

Fire Consequential Loss Proposal Form

SCHEDULE 9 OF THE FINANCIAL SERVICES ACT (FSA)

Pursuant to Paragraph 4(1) of Schedule 9 of the Financial Services Act 2013, if you are applying for this Insurance for a purpose related to your trade, business or profession, you have a duty to disclose any matter that you know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied and any matter a reasonable person in the circumstances could be expected to know to be relevant, otherwise it may result in avoidance of your contract of insurance, refusal or reduction of your claim(s), change of terms or termination of your contract of insurance.

The above duty of disclosure shall continue until the time your contract of insurance is entered into, varied or renewed with us.

You also have a duty to tell us immediately if at any time after your contract of insurance has been entered into, varied or renewed with us any of the information given in this Proposal Form is inaccurate or has changed.

IMPORTANT NOTICE

Your attention is drawn to the 60 days premium warranty attached to the Policy. By this warranty, the Insurance Policy is automatically cancelled unless the full premium is paid to the Insurer within 60 days from the commencement date of cover. Please note that this Insurance is transacted through your Insurance Broker, the Broker is acting on your behalf for the purpose of formation of this contract of Insurance. It is important that you make full payment of the premium to your Broker as soon as possible and in any case within the 60 days period of the premium warranty so as to enable your Broker to remit the premiums early to your Insurer. You are advised to request your Broker to furnish you with the Broker's and Insurer's receipt on the premium that you paid.

FOR OFFICE USE ONLY Cover Note _____ Agent _____ Policy No _____

Name of Proposer _____

Postal Address _____

Postcode _____

Business Registration No. / IC No. _____

Nature of Business carried on there in _____

How long has the business been established? _____

Period of Insurance From _____ to _____ (Both dates inclusive)

Situation of all Premises to which this Insurance applies _____

Postcode _____

No.	The Indemnity	Sum Insured (RM)	Office Use Only Rate/Premium
1.	Gross Profit		
2.	Wages		
3.	Auditors Fess		
4.	Others (Please Specify)		
	Total		

What is the Indemnity Period required? _____ months

EXTENSIONS REQUIRED (PLEASE SPECIFY) - SUBJECT TO COMPANY'S APPROVAL

DESCRIPTION	ADDITIONAL RATING		TIME EXCESS	Please tick (✓) hereunder if cover is required
	Fire & Lightning	Special Perils		
1) Specified Suppliers	0.10%	0.05%	72 Hours	
2) Unspecified Suppliers	0.50%	0.25%	72 Hours	
3) Specified Customers	0.10%	0.05%	72 Hours	
4) Prevention of Access	0.008%	0.006%	72 Hours	
5) Public Utilities - One Utility - Two Utilities - Three Utilities	0.01% 0.015% 0.0175%	0.01% 0.015% 0.0175%	72 Hours 72 Hours 72 Hours	
6) Infectious or Contagious Diseases, Murder, Suicide, Pest, Food or Drink, Poisoning; or Defective Sanitary Arrangements	0.10%	-	72 Hours	

Coverage will be as per the corresponding fire material damage Insurance Policy on the Premises and/or contents insured by the Company.

1. Are your books regularly audited? Yes No
If yes, please state how often, and name of auditor _____
2. Are your premises and/or contents currently insured with Zurich General Insurance Malaysia Berhad (ZGIMB)?
NOTE: Unless the Fire Policy on the Premises and/or contents are covered by ZGIMB, fire consequential loss insurance will not be considered.

3. Have you at present any insurance covering fire consequential loss?
If so, please give full particulars _____
4. Has any insurance company ever
(a) declined your proposal?
(b) refused to renew your policy?
(c) cancelled your policy?
(d) required an increased rate or imposed special terms on renewal?
If so, please give details.

5. Have you ever sustained loss from fire and any of the perils which now require insurance?

If yes, please give full particulars including the name of the insurance company, if insured.

DECLARATION AND SIGNATURE

I/We hereby declare that all questions have been answered fully and correctly and to the best of my/our knowledge. I/We are not withholding any information or facts relevant to the consideration of this proposal.

