



ARCHIPELAGO INSURANCE LIMITED

Company No. LL09355 | Licence No. IS2013136

Registered Office: Level 1, Lot 7, Block F, Saguking Commercial Building, Jalan Patau-Patau, 87000 Labuan F.T., Malaysia

Co-Located Office: B-08-06, Gateway Corporate Suites, Gateway Kiaramas, No. 1, Jalan Desa Kiara, Mont Kiara, 50480 Kuala Lumpur, Malaysia

Telephone: +603 6201 0491 | Fax: +603 6201 0481 | Email: info@archipelagold.com | Website: archipelagold.com

AGRICULTURE INSURANCE PROPOSAL FORM

ALL QUESTIONS MUST BE ANSWERED BY THE PROPOSER AND APPROPRIATELY MARKED (✓) WHERE APPLICABLE.

DETAILS OF PROPOSER

1. Name of Proposer:
2. Company Number:
3. Postal Address: Post Code:
- Tel No.: Fax:

4. Business/Trade:
5. Date business established:

6. Please provide below a breakdown of your primary areas of practice and also provide a written description of your activities on a separate sheet:

Agronomy, cropping systems	..... %	Irrigation, water and effluent management %
Animal Production and nutrition	..... %	Local authority, government planning approvals %
Aquaculture	..... %	Management Consulting %
Business planning, economics and farm management	..... %	Marketing %
Communication, extension, education, training	..... %	Mediation, expert witness %
Crop protection, pest and disease management	..... %	Project, R&D, planning and management %
Environment, natural resource management	..... %	Rural and Regional Development %
Food Science and quality assurance	..... %	Soils management and nutrition %
Forestry	..... %	Other*: %
Horticulture, viticulture	..... %		100 %

7. **Past Activities**
 Have you undertaken in the past any activities not described in question 6? Yes No
 If "Yes", please describe those activities:

Do you wish this insurance to provide cover for claims arising from those activities? Yes No
 Please note, if you do not take out cover for activities specified in 7 (b), there is no coverage under the policy for claims arising from the past in respect to those activities.

8. **Details of Principals / Directors / Partners (include self)** (If space below is insufficient please provide details on a separate sheet.)

Name of Principals/ Partners/ Directors	Association Membership (if applicable)	Qualifications	How long a Principal/ Partner/ Director	
			This business	Previous business

9. **Partners Previous Business**
 Do you require this insurance to indemnify you for any professional indemnity claims which may arise from any previous business entities? Yes No
 (If "Yes", please provide details of any previous business on a separate sheet.)

10. Please advise total numbers of:

Partners/Principals/Directors	
Technical Staff	
Administrative/ Secretarial Staff	
Contractors	



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Total Staff

11. Please supply details of your gross professional fees for:

Current financial year

Previous financial year

Estimate for next financial year

12. **Limit of Indemnity** (please tick the relevant box indicating limit of cover required)

\$1,000,000 \$2,000,000 \$5,000,000 Other Limit \$

13. **Public Liability** (Optional Policy)

Do you require Public Liability insurance in addition to Professional Indemnity Insurance? Yes No

If "Yes", please indicate the limit of indemnity: \$10,000,000 \$15,000,000 \$20,000,000

14. Please state the approximate percentage of your activities (based on gross professional fees) applicable to each state, territory and overseas.

15. **Details of Specific High-Risk Activities**

Do you provide investment advice to clients? (If "Yes", please choose between (i) and (ii)) Yes No

Is the investment advice a result of general agricultural advice? Yes No

or

Is the advice specific to investment performance, relating to returns on income? Yes No

Do you provide prospectus and/or public offering advice to clients? Yes No

(If "Yes", please attach details of such services provided.)

Do you provide advice on contaminated sites or offer specific environmental consultancy services? Yes No

(If "Yes", please attach details of such services)

16. Are you currently insured? If Yes, please supply details below:

Insurer Limit of Indemnity

Expiry Date Expiring Premium

17. **Claims/Circumstances**

Have any claims ever been made against you, your predecessors in business or any of the present or past Partners or Directors? Yes No

Are you aware, after enquiry, of any circumstances which may result in any claims against you, your predecessors in business or any of the present or past Partners or Directors? Yes No

Has any insurer ever declined, cancelled or imposed special conditions in relation to liability insurance? Yes No

Have you or any Partner/Director or staff member ever been subject to disciplinary proceedings for misconduct in a professional respect? Yes No

(If you have answered "Yes" to any of questions 16. (a), (b), (c) and/or (d) please provide full details on the attached Claims Addendum)

DECLARATIONS

- I/We hereby declare that the statements made by us in this and Proposal are complete and true to the best of our knowledge and belief, and we hereby agree that this Proposal shall forms the basis and be part of any Policy or Policies issued in connection with the above risk or risks. It is agreed that the Insurer shall be liable in accordance with the terms of the Policy only that the Insured will not lodge any other claims of whatever nature.
- I/We undertake to inform the Insurer of any material alteration whereby the risk is increased, and the Insurer reserve the right to modify any quotation made in the light of such alteration.

Signed at..... on.....

Applicant's Signature

Important Notices

1. This proposal form is for a brief description only. The full details of the plan are to be found in the policy.
2. You are to disclose in this form fully and faithfully all facts you know or ought to know, otherwise the Policy issued hereunder may be void.
3. For Archipelago Insurance Limited, Insurance may be written on a non-admitted basis direct in respect of risks located in the Malaysia and other territories where non-admitted insurance is permitted.

PRIVACY NOTICE PURSUANT TO THE PERSONAL DATA PROTECTION ACT 2010

Please be informed that the personal data and other information (collectively, "Personal Data") provided in your registration or application form may be used and processed by ARCHIPELAGO INSURANCE LIMITED ("AIL") for the following purposes:-

- a) assessing your application for the insurance product by AIPL;
 - b) to communicate with you;
 - c) to process your payment transactions;
 - d) respond to your inquiries;
 - e) conduct internal activities;
 - f) to provide you with information on products and services of AIL, its related corporations and business partners;
 - g) other legitimate business activities of AIL; and/or
 - h) such other purposes as set out in the Terms and Conditions.
- (collectively "Purposes").

Further, please be informed that if required for any of the foregoing Purposes, your Personal Data may be transferred to locations outside Malaysia or disclosed to our related corporations, licensees, business partners and/or service providers, who may be located within or outside Malaysia. Save for the foregoing, your Personal Data will not be knowingly transferred to any place outside Malaysia or be knowingly disclosed to any third party.

In order to process your Personal Data, your consent is required. If you do not consent, we cannot process your Personal Data for any of the above Purposes and we will not be able to consider your application for the insurance product.

You may at any time hereafter make inquiries, complaints and request for access to, or correction of, your Personal Data or limit the processing of your Personal Data by submitting such request to the Personal Data Protection Officer of AIL via registered post or email as set out below.

Postal address:

Personal Data Protection Officer

Archipelago Insurance Limited

Co-Located Office: B-08-06 Gateway Corporate Suites, Gateway Kiaramas, No.1, Jalan Desa Kiara, Mont Kiara, 50480 Kuala Lumpur

Email address: info@archipelagold.com

You represent and warrant that you have obtained the consent of third parties (e.g. family members) whose personal data you have provided in the application form to allow AIL to process the said personal data for the Purposes.