



ORIENT INSURANCE LTD

PRODUCTS LIABILITY-PROPOSAL FORM

| | |
|---|---|
| Proposer & Address | |
| Website: | |
| Broker (if applicable) | |
| DETAILED DESCRIPTION OF BUSINESS OPERATIONS | |
| Year Established | |
| Location(s) & Countries of Operations | |
| Estimated Turnover | |
| Actual Turnover | Last Year: Year before the last: |
| Period of Insurance | |
| Cover | Product Liability |
| Territory | |
| Jurisdiction | |
| Limit of Liability | Per Occurrence & in the aggregate: |
| Claims Experience | Since Established: Since last 5 years: |
| Current/Previous Insurance Details Including whether the insured has been declined for insurance in the past | - |
| Other Information | |

| | | | | | | |
|---|--|-----------------------------|---------------|--------------|------------|--------------|
| Products | Attach separate list with the specifications, Trade/ Patent Names, description of end usage, hazards involved, quality control programs and recall plans. | | | | | |
| Estimated Turnover Split in ** Attach separate list if required. Please specify currency | List of Products | USA/Canada/Australia | Europe | Local | ROW | Total |
| | | | | | | |
| | | | | | | |
| Name of Manufacturer/Supplier from whom products are supplied | | | | | | |
| Does the insured alter/redesign/pack the products supplied by the Mfr/Supplier | | | | | | |
| List New Products introduced during last 3 years | | | | | | |
| List New Products proposed for introduction during the ensuing year | | | | | | |
| List product/s that has been discontinued/recalled during last 5 years and give reasons | | | | | | |
| Details of Hold Harmless / Contractual Agreements (Attach copy if applicable) | | | | | | |
| Details of Business Accreditations or National Safety Standards | | | | | | |
| Are Record Keeping procedures kept on the Products; if so please mention for how many years? | For Customers : For Manufacturers/Suppliers: | | | | | |
| Are any of the products used as part of / component of aircraft/marine craft / water craft t/missiles / Offshore, if so provide details | | | | | | |
| Does the product carry adequate instructions for usage and hazard warnings | | | | | | |

PLEASE PROVIDE THE BELOW INFORMATION FOR USA/Canada/Australia EXPOSURES: -

| | | | | | | |
|--|---|--------|---------|----------|---------|--------|
| Does the insured have any domiciled operations in these countries / how is the insured represented? | | | | | | |
| Years of Operations | | | | | | |
| Turnover for last 5 years ** Attach separate list if required. Please specify currency | List of Products | Year I | Year II | Year III | Year IV | Year V |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Claims History | Since Established: Since last 5 years: | | | | | |
| Current/Previous Insurance Details Including whether the insured has been declined for insurance in the past | | | | | | |

DECLARATION:

I declare that the statements and particulars in this proposal are true and that no material facts have been mis-stated or suppressed after enquiry. I agree that this proposal, together with any other information supplied, shall form the basis of any contract of insurance effected thereon. I undertake to inform the insurers of any material alteration to those facts occurring before the completion of the contract of insurance.

Signed for and on behalf of: (Name of Insured)

By: (Name and Position/Title of Proposer)

Date:

Note: This Insurance will not be in force until the premium has been paid and intimation of acceptance of this proposal conveyed to the Insured.