I/We further agree to accept indemnity subject to the conditions in and endorsed on the Company's Policy and to pay the premium thereunder within sixty (60) days from the inception date of Policy.

I/We hereby give my/our unconditional and unequivocal consent to you and your related companies to process my/ our personal data revealed hereto. You are at liberty to process the data and share the information revealed thereto with any of your service providers and your other related companies provided that the revelation of my/our personal data strictly for the purposes in relation to the insurance which I/We have applied hereto. The consent given hereto is in line with the requirement set forth in the Personal Data Protection Act 2010

For details of our privacy notice, please visit www.zurich.com.my

Date _____ Signature of Proposer _____

EXPLANATORY NOTES TO FIRE CONSEQUENTIAL LOSS INSURANCE

- Gross Profit** - The sum to be insured represents the amount by which
 - the sum of the Turnover and the amount of the Closing Stock, shall exceed
 - the sum of the Opening Stock, and the amount of the Specified (or Uninsured) Working Expenses.

Specified (or Uninsured) Working Expenses are the charges which it is considered will vary proportionately with rise or fall in turnover - the charges which are to be excluded from the Gross Profit Insurance.

- Wages** - If the proposer's business is such that all employees would be retained, after a loss, for the full Indemnity Period, then all wages should be insured under the Gross Profit item by not including wages as a specified working expenses.

If the full cover above is not necessary, the Proposer may decide to insure wages of all employees for an initial period (minimum 4 weeks) but thereafter to insure only a percentage (minimum 10%) of the wages for the remainder of the Indemnity Period chosen. In this case, known as the Dual Wages Basis, the minimum Indemnity Period is 12 months.

The most satisfactory cover of Dual Wages Basis is that the Proposer has the option, at any time after damage has occurred of converting the wages cover to 100% of the wage roll for an extended initial period; the cover thereafter being limited to any savings effected during the alternative period.

- Auditors Fees** - Reasonable fees payable by the Insured to their Auditors for producing and certifying any particulars or details contained in the Insured's books of account or other business books or documents or such other proofs, information or evidence as may be required by the Company under the terms of condition 11 of this policy can be insured.
- Indemnity Period** - This should be the Proposer's estimate of the maximum period during which a serious interruption might affect the business. To ensure adequate cover, it is necessary to take into consideration of the further time which may elapse after restoration of the material damage before the earnings can be brought back to their normal level, e.g. seasonal nature of turnover.
- Sum to be Insured** - Gross Profit and Wages
If the Indemnity Period selected is 12 months or less, the sum insured must be the annual figure. If the Indemnity Period is longer than 12 months, the sum insured must be correspondingly increased.
- Turnover** - The money (less discount allowed) paid or payable to the Insured for goods sold and delivered and for services rendered in course of the business at the premises.

To be completed by Insurance Agents, Insurance Brokers or Staff of Insurance Companies

**ANTI-MONEY LAUNDERING, ANTI-TERRORISM FINANCING AND PROCEEDS OF UNLAWFUL ACTIVITIES ACT 2001
(AMLATFPUAA2001)
(VERIFICATION OF IDENTIFICATION OF PROPOSER)**

In compliance with Section 16(3) of the Anti-Money Laundering, Anti-Terrorism Financing and Proceeds of Unlawful Activities Act 2001 (AMLATFPUAA 2001), I hereby certify that the Applicant's original NRIC No/Business Registration Certificate was verified and authenticated by me at the point of sales.

Third party verification

Signature of Insurance Agents, Insurance Brokers or Staff of Insurance Companies

Name _____

New NRIC No _____

Date

D	D	M	M	Y	Y	Y	Y
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Note : A copy of the Proposer's New NRIC/Business Registration Certificate for Individual Insurance Policy must be submitted together with this proposal if the Premium exceeds RM50,000.

IMPORTANT NOTICE

All premium and fees shown in this document may be subject to tax or other government levies.