



INSURANCE PROPOSAL FORM
PRODUCT LIABILITY APPLICATION FORM

Completing the Proposal Form
 Please answer all questions in full leaving no blank spaces.
 If you have insufficient space to complete any of your answer please attach a separate signed and dated sheet and identify the question number concerned

1. Named Insured (Include all Subsidiary Companies)

2. Name insured is :
 Individual Partnership Corporation Joint Venture Other

3. No.N.P.W.P :

4. Business of Named insured is :
 Manufacturer Distributor Importer Other

5. a) How long has named insured been in business ?

b) Does applicant have a subsidiary, affiliate or representative in the USA/ Canada? (Yes/No).
 If yes, please give name(s) and address (es) :

.....

6. Policy period desired (dd/mm/yyyy) : From To

7. US Products

a) List all products manufactured sold or distributed by insured in or exported to USA/Canada and sales by product for the last 5 years as well as estimated sales for the upcoming year (Attach product brochures or other printed material-describing product).

Currency	Product	2005	2006	2007	2008	2009	Est.2010

(Note: Please indicate products manufactured in USA/ Canada by placing an "M" next to Product category)



b) List all products manufactured by insured for sale in USA/Canada but not sold under their label and sales by product for the last 5 years as well as estimated sales for the upcoming year :

Currency	Product	2005	2006	2007	2008	2009	Est.2010

(Please indicate any products actually manufactured in USA/Canada with "M")

8. Worldwide Sales of Products (excluding USA/ Canada)

a.1) Same as in 7.a. above but for products manufactured, sold or distributed outside the USA/Canada.

Currency	Product	2005	2006	2007	2008	2009	Est.2010

(Please indicate any products actually manufactured in USA/Canada with "M")

a.2) Please indicate approximate sales splits by country:

b.1) Same as 6.b. above but for products sold under someone else's label outside the USA/Canada.

Currency	Product	2005	2006	2007	2008	2009	Est.2010

b.2) Please indicate approximate sales splits by country:

.....

.....

9. Does applicant :
Require "Vendors Liability" Endorsement?

Yes No

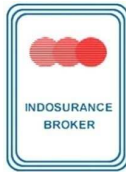
If yes, please list vendor(s) and address (es)

.....

.....

Enter into any hold harmless or other similar "contractual agreements".

Yes No



If yes, please explain:

.....
.....

(Attach copy of such contracts, if applicable)

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

.....
.....
.....

11. Have any new products been introduced in the last 3 years?

In USA/Canada Yes No
Outside USA/Canada Yes No

If yes, list products and date of introduction:

.....
.....

12. Are any new products proposed for introduction during the ensuing year?

In USA/Canada Yes No
Outside USA/Canada Yes No

If yes, list products:

.....
.....

13. a) Are any product sold as component for other products ?

Yes No

If yes, indicate likely uses:

.....
.....

b) Give percentage of purchased components or parts:

.....
.....

c) Are any products sold as components for or use on or with any aircraft, missiles, or watercraft?

Yes No

If yes, give details:

.....
.....

14. Are all products designed by the named insured?

Yes No

If not, explain:

.....
.....

15. Are there or have there been any violations of the consumer product safety act or any other Federal or local legislation:

Yes No

If yes, list violations :

.....
.....



16. a) Is a written products liability loss control program 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) Is each product subject to and do they conform with applicable national safety standard?
 Yes No
 e) Does the insured employ the services of a testing laboratory?
 Yes No
 f) Are records keeping procedures being kept on the products?
 Yes No

Note : Any printed material relative to question 15 must be submitted.

17. a) Has any carrier cancelled or refused to renew product liability coverage?
 Yes No
 If yes, furnish details:

.....

- b) Who is current carrier?

.....

18. Is the insured aware of any product, which, because of known defects or inherent hazard, is likely to cause bodily injury or property damage?

19. Loss experience : Valuation Date

- a) Total incurred losses last 5 years :

	USA/ Canada	NON USA/Canada
2004		
2005		
2006		
2007		
2008		
2009		

- b) Describe all losses over US\$.5,000 (paid or reserved) :

.....

20. Has the insured acquired any new entities within the last 5 years?
 Yes No

21. Does the insured have a legal department?
 Yes No

22. Limit of liability desired CSL (occurrence/aggregate)

23. Deductible desired

24. Engineering :

- a) May we make a physical inspection of the named insured's premises?
 Yes No



c) Person to contact : Title

d) Telephone No. to Contact :

25. PARTICULARS OF SUPPORTING LINES

	RENEWAL DATE PREMIUM	ESTIMATED ANNUAL	INSURER
OTHER CASUALTY			
WORKOMP/EMPLOYER'S LIAB			
PROPERTY			
CRIME			
MARINE CARGO			
MARINE HULL			
PERSONAL ACCIDENT			
AUTOMOBILE			
GROUP LIFE			
GROUP BENEFITS			
GROUP MEDICAL			
OTHER (PLEASE SPECIFY)			



DECLARATION

The Undersigned authorized officer of the Principal Organization declares that to the best knowledge and belief the statements set forth herein are true, and immediate notice will be given should any of the above information alter between the date of this proposal and the proposed date of inception of this insurance. Although the signing of the Proposal Form does not bind the undersigned on behalf of the directors and officers of the Principal Organization, to effect insurance, the undersigned agrees that this form and the said statements herein shall be on the basis of and will be incorporated in the Policy should one be issued.

The undersigned, on behalf of the directors and officers of the Principal Organization, acknowledge that the Statutory Notice contained herein has been read and understood.

Signed _____ Date _____

Title _____

Chairman of the Board or Managing Director Only

IMPORTANT

You are to disclose in this proposal form, fully and faithfully all facts you know or ought to know, otherwise the Policy hereunder may be void.