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PRODUCT LIABILITY INSURANCE PROPOSAL FORM

1) Name of proposer : _____

2) Address of Factory : _____

3) Description of Business : _____

Year organization was established? : _____

4) Does your business involve manufacturing, processing, packing, wholesaling or retailing?

5) Present Affiliation with other company or group : _____

6) Annual sales

Period	Sales-Pakistan (Rs.)	Sales-Abroad (Rs.)	Total Sales (Rs.)
Current Year			
First Prior Year			
Second Prior Year			
Upcoming Year (est.)			

(In case of sales abroad pls. specify country (ies) and their respective sales figures)

7) How long have your product been in the market? : _____

8) Do you maintain formal written quality control and testing procedures? Yes No

9) Can you identify your product from those of competitors? Yes No

10) Do you maintain records of the following:

a) When and where your product was manufactured? Yes No

b) To whom your product was sold and the date of sale? Yes No

c) Changes in design? Yes No

11) Specify any products which are inflammable, explosive, poisonous, radioactive or in any way dangerous:

12) Can any of your product or services be used in connection with

a) Aircraft or aerospace Yes No

b) Watercraft or offshore craft Yes No

c) Transport or transit Yes No

d) Life support services Yes No

13) Are directions for use given

a) By printing on the container or the product? Yes No

b) By separate leaflet or brochure? Yes No

14) Are the products used as components? Yes No

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

- 15) Do you obtain Certificates of Product Liability Insurance from each of your manufacturers/suppliers?
Yes No

If yes, minimum limits of insurance required: _____

- 16) If you contract the manufacturing of your product to others, do you have a formal written agreement with your sub-manufacturers?
Yes No

- 17) If yes, please attach those sections of the agreement(s) pertaining to Product Liability and Product Liability insurance.

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

- 19) Are any of your products or components thereof manufactured abroad? Yes No
If yes, please give details below, including country of manufacture and value of such products or components:

: _____

- 20) Who designs your products? : _____

- 21) Are designs reviewed, tested and verified by others? Yes No
If yes, by whom? : _____

- 22) Are your products subject to any government or industry standards? Yes No
If yes, are your products in full compliance Yes No

- 23) Describe the standards and the documentation : _____

- 24) Have you attained ISO 9000, QS 9000 or similar Certification? Yes No

- 25) Do you have a formal written products recall procedure? Yes No
If yes, attach a copy

- 26) Have you voluntarily or involuntarily recalled, or are you considering recalling, any known or suspected defective products from the market? Yes No
If yes, please describe: _____

- 27) 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 proposal it is essential that descriptive leaflets or brochures, specimen labels, guarantees and conditions of sale are attached to this proposal form.

28) Has the proposer previously been insured? Yes No

If yes has a previous Insurance

a) required increased premium? Yes No

b) required special restrictions? Yes No

c) been terminated / not been renewed by an Insurer? Yes No

29) Has a previous application been declined? Yes No

30) 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 in future

:

31) Are you aware of any complaint or notice filed in the last three years with any government agency or industry regulatory body Yes No

32) Do you assume liability under the contract or hold others harmless (other than lease liability). If yes attach copies of all agreements Yes No

33) Territorial Limits Required

:

34) Limit any one occurrence : Pak. Rs.

35) Aggregate Annual Limit : Pak. Rs.

36) Deductible each and every claim to be borne by insured : Pak. Rs.

37) Proposed Effective Date From: To:

38) Policy Wording Required Occurrence Basis Retro Date: Claims Made Basis

Declaration:

I/We desire to effect Product Liability Insurance in the terms of the policy used by the Company for this class of insurance and hereby 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 affected thereon.

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

Dated :

For and on behalf of :
(Insert name of firm)

Signature of partner or principal :
(Please attach a brochure concerning your firm.)