

PUBLIC AND PRODUCT LIABILITY Proposal Form

1	Name of Proposer		
	Registered Address		
2	Name of subsidiaries & associated companies		
	Registered address(es)		
3	Please state, whether cover is required for these subsidiaries & associated companies	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Please state if business of	Proposer subsidiaries	Associated companies
4	Is: Manufacturer	<input type="checkbox"/>	<input type="checkbox"/>
	Distributor	<input type="checkbox"/>	<input type="checkbox"/>
	Importer	<input type="checkbox"/>	<input type="checkbox"/>
	Other	<input type="checkbox"/>	<input type="checkbox"/>
5	Please give full description of activities for which cover is required and attach lay-out plans of manufacturing units proposed for insurance		
6	Location and address of all premises proposed for insurance		
7	Do you wish to insure Depots, Warehouses Go downs, Tank farms, etc.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	If yes, please give their Address(es)		

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7	Do you have any subsidiary and/or affiliated and/or representative and/or assets and/or activities in USA/Canada <input type="checkbox"/> Europe <input type="checkbox"/>		
	If yes, please furnish details		
8	How long have you been in business		
9	Please give brief description (Industrial, agricultural, residential) of surrounding areas for each unit		
Note : existing survey reports should be attached			
10	Do you use or handle (please tick)	Yes	No
	▪ Gases	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Pressure storage	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Explosives	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Hazardous substances	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Asbestos	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Toxic Materials	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Radioactive materials	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Hydrocarbons	<input type="checkbox"/>	<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 <input type="checkbox"/>	No <input type="checkbox"/>
12	Are the customers/visitors permitted	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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	unaccompanied on the premises?				
13	What security arrangements are available?				
14	Please give maintenance schedule for premises, plant & machinery				
15	Is there a program for the prevention of fire, explosion incidents etc.	Yes <input type="checkbox"/> No <input type="checkbox"/>			
	Please indicate				
	a. Type of detection and alarm system				
	b. Availability of service organization in case of such incidents				
	c. Provisions made for supply of energy, water etc. in an emergency				
<u>Note: existing survey-reports should be attached</u>					
16	Is there any	Yes No			
	▪ Welding	<input type="checkbox"/> <input type="checkbox"/>			
	▪ Gas cutting	<input type="checkbox"/> <input type="checkbox"/>			
	▪ Hot work	<input type="checkbox"/> <input type="checkbox"/>			
	▪ Vibration from heavy machinery	<input type="checkbox"/> <input type="checkbox"/>			
	▪ Pipelines	<input type="checkbox"/> <input type="checkbox"/>			
	▪ Gas tanks	<input type="checkbox"/> <input type="checkbox"/>			
	▪ Chemical tanks	<input type="checkbox"/> <input type="checkbox"/>			
	On your premises				
17	Please give (unit-wise)				
	Unit	Total Wages	No. of Staff	Turnover	
				Last year	Current Year

						Next year

18	Please give territorial split of your turnover by product limes for					
	<i>Last year</i>					
	Product limes	Domestic	Europe	USA/Can.	Row	Total
		<i>Current year</i>				
	Product limes	Domestic	Europe	USA/Can.	Row	Total
	<i>Forthcoming year (estimates)</i>					
	Product limes	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 in the last three years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If yes, please list products, date of	

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	Product	Total					
		No of claims					
		Amount paid					
		Amount outstanding					
		Total					
	Total	No of claims					
		Amount paid					
		Amount outstanding					
		Total					
	Please give brief description of all claims exceeding or involving bodily injury in USA/CAN						
24	Are you aware of any Incidents, known defects or Inherent hazards which may result in a claim				Yes <input type="checkbox"/> No <input type="checkbox"/>		
	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 <input type="checkbox"/> No <input type="checkbox"/>		
	If yes, please give particulars						
26	Required limits		Any one claim				
			But in the aggregate				
			For products				
27	Deductible _____% of limit of indemnity, minimum _____ per claim						
28	Policy period required				From		
					To		
29	Do you require "Vendors Liability"				Yes <input type="checkbox"/> No <input type="checkbox"/>		
	If yes please list vendor(s) and address(es)						

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30	What territorial limits do you require?	Only Domestic <input type="checkbox"/> Europe <input type="checkbox"/> Rest of World <input type="checkbox"/> USA/Can <input type="checkbox"/>
31	Do you require Accidental Pollution Cover, If yes, please submit details as per additional questionnaire attached.	Yes <input type="checkbox"/> No <input type="checkbox"/>

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 not 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 the Proposer: