



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.

Teaching Organisations **Professional, Managerial & Employment Practice Liability.**

This proposal form is intended for: Kindergarten; Primary School; Elementary School; Secondary School; Sixth Form College; Private School; Public School; State School; Further Education College; Cooperative facilities; Vocational / technical schools; Junior colleges

Pursuant To Section 150(1) Of The Insurance Act 1996 Of Malaysia, You Are To Fully And Faithfully Disclose In This Proposal Form All The Facts And Matters Which You Know Or Ought To Know, Otherwise The Policy Issued Hereunder May Be Void.

Proposer Details

1.(a) Name of Organisation: _____

(b) Address(es) of Organisation:

(c) Web Site Address: _____

(d) Establishment Date: _____

2. Please give numbers of the following

(a) Governors Directors and Management Staff	_____
Teaching Staff excluding professors	_____
All other employees excluding above	_____
Students	_____

(b) Please provide details on the selection/recruitment criteria of the teaching staff:

3. Please give details of your income from the following sources for the past year together with an estimate of income for the forthcoming year.

For Schools and University

(a) Grants / Income from Government or Education Authority	
Past Year (200___)	Forthcoming Year (200___)

(b) Income from Parental sources	
Past Year (200___)	Forthcoming Year (200___)

(c) Other Income or Grants

Source of Other	Country	Amount
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Income/Grants Past Year (200__) Forthcoming Year (200__)

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(d) Breakdown of Profit and Loss for the last 3 years
Year Profit / (Loss)

_____	_____
_____	_____
_____	_____

4. Details of any separate limited companies that require cover

Company	Income Past Year	Business Activity

5. Please detail any major changes in the activities of any organisation listed above that is anticipated for the forthcoming year

6. Please provide details of all income derived from any involvement in USA/Canada

7. What measures are undertaken to protect you against liability arising from use of the Proposer's Internet Web Site by third parties, staff and students

8. Number of members comprising Board of Governors, Regents or Trustees: _____
Members are elected, ☐ appointed ☐ or both.

If appointed, by whom: _____

Term of Board Members is _____ years.

Please give the following details of all Board Members/Partners/Directors/Principals:

Name	Qualification	Years in Industry	Duration of Current Role
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9 (a) Special Education Programs or Facilities for mentally handicapped or physically handicapped? ☐ Yes ☐ No

If "yes", describe:

(b) Total number of instructors currently employed: _____

10. (a) Does the Entity anticipate any reduction in professional staff in the next twelve (12) months? ☐ Yes ☐ No

(b) Total number of non-instructional employees for the past three (3) years: _____

(c) Has any employee of the Entity been suspended, demoted, dismissed, transferred or contract of employment non-renewed within the last twelve (12) months? ☐ Yes ☐ No

If "yes", explain: _____

(d) Has any person, former employee or job applicant alleged unfair or improper treatment regarding employee hiring, non-remuneration advancement or termination of employment? ☐ Yes ☐ No

If "yes", explain on separate exhibit.

(e) Has the Board established guidelines related to procedures for suspension, dismissal, or non-renewal of employment contracts of:

Instructors and supervisory personnel ☐ Yes ☐ No

Non-professional employees ☐ Yes ☐ No

Students ☐ Yes ☐ No

Are these guidelines in writing? ☐ Yes ☐ No If "yes", attach copy

(f) Is a uniform contract for instructors used? ☐ Yes ☐ No

If "yes", are all "in force" contracts the same? ☐ Yes ☐ No

If "no", explain differences on separate exhibit.

(g) Has the Board adopted a pay scale for personnel providing for remuneration without regard to age, sex, race, or creed. ☐ Yes ☐ No

(h) Has the Board adopted an affirmative action program for employment? ☐ Yes ☐ No

11 (a) Is the Entity involved in any disputes regarding integration? ☐ Yes ☐ No

If "yes", explain: _____

(b) Has the Entity been closed or school activities disrupted during the past three (3) years due to student or teacher strikes or actions? ☐ Yes ☐ No

If "yes", explain: _____



12. Is the School public or private?

☐ Yes ☐ No

If the School is private, is it a for-profit entity?

☐ Yes ☐ No

13. Does the school's enrolment include pre-schoolers?

☐ Yes ☐ No

If yes, what percentage is the pre-school enrolment? _____ %

14. Is the school a boarding school?

☐ Yes ☐ No

15. Is the school a college?

☐ Yes ☐ No

16. Does the school conduct evening classes?

☐ Yes ☐ No

If yes, are board members the same for day and evening classes?

☐ Yes ☐ No

17. Is the school affiliated with any other entity?

☐ Yes ☐ No

If yes, please list the name and nature of the entity. Also explain what relationship exists between the school and the other entity

18. Does the School recognise dyslexia as a condition?

☐ Yes ☐ No

What Provisions are in place to cater for students with dyslexia and / or other learning difficulties?

