#### Libano-Suisse S.A.L



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1	Name of Proposer			
	Registered Address			
2	Name of subsidiaries			
	& associated companies			
	D = (-4 d = 11= /)			
	Registered address(es)			
	Please state, whether cover is required for	Yes		
	these subsidiaries & associated companies	No		
3	Please state if business of	Propos	ser subsidiaries	Associated companies
	Is: Manufacturer Distributor			
	Importer			
	Other			
4	Please give full description of activities for			<u>_</u>
4	which cover is required and attach lay-out			
	plans of manufacturing units proposed for			
	insurance			
5	Location and address of all premises			
J	proposed for insurance			
	Do you wish to insure Depots, Warehouses	Yes		
6	Go downs, Tank farms, etc.	No		
	If yes, please give their Address(es)			

7	Do you have any subsidiary and/or affiliated activities in  USA/Canada  Europe	and/or representa	ative and/or assets	and/or
	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	e: existing survey reports should be attached			
10	Do you use or handle (please tick)	Yes	No	
	■ Gases			
	Pressure storage			
	<ul><li>Explosives</li></ul>			
	<ul> <li>Hazardous substances</li> </ul>			
	<ul> <li>Asbestos</li> </ul>			
	Toxic Materials			
	<ul> <li>Radioactive materials</li> </ul>			
	<ul> <li>Hydrocarbons</li> </ul>			
	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 the customers/visitors permitted	Yes 🗆	No 🗆	

	unaccompanied	l on the premise	es?			
13	What security a	arrangements ar	e available?			
14	Please give ma		ule for			
	premises, plant	& machinery				
15	Is there a progrexplosion incid		ention of fire,	Yes □	No 🗆	
	Please indicate					
	a. Type of	detection and a	ılarm system			
		ility of service				
	in case	of such incident	S			
	c Provisio	ons made for su	nnly of			
		water etc. in an				
Note	e: existing surv	ey-reports shou	ıld be attached	<u>l</u>		
16	Is there any			Yes	No	
	<ul> <li>Welding</li> </ul>	g				
	<ul> <li>Gas cut</li> </ul>	ting				
	■ Hot wor	rk				
	<ul> <li>Vibration</li> </ul>	on from heavy n	nachinery			
	<ul> <li>Pipeline</li> </ul>	es				
	<ul><li>Gas tan</li></ul>	ks				
	<ul><li>Chemic</li></ul>	al tanks				
	On your premis	ses				
17	Please give (un	it-wise)				
	Unit	Total Wages	No. of Staff		Turnover	
				Last year	Current Year	Estimation

						Next year
						-
18		torial split of your	turnover by	product limes for		
	Last year	ъ		TIGA /G		T . 1
	Product limes	Domestic	Europe	USA/Can.	Row	Total
	Current year					
	Product limes	Domestic	Europe	USA/Can.	Row	Total
	110ddet IIIIes	Domestic	Zarope		110 11	1000
	Forthcoming ye	ear (estimates)			I	
	Product limes	Domestic	Europe	USA/Can.	Row	Total
19		t that has been disc				
		e last 5 years and g	give			
	reasons:					
20	a. Have any n	ew products been		Yes $\square$	No 🗆	
<b>4</b> U		in the last three ye		100 <b>L</b>	то ш	
	If yes, plea	se list products, da	te of			

	introduction and markets						
	b. Are any new products printroduction during the e		Yes		No		
	If yes, please list product proposed markets	s and					
	proposou mumous						
21	Are any products sold as			Yes	No		
	a. Components for other	products					
	b. Components for or use	e on or with					
	<ul> <li>Aircraft</li> </ul>						
	<ul> <li>Missiles</li> </ul>						
	■ Watercrafts	S					
	If yes, please give details						
22	a. Is a written products liabil control program in effect?	ity loss	Yes		No		
	b. Is there a written quality c procedure?	ontrol	Yes		No		
	c. Is there a written product i	recall plan?	Yes		No		
	d. Are your products subject comply with applicable na standards?	•	Yes		No		
	For any yes, please give partic	culars					
	Note: any printed material re	lative to this qu	estion	must be sul	mitted	!	
23	Please give claims history for	the last five yea	ars:				
	Year						-
	No of claims						-
	No of claims Amount paid Amount outstanding						-
1	Amount outstanding						

		Total							
		No of claims							
	nct	Amount paid							
	Product	Amount outstanding							
		Total							
		No of claims							
		Amount paid							
	Total	Amount outstanding							
		Total							
	Please	e give brief description of	all claims exce	eding or i	nvolving	bodily injur	y in USA	A/CAN	
24		ou aware of any Incider		Yes		No			
		ts or Inherent hazards w	which may						
		in a claim							
		, please give brief descr							
		em, possible effects and	l estimated						
	claim	S							
				I					
25	Цосх	your proposal or ranging	l boon dooling	d Voc	$\neg$	No			
25		our proposal or renewa	l been decline	d Yes		No			
25	by an	y insurer?		d Yes		No			
25	by an			d Yes		No			
25	by an	y insurer?		d Yes		No			
25	by an	y insurer?		d Yes		No			
25	by an	y insurer?		d Yes		No			
25 26	by an	y insurer? , please give particulars		d Yes		No			
	by an	y insurer?  s, please give particulars  ired limits Any or	S			No			
	by an	y insurer?  s, please give particulars  ired limits Any or	ne claim the aggregate			No			
	by an If yes	y insurer?  s, please give particulars  ired limits Any of  But in	ne claim the aggregate			No	per c	laim	
26	By an If yes Requ	y insurer?  s, please give particulars  ired limits Any of  But in  For pre	ne claim the aggregate		1	No		laim	
26	By an If yes Requ	y insurer?  s, please give particulars  ired limits Any of  But in  For proctible% of limit of	ne claim the aggregate	minimun	1	No		laim	
26	Requ Dedu Polic	y insurer?  s, please give particulars  ired limits Any of  But in  For proctible% of limit of	ne claim the aggregate oducts of indemnity,	minimum	1	No		laim	
26 27 28	Requ Dedu Polic	y insurer?  In please give particulars  I please give particulars  I please give particulars  But in  For precible% of limit of the period required	ne claim the aggregate oducts of indemnity,	minimum From To Yes	1		per c	laim	
26 27 28	Requ Dedu Polic	y insurer?  In please give particulars  I please give particulars  I please give particulars  But in  For proceed For proceedings of the procedure of the proceedings of the	ne claim the aggregate oducts of indemnity,	minimum From To Yes	1		per c	laim	
26 27 28	Requ Dedu Polic	y insurer?  In please give particulars  I please give particulars  I please give particulars  But in  For proceed For proceedings of the procedure of the proceedings of the	ne claim the aggregate oducts of indemnity,	minimum From To Yes	1		per c	laim	
26 27 28	Requ Dedu Polic	y insurer?  In please give particulars  I please give particulars  I please give particulars  But in  For proceed For proceedings of the procedure of the proceedings of the	ne claim the aggregate oducts of indemnity,	minimum From To Yes	1		per c	laim	

31 Do you require Accidental Pollution Cover, Yes ☐ If yes, please submit details as per	No 🗆
additional questionnaire attached.	
I/ we desire to effect an insurance in terms of the Public Liability Policy of Indemnity specified above. I/We hereby declare that all statutory proviproposed for insurance are complied with, I/We further declare that the are true, and I/We have not omitted, suppressed, misrepresented or miss agree that this declaration shall be the basis of the contract between incorporated therein,  Place:	risions relating to my/our business above statements and particulars stated any material fact and I/We

Date:

Signature of the Proposer: