

PRODUCTS LIABILITY INSURANCE PROPOSAL FORM

CHECK LIST

This checklist is to ensure that all necessary documents are compiled and furnished to the insurer for underwriting purposes.

Please tick where appropriate.

- A copy of brochure(s) for ALL products to be covered. (Q9)
- A copy of contractual agreement(s) relating to the sale of the product. (Q15)
- A copy of quality procedures / report(s). (Q16)
- A copy of the existing policy. (Q25)
- A copy of recall plan, where recall is required. (Q27)
- _____
- _____
- _____

Remarks :

1. Name of Insured

2. Address of Insured

3. Business of the Insured

4. Year the Insured started operations

5. Named Insured is

- Individual
- Partnership
- Corporation
- Joint Venture

6. Business of Insured is

- Manufacturer
- Distributor
- Importer
- Others _____

7. Do you have a subsidiary, affiliate or representative office in the USA/Canada ?
Is yes, please provide :

Name of company : _____
Relationship with Insured : _____
Address : _____

8. Have you acquired or merged with any other company in the last 10 years ?
If so, please provide details :

Name of company : _____
Year : _____
Product range : _____

9. (a) Describe ALL products manufactured/processed or distributed by you. Please provide product brochures.

(b) How many years have you been manufacturing/producing this products(s).

10. Describe any products that are no longer manufactured or distributed by you and when they were discontinued.

11. Are the products “end products” or “component parts” of an end product ? Please describe.

12. Are any new products proposed for introduction during this ensuing year ?

In USA/Canada Yes No

If Yes, please list products.

13. Are all of your products designed by you ?
If No, please explain and indicate who are the products designed by.

14. List all products manufacture, sold or distributed for the past 2 years are well as for the Current and Upcoming year for each of the following markets/area :

(* Please indicate the Total Sales of the products)

(a) USA/Canada/Australia – TURNOVER/SALES

Product	Next Year 20__	Current Year 20__	Last Year 20__	Last Year 20__
Total				

(b) Europe – Turnover/Sales

Product	Next Year 20__	Current Year 20__	Last Year 20__	Last Year 20__
Total				

(c) Rest of the World – TURNOVER/SALES

Product	Next Year 20__	Current Year 20__	Last Year 20__	Last Year 20__
Total				

15. (a) Are there contractual agreements e.g. hold harmless agreement entered into with importers or product purchasers that go beyond the typical purchase order agreement ? If yes, please describe and provide a copy.

- (b) Do you require Vendors Liability ? Yes No
If yes, please provide details of vendors.

Vendors : _____

16. (a) Describe the product quality program control operations of the Insured including any internal and external testing conducted on the product(s). Please provide a copy of procedures/reports.

(b) If no product quality control is in place, how is product quality determined ?

(c) Is each product subject to, and do they conform with applicable country of export or international manufacturing and safety standards ?

Yes No

If yes, please specify standard.

(d) Has the product(s) met the manufacturing standards established by the USA.

Yes No

If yes, please specify standard.

17. Are records being kept to trace all products ?

Yes No

18. Are appropriate and understandable instructions provided with the product ?

Yes No

19. Are proper and adequate warnings and labels satisfying applicable standards affixed to the product so those potential users will understand the hazards associated with using the product ?

Yes No

20. Are any product warranties supplied with the product ? If yes, please describe :

21. What is the normal life span of the product(s) ?

DETAILS OF PREVIOUS INSURANCE

22. Has any Insurance Company cancelled or refused to renew your products liability coverage ?

Yes No

23. Loss Experience

Have there been any reported incidents or claims filed for any of your products since the product/products was introduced into the market ? Please provide details including number of accidents, paid outstanding and description of incident(s) for each year.

24. If there is prior loss history, has the cause of loss situation been corrected ?

Yes No

Please describe the cause of loss. Cause of loss could have been design error, manufacturing error, lack of maintenance, exceeding of design limits and environmental condition.

In addition please describe losses caused by discontinued products as well.

25. Please provide details of your current Products Liability Insurance. Kindly provide a copy of the policy.

Insurance Company : _____
Expiry Date : _____
Premium : _____
Excess : _____

DETAILS OF NEW INSURANCE REQUESTED

26. What are the Limits of Liability/Indemnity that you require ?

27. Do you require Expense Product Recall extension ? If yes, please provide a copy of the recall plan.

28. What is the Territorial Limit that you require ?

29. What is the Jurisdiction Limit that you require ?

IMPORTANT NOTICE

Pursuant to Section 149(4) of the Insurance Act, 1996 – you are to disclose in the proposal form, fully and faithfully all the facts which you know or ought to know, otherwise the policy issued hereunder may be void.

The applicant represents that the statements and responses to the questions on this application are accurate and complete. The applicant also warrants that such statements and responses are true, contain no misrepresentations and that if the information supplied on this application or attachments changes between the date of the application and the inception date of the policy, the applicant will immediately notify the Company of such changes.

Name of the person signing the proposal form : _____

Signature of the person signing the proposal form : _____

Date of signing of the proposal form : _____

Title/Designation : _____

Company Chop : _____