



UNITED INDIA INSURANCE COMPANY LIMITED

REGD & HEAD OFFICE: NO 24 WHITES ROAD CHENNAI – 600 014

**PROPOSAL
GENERAL BUSINESS AND PRODUCTS LIABILITY INSURANCE**

AGENCY: _____

SECTION 1 – DESCRIPTION OF TRADE

1. Proposer's name in full

2. Tel. No. _____ Telex No. _____ Fax No. _____
3. Postal Address _____
4. Country of Operations _____
5. Business Description _____
6. Describe process and activities _____
7. Date established _____
If new, give details of experience _____

8. Provide an estimated breakdown of annual wages in respect of manual work away from own premises (other than collection and delivery)

| Type | Description of Activity | Estimate |
|---------------------------------|-------------------------|----------|
| Country of Operations | | |
| Other | | |
| Offshore | | |
| Sub-Contracted to Firms | | |
| Sub-Contracted to Self Employed | | |

9. Do you vet the insurance arrangements of subcontractors? Yes No
10. Will you, or your employees, handle or come into contact with any industrial dust of known harmful nature (e.g. asbestos, silica, cotton), radioactive materials, or any other substance harmful to health? Yes No
11. Is there an occupational deafness hazard associated with your trade? Yes No

If "YES" to 10 and 11 give details and state safety procedures and length of exposure in years past.

SECTION 2 – GENERAL QUESTIONS

The following questions must be answered in all cases

1. Have you been prosecuted during the last 5 years under any safety legislation?
Yes No
2. Have you or any of your directors or partners ever been charged with a criminal offence other than a motoring offence? Yes No
3. Has any Insurer ever declined to insure you or refused to renew any of your insurances?
Yes No

If "YES" to any of the above, please provide full details (including identity of Insurers if responding to Q3)

4. Give details of any separate business in which you or any of your directors or partners are or have been involved the last 5 years.

| Name of Business | Trade | From | To |
|------------------|-------|------|----|
| | | | |
| | | | |

5. Give name (s) of present liability insurer (s) and expiry date (s)

6. Do you require : Indemnity Limits

| | | | | |
|-----|---------------------|-----|----|-------|
| (a) | Employers Liability | Yes | No | _____ |
| (b) | Public Liability | Yes | No | _____ |
| (c) | Products Liability | Yes | No | _____ |

Date from which cover is to commence: _____

SECTION 3 – PRODUCTS AND SERVICES

| | <i>Details</i> | <i>Estimate (Annual Turnover)</i> |
|--|----------------|---------------------------------------|
| A. BROAD OUTLINE | | |
| Please provide a general description of products supplied or manufactured and total of Turnover figure | | |
| B. ANALYSIS OF PRODUCTS | | |
| 1. Indicate details of products you do not manufacture | | |
| 2. Indicate details of products which you alter, adapt or change in some way | | |
| 3. Give details of imported products including source of origin | | |
| 4. Give details of any products used : (a) In Aircraft (b) In Marine craft (c) Offshore | | |

| | <i>Details</i> | <i>Estimate (Annual Turnover)</i> |
|---|----------------|---------------------------------------|
| C. U.S.A OR CANADA | | |
| 1. Give details of any products supplied directly or to your knowledge indirectly to the U.S.A. or Canada | | |
| 2. If products have been supplied in previous years to U.S.A. or Canada indicate Turnover applicable to each of last 3 years “IN ADDITION” to usual information. | | |
| D. SERVICES / TREATMENT | | |
| If you provide any services or treatment other than products provide details | | |
| E. GENERAL QUESTIONS RELATING TO YOUR LIABILITY AS A PRODUCER | | |
| 1. Do you retain rights of recovery against manufacturers ? | | |
| 2. Do any of your products require an accompanying hazard warning ? | | |
| 3. Do you design or prepare specifications for the products you supply ? Give below details relevant to the above questions (including qualifications of design team) : | | |
| 4. Provide details of your quality control system including any “early warning” mechanism built into your complaints procedure | | |

5. Please indicate period of time, in years, that you retain stock records of :

Customers :

Suppliers :

F. Please quantify sales turnover product wise for the last 3 years as under:

- (a) Domestic
- (b) USA/Canada
- (c) OECD countries (Countries belonging to the Organisation for Economic Co-operation and Development viz. Austria, Belgium, Denmark, Finland, France, Germany, Great Britain, Greece, Iceland, Ireland, Italy, Japan, Luxemburg, Netherlands, New Zealand, Norway, Portugal, Spain, Sweden, Switzerland, Turkey Yugoslavia)
- (d) Other countries including non-OECD countries.

SECTION 4 – WAGES / TURNOVER / CLAIMS

1. Please complete showing the projected situation for the next 12 months

| <i>Description of all employees (Wages but not fees of working directors to be included)</i> | <i>No</i> | <i>Wages/Salaries</i> |
|--|-----------|-----------------------|
| Clerical Staff | | |
| Supervisory / Manual | | |
| All other employees (specify below any extra hazardous activities) : | | |

2. Total Turnover :

Past Financial Year _____

Current Financial year _____

Estimate Coming Financial year _____

3. Please complete the undernoted section which relates to your claims record over the last 5 years (arising out of the business and where you may be legally liable) – DO NOT INCLUDE MOTOR INSURANCE CLAIMS

EMPLOYER'S LIABILITY

| | Death, disease, illness or injury to employee including casual employees | | | | |
|------------------------|--|-------------|----|------------|----|
| Year (last 5 years) | Salaries or Wages | Paid Claims | No | O/S Claims | No |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| PUBLIC AND PRODUCTS LIABILITY | | | | | | |
|-------------------------------|--|----------|--------------------|----|------------|----|
| | Death, disease, illness or injury to other parties and loss or damage to their property and attendant financial loss | | | | | |
| Year (last 5 years) | Excess | Turnover | Property Damage | No | O/S Claims | No |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

DECLARATION (in respect of all sections)

I/ We declare that to the best of my/our knowledge and belief the above statements are true and complete and will form part of the contract between me/us and the Insurance Company.

Signature _____ Position in Your Company _____

Date _____