



PROGRESSIVE INSURANCE BHD (19002-P)

NETWORK

HQ	6 th , 9 th & 10 th Floor, Menara BGI, Plaza Berjaya, No.12, Jalan Imbi, 55100 Kuala Lumpur, P.O. Box 10028, 50700 Kuala Lumpur	Tel:+603 2118 8000, Fax:+603 2118 8100, +603 2118 8102 & +603 2118 8103
BUTTERWORTH Branch	2755, Ground & 1 st Floor, Jalan Chain Ferry, Taman Inderawasih, 13600 Prai, Seberang Prai Tengah, Penang	Tel:+60 4397 7128, Fax:+60 4397 7126
JOHOR BAHRU Branch	No.17-01, Jalan Kebun Teh 1, Pusat Perdagangan Kebun Teh, 80250 Johor Bahru, Johor	Tel:+60 7227 0991, Fax:+60 7227 0996
MELAKA Branch	13-A, Jalan Melaka Raya 24, Taman Melaka Raya, 75000 Melaka,	Tel:+60 6288 3831, Fax:+60 6288 3832
KOTA KINABALU Branch	Ground Floor & 7 th Floor, Wisma Perkasa, Jalan Gaya, Kota Kinabalu, Sabah, P.O. Box 13936, 88845 Kota Kinabalu, Sabah,	Tel:+60 8824 4216, Fax:+60 8821 8004
KUCHING Branch	Sub-lot 11 & 12, Lot 9966 & 9967, 1 st Floor, Premier 101, Jalan Tun Jugah, 93350 Kuching, Sarawak	Tel:+60 8257 5019, Fax:+60 8257 2013
SANDAKAN Branch	1 st Floor, Lot 1, Block 3, Bandar Indah, Mile 4, North Road, 90000 Sandakan, Sabah	Tel:+60 8923 8810, Fax:+60 8923 7709

INSURANCE OF GROWING TREES PROPOSAL FORM

IMPORTANT NOTICE

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.

PREMIUM WARRANTY

Your attention is drawn to the 60 days premium warranty attached to the policy. It is a fundamental and absolute special condition of this contract of Insurance that the premium due must be paid and received by the Company within sixty (60) days from the inception date of this policy/endorsement/renewal certificate.

If this condition is not complied with then this contract is automatically cancelled and the Company shall be entitled to the pro-rata premium for the period they have been on risk.

PLEASE COMPLETE IN CAPITAL LETTERS AND TICK (✓) BOXES WHERE APPROPRIATE

AGENCY: _____ AGENCY NO: _____ COVER NOTE NO: _____

A PARTICULARS OF PROPOSER

Name of Proposer: _____

Correspondence Address : _____
 _____ Postcode : _____

E-mail Address : _____

Telephone No : Home _____ Office _____

Hand Phone No. : _____ Fax No : _____

NRIC No. : _____ Sex : Male Female

Business / Trade / Occupation : _____ Sole Proprietor: Yes No

Business Registration No. : _____ GST Registration no.: _____ GST Registration Effective Date: _____

Name of Mortgagee/ Chargee: _____

Correspondence Address : _____
 _____ Postcode : _____

Period of Insurance : From To
 Day Month Year Day Month Year

FOR OFFICE USE

ACCEPT

SURVEY
REQUIRED

DECLINE

INITIAL

B DESCRIPTION OF ESTATES

1. Name of Estate: _____

2. Address : _____

_____ Postcode : _____ X (Latitude) : _____ Y (Longitude) : _____

3. Crop in the Estate : Grown : _____

To be insured: _____

4. Describe the nature of fence around the estate: _____

5. Describe the nature of property in areas surrounding the estate: _____

6. Is the estate on plain ground or hill-side? _____

7. Is any part of the estate susceptible to flooding? Give information on flooding history during last 5 years. _____

8. What is the distance between the estate and the bordering grass land or forest? _____

9. What is the nature of soil in the estate? _____

10. What is the normal height for undergrowth at any one time in the estate? _____

11. Give the name of the nearest fire station, distance and type of equipment available for fighting fires: _____

12. What is the maximum area contained within fire-breaks? (Note: Roads, rivers or streams, railway lines which are at least 6 metres wide may be considered as fire-breaks) _____

13. What are the contingency plans of the estate management for:

(a) Combatting fires _____

(b) Draining flood water _____

14. Give information on Estate Manager and other key personnel:

Name	Position	Experience	Length of service in this estate

15. Particulars of trees to be insured:

Tree	Age	Area	No. of Trees	Sum Insured

16. Particulars of area proposed to be planted or replanted during period of insurance:

Area	Trees proposed to be planted

17. History of losses during last 5 years by any of the perils now proposed to be insured:

Date of loss	Trees affected	Nature of loss	Area affected	Value of loss

- Please provide information (Question 1 – 17) for each of the estates being insured.
- If the space provided in this proposal form is insufficient please provide your explanations to the questions on a separate sheet of paper, stating clearly the question number.

C INSURANCE HISTORY

1. Is there any other insurance effected in respect of the trees proposed for insurance?

Yes No

If Yes, please specify _____

2. Had any insurer refused to insure or to renew or asked for higher premium or cancelled any insurance on any of the estates now proposed for insurance?

Yes No

If Yes, please specify _____

D SPECIAL NOTIFICATION

The Proposer is hereby notified that all appointed agents/representatives of the Company, who have the authority to solicit or negotiate contracts of insurance on behalf of the Company, are issued with authorisation cards.

E REFUND OF PREMIUM

In the event of any refund due on this policy, we will arrange remittance of the refund to the policyholder through E-payment channel into one of the account below:

PAYMENT METHOD

(a)	Name of Insured Party:	
(b)	E-Mail Address:	
(c)	NRIC No./Passport No./ Army or Police ID/Business Regn. No.:	
(d)	Saving Account No. :	
		Cawangan Bank / Branch of Bank:
(e)	Current Account No. :	
		Cawangan Bank / Branch of Bank:

F DECLARATION BY PROPOSER

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.

Date: _____ NRIC No. _____
Signature of Proposer/Company Chop

G DECLARATION BY AGENT / OFFICERS

I have sighted the original NRIC and verifies the identity of the proposer through the use of NRIC or other documents such as

Note : A copy of the NRIC must be obtained from the proposer for individual insurance policies only, where the premium is more than RM50,000.

Name and Signature of Agent/Officer NRIC No. of Agent/Officer

H MODE OF PAYMENT

Payment by cash RM _____

Payment by cheque made payable to: **Progressive Insurance Bhd** Cheque No. _____ RM _____

I hereby authorise Progressive Insurance Bhd to charge to my VISA/Master Card account my premium of: RM _____

Credit Card No. _____ Issuing Bank _____

Card Expiry Date _____ Cardholder's Signature _____ Date _____