

## PRODUCTS LIABILITY INSURANCE PROPOSAL FORM

### i. GENERAL DATA

Name of Proposer in Full:

Address:

Description of Business:

How long established:

### ii. PRODUCT AND SALES DATA

1. Does your business involve manufacture, processing, packing, wholesaling or retailing? Please state which

2. Give below details of all products (Use separate sheet if insufficient space below)

TRADE NAME	NAME OF MANUFACTURER	DESCRIPTION OF PRODUCT	ESTIMATED ANNUAL TURNOVER

3. How long have your product been on the market?

4. Specify any products which are inflammable, explosive, poisonous, radioactive or in any way dangerous:

#### 5. Are directions for use given

a) by printing on the container or the product?

Yes ☐ No ☐

b) by separate leaflet or brochure?

Yes ☐ No ☐

6. Describe the containers

7. Are the products used as components? Yes ☐ No ☐

If yes, with what type of products and by what industries?

8. If any of your products are assembled by another firm (or person) or if your products incorporate parts manufactured elsewhere, please give details below:

9. Are any of your products or components thereof manufacture abroad? Yes ☐ No ☐

If yes, please give details below, including country of manufacture and value of such products or components:

10. Give the following details regarding products supplied or distributed abroad:

COUNTRY	ANNUAL TURNOVER

*How are you represented in those countries? (e.g. through agencies, concessionaires or your own Branches {i.e. direct})*

11. Do you keep record or the sources of supply of goods and materials which you handle or use? Yes ☐ No ☐

12. Do you enter into any agreements or undertakings to indemnify (or hold harmless suppliers of material or components or subcontractors or processors in respect of any injury or damage? Yes ☐ No ☐

If yes, please supply wordings

13. Do you issue any written guarantee or conditions of sales with or in respect of any of your products? Yes ☐ No ☐

If yes, please specify wordings

**NOTE**

**FOR ALL PRODUCTS CONCERNED IN THIS ENQUIRY IT IS ESSENTIAL THAT DESCRIPTIVE LEAFLETS OR BROCHURES, SPECIMEN LABELS, GUARANTEES AND CONDITIONS OF SALE ARE ATTACHED TO THIS QUESTIONNAIRE**

**iii. PREVIOUS INSURANCE/PREVIOUS CLAIMS**

1. Has the proposer previously been insured? Yes ☐ No ☐

If so, please specify:

	NAME OF INSURER	POLICY PERIOD	LIMIT OF INDEMNITY
1.			
2.			
3.			
4.			
5.			
6.			

2. Has a previous application been declined? Yes ☐ No ☐

**Has a previous Insurance:**

a) required increased premium?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b) required special restrictions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c) been terminated / not been renewed by an Insurer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If so, please give detailed information:

3. In respect of the products proposed for this insurance, please give details of:

a) any claims made or pending against you

YEAR	NUMBER OF CLAIMS	PAID	OUTSTANDING

*Please give detailed information regarding each claim on separate sheet*

b) any circumstances or incidents which may result in a claim or claim against your firm?

**iv. INDEMNITY REQUIRED**

1. Limit any one occurrence

2. Aggregate Limit

3. Deductible each and every claim to be borne by insured

**DECLARATION**

I/We declare that the statements and particulars in this proposal are true and that I/we have not misstated or suppressed any material facts. I/We agree that this proposal, together with any other information supplied by me/us, shall form the basis of any contract or insurance effected thereon.

Signing this proposal form does not bind the proposer or underwriter to complete this insurance.

Date:

Signature of Partner or Principal:

For and on behalf of

(insert name of firm)

***Please attach a brochure concerning your firm.***