19. Has the board established guidelines related to reporting and investigating allegations of sexual harassment?

☐ Yes ☐ No

Are these guidelines in writing? ☐ Yes ☐ No

Please attach a copy of the guidelines.

20. Does the board conduct seminars on preventing or identifying sexual harassment and/or instruction on the procedures to be used to report incidences of sexual harassment?

☐ Yes ☐ No

Are these seminars conducted on a regular basis?

☐ Yes ☐ No

When was the last seminar conducted?

☐ Yes ☐ No

Is attendance mandatory for all employees?

☐ Yes ☐ No

Are seminars conducted for students?

☐ Yes ☐ No

21. Are background checks conducted on all potential employee?

☐ Yes ☐ No

Is an offer for employment contingent upon such checks?

☐ Yes ☐ No

Are background checks conducted on current employees?

☐ Yes ☐ No

Are background checks conducted by the school entity's employees?

☐ Yes ☐ No

If background checks are not conducted by employees, who performs this service? ☐ Yes ☐ No

22. Has the board established guidelines for reporting any instance of suspected child abuse to the proper authorities?

☐ Yes ☐ No

Are these guidelines in writing? ☐ Yes ☐ No Please attach a copy of the guidelines.

23. Does the school carry General Liability (GL) Insurance?

☐ Yes ☐ No

Does this insurance specifically exclude claims arising out of Abuse or Molestation? ☐ Yes ☐ No

24. For which of the following services does the school district use subcontractors:

- ☐ Transportation
- ☐ Food
- ☐ Custodial
- ☐ Medical



- ☐ Secretarial / Administrative
- ☐ Legal
- ☐ Accounting / Financial
- ☐ Specialized Educational (Describe in Detail _____)
- ☐ Other Educational (Describe in Detail _____)

25. Do you require all subcontractors or independent consultants to carry liability insurance?
☐ Yes ☐ No

Previous Coverage

26 (a) Please give details of previous Professional Indemnity Insurance carried during the past three years (3) years:

Period	Insurer	Limit	Excess	Premium
_____	_____	_____	_____	_____

(b) Has any proposal for Professional Indemnity Insurance made on behalf of the establishment, limited company or their predecessors in business or any of the present or former principal, officer, member of university court, senate, board or management, ever been declined or as such insurance ever been cancelled or renewal refused or special terms imposed ☐ Yes ☐ No

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

27. Please specify:

(a) the limit(s) of indemnity for which quotations are required:

RM _____ RM _____ RM _____ RM _____

(b) the excess you would be prepared to carry:

RM _____ RM _____ RM _____ RM _____

28. Is any principal, officer, member of university court, senate, board or management, or any employee, after inquiry aware of any claims ever having been made against the establishment, limited company or their predecessors in business or any of the present or former principal, officer, member of university court, senate, board or management, or any employee. ☐ Yes ☐ No

29. Is any principal, officer, member of university court, senate, board or management, or any employee **after inquiry**, aware of any circumstances or occurrences which may give rise to a claim against the establishment or their predecessors in business or any of the present or former principal, officer, member of university court, senate, board or management, or any employee. ☐ Yes ☐ No

If you have answered YES to questions 28 or 29 full details of each matter must be advised before quotation can be considered. We, the **Insurer**, AIG Malaysia Insurance Berhad (795492-W) must remind you that it is imperative to answer these questions correctly. **FAILURE TO DO SO COULD WELL PREJUDICE THE PROPOSER'S RIGHTS**, if subsequently a claim should arise.

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

Declaration & Authorization

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

AIG Malaysia Insurance Berhad (795492-W), Level16, Menara Worldwide, 198, Jalan Bukit Bintang, 55100 Kuala Lumpur, Malaysia.
www.aig.my



- 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.
- 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)

Proposer _____

Date _____

- g. I hereby confirm that the Proposer/Insured* has expressly authorized me to act on his/their behalf in respect of the information and/or changes relating to the renewal/endorsement of this insurance policy. I agree to undertake any loss, cost or damages incurred by the said Proposer/Insured* and/or Company in relation to this representation. I declare that I have sighted the original NRIC/Certificate of Incorporation of the Proposer/Insured* and have done the necessary Anti Money Laundering check(s) which I have been trained to do and verify that the transaction is not prohibited by virtue of the Anti-Money Laundering & Anti-Terrorism Financing Act 2001.

Signed by Agent

Date

Agent Code



Agent Name:

*Delete where appropriate

PLEASE ENCLOSE:

- A Copy Of The Establishments Latest Report And Accounts
- Year Book/Prospectus
- Full Details Of Any Exam Downgrading In The Last 5 Years
- A Sample Copy Of Standard Employment Contract / Standard Contract Conditions (If Applicable)