

## Product Liability Insurance

### Proposal Form

ADNIC is a Public Joint Stock Company incorporated in the United Arab Emirates by Law No. (4) of 1972, and it is governed by the provisions of the UAE Federal Law No. (6) of 2007 "Establishment of the Insurance Authority & Organization of its Operations", with Registration No. (1).

### Completing this form

In order to apply for this insurance, please complete all parts of this proposal form and the annexures, if any.

**You must provide full, accurate, and true answers to all questions listed below. Material facts which you know or ought to know should be fully and accurately disclosed. Failure to do so may result in rejecting your claim and/or terminating the insurance policy from inception.**

If you are in any doubt about what you should disclose, please do not hesitate to contact us. A material fact is one that would influence our decision whether to offer you insurance or the terms which we offer.

If the space provided is inadequate, please provide details using an additional information sheet, signed and dated.

Your insurance does not commence when you sign the proposal. Your cover will only commence once we have reviewed the proposal form and confirmed cover in writing.

Please keep a copy of this proposal form for your record along with any correspondence/information provided to us and policies/endorsements that are issued to you subsequently.

## 1. General information

Please complete this form to apply for ADNIC Product Liability Insurance.

- a. Names of companies proposed to be insured (including all associated and/or subsidiary companies)

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- b. Address: (Please show the address required on the policy)

P.O. Box: \_\_\_\_\_ City: \_\_\_\_\_ Country: \_\_\_\_\_

Contact person's name: \_\_\_\_\_

Phone number: \_\_\_\_\_ Mobile number: \_\_\_\_\_

Fax number: \_\_\_\_\_ Email address: \_\_\_\_\_

- c. Please furnish a complete description of each product to be insured and attach all brochures, labels, warnings, or other written statements: \_\_\_\_\_

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## 2. Turnover

- a. Please give details of:

- i) Actual turnover for the past 12 months  
 ii) Estimated turnover for the next 12 months broken for different types of products and showing percentage division between home and overseas markets as below:

Product	Home %	Overseas (excluding USA/Canada)%	USA %	Canada %
1				
2				
3				
4				
5				
6				

If your products are exported to the USA or Canada, please complete the supplementary questionnaire.

## 2. Work details

a. Do you manufacture the complete product?  Yes  No

If No, what component parts are purchased by you and from whom?

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b. Do you assemble the complete products?  Yes  No

If No, what portions are assembled by others?

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c. 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.

d. 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)

e. Please attach full details of your company's quality control programme.

f. Do the products bear your name?  Yes  No

g. i) If recall of products is necessary, how would this be done? \_\_\_\_\_

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ii) Have you ever recalled any of your products for any reason?  Yes  No

If Yes, please attach full details.

h. i) Do you sell or distribute foreign manufactured products or parts?  Yes  No

ii) Do you use foreign manufactured parts in your products?  Yes  No

If Yes to i) and/or ii) please describe fully: \_\_\_\_\_

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**2. Work details (continued)**

i. i) What are the known or potential hazards associated with your products? \_\_\_\_\_

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ii) How have you warned users of these hazards?  Yes  No

j. Do dealers 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: \_\_\_\_\_

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k. 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?  Yes  No

If Yes, please attach copies of your standard form/forms.

ii) Do you require hold harmless agreements from your suppliers?  Yes  No

l. In Do any of your products have nuclear, aircraft, or offshore installation applications?

Yes  No

If Yes, please attach full details.

m. 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.

### 3. Insurance details

a. i) Are you presently insured for products liability risks?  Yes  No

If Yes, please give details of insurer/insurers and indemnity limits: \_\_\_\_\_

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ii) Are any products excluded from this cover?  Yes  No

If Yes, please give details: \_\_\_\_\_

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iii) In respect of products liability insurance, has any insurer ever canceled or refused to renew your cover?

Yes  No

If Yes, please give details : \_\_\_\_\_

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b. Please list the claims experience for the past 10 years describing products causing losses

Year	Settled Claims		Outstanding Claims		Product Causing Losses
	Number	Amount	Amount	Reserve	

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

d. Please state the amount of indemnity required: \_\_\_\_\_

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e. Please state the jurisdiction required: \_\_\_\_\_

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## Supplementary Questionnaire In Respect Of Exports To The United States Of America And/Or Canada

(attaching to and forming part of the Product Liability Proposal Form)

Please answer the questions below and submit this questionnaire with your Products Liability Form

### 1. Exports general information

a. Please provide a full description of all products exported and approximate percentage of total turnover applicable to each product in respect of the above territories: \_\_\_\_\_

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b. How long have you been marketing each product? \_\_\_\_\_

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c. How long have you been exporting these products to the USA and/or Canada and in which states or provinces in particular are these products being distributed? \_\_\_\_\_

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d. What percentage of each product goes to each State and/or Province? \_\_\_\_\_

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e. What are the means of export to the USA and/or Canada, i.e.

- i)  Direct subsidiary in the territory
- ii)  Incorporated in part of machinery or commodity sold direct by manufacturers
- iii)  Sold F.O.B. in country of origin to vendor in the territory

**1. Exports general information (continued)**

f. Do you have any Power of Attorney or Assets in the USA and/or Province?  Yes  No

If Yes, please give details: \_\_\_\_\_

\_\_\_\_\_

g. Please give full details of all contractual terms and warranties including oral or written undertakings, given by or to USA and/or Canada vendors: \_\_\_\_\_

\_\_\_\_\_

h. Is the USA and/or Canada vendor insured for products liability including imported goods?

Yes  No

If Yes, please state limit if known: \_\_\_\_\_

\_\_\_\_\_

**2. Claims information**

a. Please give full information regarding claim paid and outstanding and details of all complaints which have not yet developed into claims.

Year	Settled Claims		Outstanding Claims		Product Causing Losses
	Number	Amount	Amount	Reserve	

**3. Insurance information**

a. Have you previously been insured for exports to the USA and/or Canada?  Yes  No

If Yes, was it on a claim made basis?  Yes  No

**Declaration**

**I/We hereby declare that the statements/information given by me/us in the Proposal Form are full, accurate and true. It is hereby understood and agreed that the statements, answers and particulars provided in this Proposal Form and as per the attachments are the basis on which the insurance policy is being issued/effectuated. If after the insurance policy is effectuated, it is found that any fact in the statements, answers or particulars in this Proposal Form is incorrect, untrue, inaccurate, misrepresented or non-disclosed in any material respect, ADNIC shall have no liability under the insurance policy and/or shall have the right to terminate the insurance policy from inception.**

Name of Proposer: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Stamp: \_\_\_\_\_

Date: \_\_\_\_\_

**Note:** Please note that each page of the proposal form should be signed by the Proposer or its legal representative