOTICE (Updated Jul 2024)**

1. Paragraph 4(1) of Schedule 9 of the Financial Services Act 2013 or any amendments thereof requires that you disclose in this proposal form fully and faithfully all facts or any matter which you know or ought to know; and any matter a reasonable person in the circumstances could be expected to know to be relevant, otherwise it may result in the avoidance of your contract of insurance.
2. This is a Proposal for a claims made and notified policy, it will only cover Claims which are first made against you **and** reported to the Insurer during the Policy Period. Defence Costs incurred will reduce the Limits of Liability available to pay Loss.
3. Effective 1 July 2024, this Proposal Form has been amended to meet the requirements under the Anti-Money Laundering, Anti-Terrorism Financing and Proceeds of Unlawful Activities Act.
4. Every question must be answered in full, leaving no blank spaces. If the space provided is not sufficient to record a complete answer, please record the answer on a separate sheet of paper, sign, date and attach it to this form.

# 1. Applicant Information

1.1 Name of Applicant: Please state the Entity(ies) or Person(s) to be insured.				
1.2 Principal Address:				
1.3 Number of branch (es) if any:				
1.4 Date of incorporation:				
1.5 Business Registration Number:				
1.6 Tax Identification Number:				
1.7 SST Registration Number:				
1.8 Contact Number:				
1.9 Email Address:				
1.10 Website Address:				
1.11 Professional Societies & Associations of which you are members:				
1.12 Has Applicant purchased or merged with any other practice or business? If yes, please provide details.			Yes <input type="checkbox"/> No <input type="checkbox"/>	
1.13 Total number of practising Principals, Partners, Directors, and staff:				
Principals, Partners or Directors:		Other registered professionals:		
Other skilled & technical employees:		Other staff (specify):		
1.14 Qualifications of Principals, Partners, Directors or other key professional personnel: <i>Please use an extra sheet if the rows are insufficient</i>				
Full Name & Identification/Passport No.	Qualifications	Year Qualified	Years as Principal, Partner or Director	
			This Practice	Previous Practice

1.15 If there is only one Principal, what arrangements do you have in place to ensure continuity of business when Principal is travelling, on leave, ill or away from the office?

## 2. Nature of business

### 2.1 Breakdown of Professional Activity undertaken by Applicant

Professional Activity	Percentage (%)
Architectural	
Interior Design	
Quantity Survey	
Project Management	
Project Coordination	
Civil Engineering	
Structural Engineering	
Mechanical Engineering	
Electrical Engineering	
Any other Engineering – Please specify	
Others – Please specify	
<b>Total</b>	<b>100%</b>

### 2.2 Breakdown of Types of Work undertaken by Applicant

Type of Work	Percentage (%)
Bridges	
Commercial Building	
Residential (Modular Dwellings)	
Residential (High Rise)	
Residential (Low Rise)	
Mechanical Plant and Bulk Handling Equipment	
Hospital & Healthcare Facilities	
Roads and Highways	
Petrochemical/Refinery	
Waste Water/Sewage	
Airport	
Manufacturing & Industrial Buildings	
Railways	
Mass Transit Infrastructure	
Others – Please specify	
<b>Total</b>	<b>100%</b>

2.3 Description of 5 largest projects undertaken in the last 5 years

Client	Brief Description	Type of Work	Contract Value/Fees

2.4 Are Consultants, sub-contractors or agents engaged to provide any professional services?

Yes  No

If yes, are they required to maintain their own professional indemnity insurance?

Yes  No

### 3. Financial Details

3.1 Date of Applicant's financial year end:

3.2 Gross Fee/Income: Provide details in the columns below.

Gross Fee earned in	Last Financial year ( )	Current Financial year ( )	Next Financial year ( )
Malaysia			
Singapore			
Others, please specify			

3.3 Does any one client represent 25% or more of the Proposer's fee income?

Yes  No

If Yes, please provide details

## 4. Insurance Cover

4.1 Does the business presently carry or has the business ever carried Professional Indemnity Insurance? If 'Yes', please supply the following details

Insurer:	
Expiry Date:	
Limit of Liability:	
Excess (each and every claim):	

4.2 Application for Cover (Please refer to the Premium Guide for limits up to RM5million. If you require higher limits, please indicate and a quote will be provided)  
*Excess is applicable for any one claim*

<b>Limit(s) Required:</b> Any one claim & in the aggregate including defence costs	
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## 5. Claims Details

5.1 Has the business or any principal, partner or director ever been refused Insurance of the type proposed, had a similar cancelled or had special terms imposed?  
**If 'Yes', please provide details**

Yes  No

5.2 Have any claim(s) ever been made against the business or its predecessors or against any present or past principals, partners, or directors?  
**If 'Yes', please provide details.**

Yes  No

Date of Notification	Name of Claimant	Brief Description of Matter	Amount Paid/ Estimate of Potential Liability	Status

<p>5.3 Are any of the principals, partners or directors aware, after enquiry of all staff, managers and contractors, of any facts or circumstances which may give rise to a claim or claims of the type insured by this policy?  <b>If 'Yes', please provide details</b></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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Name of Claimant or Potential Claimant	Brief Description of Matter	Estimate of Potential Liability

## 6. Declaration and Signature

The undersigned authorised representative of the Applicant, having made all necessary enquiries, declare that to the best of my knowledge and belief the statements in this proposal form and all attachments and schedules are true and complete; and immediate notice will be given to the Insurer should any of the above information alter between the date of this Proposal and the date of inception of the Policy.

Signing of this Proposal does not bind the Applicant or the Insurer to complete the insurance contract, but it is agreed that this Proposal shall be the basis of the contract should a Policy be issued, and it will be attached to and become part of the Policy. All written statements and materials furnished to the Insurer in conjunction with this Proposal are incorporated by reference into this Proposal and made a part hereof.

The Insurer and/or their representative are authorised to make any investigation and inquiry in connection with this application as is reasonable and necessary. Nothing contained in this Proposal shall constitute notification of a claim or potential claim.

I/We have fully read and understood and had procured that each individual named in Section 1.14 of this Proposal Form to have fully read and understood the terms and conditions set out in the Insurer's Personal Data Notice and consent to collection, use, disclosure, transfer, and processing of my / our Personal Information in accordance with the Personal Data Protection Act 2010. This includes personal data in the possession or under control of the Insurers, including personal data in the possession of organisations which the Insurer has engaged to collect, use, disclose or process personal data for the Insurer's purposes. Please refer to <https://www.poi2u.com/pdpa-notice> for details of P&O's PDPA Notice.

This Proposal Form must be signed by a corporate officer, director or principal of the Applicant with authority to sign on the Applicant's behalf. By printing your name in both the Signature and Name sections below digitally or electronically and submitting it to us and/or our authorised representative, you agree that it is the legal equivalent of your manual signature on this Proposal Form.

**Signature:**

**Name:**

**Designation:**

**Date:**