

QUESTIONNAIRE AND PROPOSAL FORM

1 General Information:

a) Full name of Proposer:

Reg. No. Nationality Year Established

Activity

b) Address: Location	Building:	Street:
	Dist:	City:

P.O. Box Postal Code

Phone Nos. Fax No.

Email ID

c) Contact Person 1	Name:	Title:
	Tel. Extn.	Mobile No.
	Email ID:	

Contact Person 2	Name:	Title:
	Tel. Extn.	Mobile No.
	Email ID:	

Contact Person 3	Name:	Title:
	Tel. Extn.	Mobile No.
	Email ID:	

2.	Period of Insurance: From:/...../..... To/...../.....
3.	Names of Companies proposed to be insured (including all Associated and/or Subsidiary Companies):
4.	Please describe special features, if any, of business activity:
5.	Please state description (i.e., shop, office, factory, warehouse) and address of premises to be insured:

1.	Please furnish a complete description of each product to be insured and attach all brochures, labels, warnings or other written statements.																																			
2.	<p>Please give details of:</p> <p>(i) Actual turnover for the past 12 months:</p> <p>(ii) Estimated turnover for the next 12 months broken down for different types of products and showing percentage division between home and overseas markets as below:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 25%;">Product</th> <th style="width: 15%;">Home%</th> <th style="width: 30%;">Overseas (Exc. USA/Canada)%</th> <th style="width: 15%;">USA%</th> <th style="width: 15%;">Canada%</th> </tr> </thead> <tbody> <tr><td>1.</td><td></td><td></td><td></td><td></td></tr> <tr><td>2.</td><td></td><td></td><td></td><td></td></tr> <tr><td>3.</td><td></td><td></td><td></td><td></td></tr> <tr><td>4.</td><td></td><td></td><td></td><td></td></tr> <tr><td>5.</td><td></td><td></td><td></td><td></td></tr> <tr><td>6.</td><td></td><td></td><td></td><td></td></tr> </tbody> </table> <p style="margin-top: 10px;">If your products are exported to the USA or Canada, please complete the supplementary questionnaire</p>	Product	Home%	Overseas (Exc. USA/Canada)%	USA%	Canada%	1.					2.					3.					4.					5.					6.				
Product	Home%	Overseas (Exc. USA/Canada)%	USA%	Canada%																																
1.																																				
2.																																				
3.																																				
4.																																				
5.																																				
6.																																				

3.	<p>Do you manufacture the complete product? Yes/No If 'NO', what component parts are purchased by you and from whom?</p>
4.	<p>Do you assemble the complete product? Yes/No If 'NO', what portions are assembled by others?</p>
5.	<p>Do you install or service the products? Yes/No If 'YES', please attach full details of your standard written service contracts and turnover from this service.</p>
6.	<p>Please attach full details of your Company's product safety programme (i.e., steps taken to establish that products do not create a hazard to the public).</p>
7.	<p>Please attach full details of your Company's quality control programme.</p>
8.	<p>Do the products bear your name? Yes/No</p>
9.	<p>(i) If recall of products is necessary how would this be done?</p> <p>(ii) Have you ever recalled any of your products for any reason? Yes/No If 'YES', please attach full details.</p>

10.	<p>(i) Do you sell or distribute foreign manufactured products or parts? Yes/No</p> <p>(ii) Do you use foreign manufactured parts in your products? Yes/No If 'YES' to (i) and/or (ii), please describe fully.</p>
11.	<p>(i) What are the known or potential hazards associated with your products?</p> <p>(ii) How have you warned users of these hazards?</p>
12.	<p>Do details or distributors change the form of your products in any manner or install or service your product YES/NO If 'YES', please give full details.</p>
13.	<p>(i) Do you agree to hold harmless or indemnify suppliers, dealers or distributors against claims or actions for bodily injury or property damage in connection with your products? If 'YES', please attach copies of your standard form/forms. Yes/No</p> <p>(ii) Do you require hold harmless agreements from your suppliers? Yes/No</p>
14.	<p>Do any of your products have nuclear, aircraft or offshore installation applications? Yes/No</p>
15.	<p>In respect of any of your products, has your Company ever been prosecuted for an offence against any legislation or regulations or have any of your products ever been subject to any inquiry or investigations by any Government Agency? Yes/No If 'YES', please attach full details.</p>

16. (i) Are you presently insured for products liability risks? Yes/No
If 'YES', please give details of Insurer/Insurers and indemnity limits.

(ii) Are any products excluded from this cover? Yes/No
If 'YES', please give details

(ii) In respect of products liability insurance, has any insurer ever cancelled or refused to renew your cover? Yes/No
If 'YES', please give details.((

17. Please list claim experience for past 10 years describing products causing losses.

Year	Settled Claims		Outstanding Claims		Products Causing Losses
	Number	Amount	Number	Amount Claimed	

18. Are you aware of any other incidents that may result in claims against you? Yes/No

19. Please state amount of indemnity required for Products Liability.

20. Please indicate the Deductible you are willing to bear:

**DECLARATION TO BE SIGNED BY A DIRECTOR, PARTNER OF THE FIRM AND/OR MANAGER
AUTHORISED TO DO SO.**

All questions must be answered correctly and in full before a quotation will be given.

Failure to disclose material facts could result in your policy being invalidated. Material facts are those facts which might influence the acceptance or assessment of your proposal. If you are in any doubt as to whether a fact is material, you should disclose it.

I/We hereby declare that the above statements are true and complete and I am/We are not aware of any further material information which should be disclosed to the Company and I am/We are willing that these replies shall be taken as the basis of the contract between me/us and the Company.

Signature:.....

Name of the Person Signing :.....

Title/Role:

Date:.....

Signing this Proposal Form does not bind either the Proposer or Underwriters to complete a Contract of Insurance.

A copy of this Proposal should be retained by you for your records.