

## PUBLIC & PRODUCT LIABILITY PROPOSAL FORM

1. Name of Proposer \_\_\_\_\_  
Registered Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Name of subsidiaries and associated companies \_\_\_\_\_  
Registered Address(es) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please state, whether cover is required for these subsidiaries and associated companies

Yes  No

3. Please state if business of proposer, subsidiaries and associated companies is

- Manufacturing	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
- Distribution	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
- Import	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
- Other			_____

4. Please give full description of activities for which cover is required and attach lay-out plans of manufacturing units proposed for insurance

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Location and address of all premises proposed for insurance

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Do you wish to insure depots, warehouses, go downs, tank-farms etc.  
Yes  No

If Yes, please give their address(es)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Do you have any subsidiary and/or affiliate and/or representative and/or assets and/or activities and / or domiciled operations in

USA/Canada	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Europe	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
other foreign countries	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If Yes, please furnish details

---

---

---

8. How long have you been in business? \_\_\_\_\_

9. Please give brief description of surrounding areas for each unit (industrial, agricultural, residential)

---

---

---

---

Note: existing survey reports should be attached.

10. Do you use or handle (please tick)

gases	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
pressure storage	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
explosives	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
hazardous substances	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
asbestos	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
toxic materials	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
radioactive materials	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
hydrocarbons	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

For each Yes, please give details of quantity, storage, handling and precautions taken

---

---

---

---

11. Are the premises fenced and/or locked? Yes  No

12. Are customers/visitors permitted unaccompanied on the premises?  
Yes  No

13. What security arrangements are available?

---

---

---

---

14. Please give maintenance schedule for premises, plant and machinery

---

---

---

---

15. Is there a programme for the prevention of fire, explosion incidents etc.

Yes  No

Please indicate

a) type of detection and alarm system

---

---

---

b) availability of service organisation in case of such incidents

---

---

---

c) provisions made for supply of energy, water etc. in an emergency

---

---

---

Note: existing survey-reports should be attached.

16. Is there any

welding	Yes <input type="checkbox"/>	No <input type="checkbox"/>
gas cutting	Yes <input type="checkbox"/>	No <input type="checkbox"/>
hot work	Yes <input type="checkbox"/>	No <input type="checkbox"/>
vibration from heavy machinery	Yes <input type="checkbox"/>	No <input type="checkbox"/>
pipelines	Yes <input type="checkbox"/>	No <input type="checkbox"/>
gas tanks	Yes <input type="checkbox"/>	No <input type="checkbox"/>
chemical tanks	Yes <input type="checkbox"/>	No <input type="checkbox"/>

on your premises

For each Yes, please give details of precautions

---

---

---

---

17. Please give (unit-wise)

Unit	Total wages	No of staff	Sales turnover		
			Last year	Current year	Estimated next year

18. Please give territorial split of your turnover by product lines for

a) last year

Product lines	Domestic	Europe	USA/Can	RoW	Total

b) current year

Product lines	Domestic	Europe	USA/Can	RoW	Total

c) forthcoming year

Product lines	Domestic	Europe	USA/Can	RoW	Total

19. List any product that has been discontinued or recalled in the last 5 years and give reasons:

---



---



---



---

20. a) Have any new products been introduced during the last three years?

Yes  No

If Yes, please list products, date of introduction and markets

---

---

---

b) Are any new products proposed for introduction during the ensuing year?

Yes  No

If Yes, please list products and proposed markets

---

---

---

21. Are any products sold as

Yes

No

- a) components for other products
- b) components for or use on or with
  - aircraft
  - missiles
  - watercrafts

  
  
  
  
  
  
  
  

If Yes, please give details

---

---

---

22. a) Is a written products liability loss control programme in effect?

Yes  No

b) Is there a written quality control procedure?

Yes  No

c) Is there a written product recall plan?

Yes  No

d) Are your products subject to and do they comply with applicable national safety standards?

Yes  No

For any Yes, please give particulars

---

---

---

Note: any printed material relative to this question must be submitted.

23. Please give claims history for the last 5 years

Public Liability					
Year	2007	2008	2009	2010	2011
No. of claims					
Paid					
Outstanding					
Total					

Product Liability					
Year	2007	2008	2009	2010	2011
No. of claims					
Paid					
Outstanding					
Total					

Total Public and Product Liability					
Year	2007	2008	2009	2010	2011
No. of claims					
Paid					
Outstanding					

Please give brief description of all claims exceeding or involving bodily injury in USA/Canada

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

24. Are you aware of any incidents, known defects or inherent hazards which may result in a claim? Yes  No

If Yes, please give brief description of problem, possible effects and estimated claims

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

25. Has your proposal or renewal been declined by any insurer? Yes  No

If Yes, please give particulars

\_\_\_\_\_

\_\_\_\_\_

---

26. Required insurance limits:

Public Liability: any one claim \_\_\_\_\_  
in the aggregate \_\_\_\_\_

Product Liability: any one claim \_\_\_\_\_  
in the aggregate \_\_\_\_\_

27. Deductible: \_\_\_\_\_ % of Limit of Indemnity  
\_\_\_\_\_ minimum per claim  
\_\_\_\_\_ maximum per claim

28. Policy period required:

From \_\_\_\_\_  
to \_\_\_\_\_

29. Do you require "Vendors Liability"? Yes  No

If Yes, please list vendor(s) and address(es)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

30. What territorial limits do you require?

Domestic   
Europe   
Rest of World   
USA/Can

31. Do you require Accidental Pollution Cover? Yes  No

If Yes, please submit details as per additional questionnaire attached.

I/We desire to effect an insurance in terms of the Public Liability Policy of the Company against the limits of Indemnity specified above. I/We hereby declare that all statutory provisions relating to my/our business proposed for insurance are complied with. I/We further declare that the above statements and particulars are true, and I/we have no omitted, suppressed, misrepresented or misstated any material fact and I/we agree that this declaration shall be the basis of the contract between me/us and the Company, and be incorporated therein.

\_\_\_\_\_  
Place

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Proposer