



Proposal Form

Loss of Profits Following Machinery Breakdown

Date:

IMPORTANT NOTES

- 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 the Proposal Form (or when You applied for this insurance) is inaccurate or has changed.
- Your attention is drawn to the 60 days premium warranty attached to the Policy.
- The personal data submitted by and collected from You may be used by Us and/or any company within the AXA Group of companies and/or any of its associated companies, within or outside Malaysia, for administration or direct marketing purposes and in this connection, we may transfer or disclose that information to any of those other companies. We will cease to use the Personal Data for direct marketing purposes if You request Us to do so. For further details, please refer to Our "Data Privacy Notice" stipulated in Our website.
- 60 Days PREMIUM WARRANTY:** 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 if 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.
- Cover for Personal Accident Insurance is provided subject to the Company's usual terms, conditions and exceptions for this type of insurance. A specimen copy of the policy wording is available on request.
- No cover is in force until the proposal has been accepted in writing by the Company.
- Premium charged for this Policy exclude applicable tax(es) that would be imposed in the future and from time to time, We will be entitled to recover from You any taxes that We are required by law to collect.

ALL QUESTIONS MUST BE FULLY ANSWERED - TICKS OR DASHES WILL NOT SUFFICE

A. PARTICULARS OF PROPOSER

Salutation: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Madam <input type="checkbox"/> Dr <input type="checkbox"/> Others If others, please specify: _____		Gender*: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Name as in new NRIC/Passport/Company Registered Name (in Block Letters)*:			
Correspondence Address (in Block Letters)*:			
Postcode*:		New I/C No./Passport No./Polis/Army No./Business Registration No.*:	
Marital Status*: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other		Email*:	
Ethnic Group: <input type="checkbox"/> Malay <input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Others		Nationality*:	
Tel. No. (H/P)*:		Tel. No. (Office):	Tel. No. (Home):
Age: _____ years old		Date of Birth*: dd/mm/yy	
Business or Profession/Occupation:			
Your Position: <input type="checkbox"/> Director/Owner <input type="checkbox"/> Profession/Technical <input type="checkbox"/> Managerial <input type="checkbox"/> Admin/Clerical <input type="checkbox"/> Others			
Do you hold: <input type="checkbox"/> a Degree or Diploma <input type="checkbox"/> a Professional Qualification			
Period of Insurance: From dd/mm/yy		To dd/mm/yy	

Address to which proposal relates:	
<u>If Proposer is a Company</u>	
Total Workforce:	
Turnover/(Year): RM / (year)	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Company
Contact Person & Designation:	
Private Use: <input type="checkbox"/> Yes <input type="checkbox"/> No	Collective Agreement/SOCSO/Workmen Compensation Agreement: <input type="checkbox"/> Yes <input type="checkbox"/> No

B. INSURANCE DETAILS

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: a) Fire? b) 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: dd/mm/yy
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, what company?
5. What chartered accountant (name and addresses) 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?
9. What interruptions due to a machinery loss have occurred in the works to be insured during the last 5 years? Number and type(s)? Duration? Due to machinery of item no. _____?

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. (Please attach further sheets if necessary.)

11. What type of repair work can be carried out without external help?
Please indicate external repair facilities for the individual machines in the list of machinery.

12. What maintenance work and what inspections are carried out regularly to keep the machines to be insured in good working order?
Type of maintenance and intervals?

13. Number of employees in the works to be insured?
a) Total number?

b) Number employed for maintenance purposes?

c) Fluctuation (in %)?

14. Normal working hours of the works to be insured?

per day	hours in	shifts
per week	hours	
per year	days	

15. Are there any seasonal production or sales fluctuations of more than 20% in the works to be insured? Yes No
If so, please indicate monthly figures.

16. Is there a stock of semi-furnished or finished products? Yes No
If so, what period of interruption can be compensated thereby?

17. Are supplies furnished against letters of credit? Yes No
If so, please indicate the percentage such supplies have in the turnover.

18. In the case of machinery damage, is the interruption period longer than the repair period for the machinery involved? Yes No
 If so, please indicate the cause and duration of such a delay.

19. Is the insurance to cover only the additional expenditure caused by using an external electric power supply in the case of breakdown of machines in your own power generating plant? Yes No

If so, please indicate:

- a) Item numbers of the machines to be insured hereunder?
- b) Power requirements of the works (kW, kWhrs, p.a.)?
- c) Percentage of power requirement met by the factory generator?
- d) Extent (kW, kWhrs, p.a.) of current that may be drawn from external power sources?
- e) Cost per kWhr. of external power?
- f) Factory generating costs saved per kWhr. if external power is used?
- g) Please indicate the annual increased cost of electricity under question 23 (item 2).

h) If maximum demand charges are to be insured:

Maximum demand charge per kW of external power?

Method of calculation? (Please enclose copy of electricity supply contract.)

Please indicate the annual maximum demand charge for external power to be insured under question 23 (item 3).

Percentage of deductible desired for maximum demand charges? (minimum deductible 10%)

20. If business interruptions due to the failure of public supplies (power, water, gas) are to be included in the cover, please fill in separate questionnaire.

21. If the risk of deterioration of goods (raw materials, semi-furnished or finished goods) due to a business interruption is to be included in the cover, please fill in separate questionnaire.

22. Calculation of the sum insured.

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.

Commencement of business year:

Currency:

Deductions from turnover (such as discounts granted to customers, rebates, price deductions)	<input type="text"/>	Turnover	<input type="text"/>
Excise and turnover taxes	<input type="text"/>	Expenditure incurred for external power, goods, raw materials and supplies used for maintenance	<input type="text"/>
Expenditure incurred for external power, goods, raw materials and supplies total	<input type="text"/>	Company-manufactured additions to assets	<input type="text"/>
Other costs (such as carriages paid to other firms, customs duties, postage, turnover-dependent insurance premium, licences)	<input type="text"/>	Reduction in Gross Profit due to damage incurred during the business year	<input type="text"/>
Inventory value of finished and semi-finished goods at the commencement of the business year	<input type="text"/>	Inventory value of finished and semi-finished goods at the end of the business year	<input type="text"/>
Total	<input type="text"/>	Total	<input type="text"/>

Less

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

Gross profit

Safety margin for increase during the policy year

Sum insured

23. Summary of the insurance covers desired.

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

24. What time excess is desired? (minimum time excess 2 days)

2 days 4 days 7 days 14 days

C. DECLARATION BY PROPOSER

I/We hereby declare that the above answers and statements are true, and that I/we have withheld no information whatever regarding this application.

I/We understand that it is my/our duty to take reasonable care not to make a misrepresentation in answering the questions in this Proposal Form and I/we hereby declare that I/we have fully and accurately answered the questions above.

Signature of Proposer:

Date: dd/mm/yy