PRODUCT LIABILITY INSURANCE PROPOSAL FORM

1. Name of Project_____
2. Address_____
3. Nature of Business_____
4. Contact Person _____Telephone No. _____Fax No. _____
5. Cell No. _____ Email. _____
6. NTN _____ STN _____ CNIC(if individual)_____
7. Period of Insurance From _____ To _____

EXPOSURE BASIS

8. Description of Products _____
9. Annual Turnover/Sales _____
10. Annual Payroll _____
11. Number of Employees _____
12. Identify to whom product is sold (consumer/wholesaler/retailer etc) _____
13. Total number of locations (if manufacturing at more than one) _____
14. Territory / Jurisdiction _____
15. Description of surrounding properties _____
16. Last three years export breakup (if any) _____
17. Limit of Liability: Per occurrence Rs _____ Annual aggregate Rs _____
18. What is the insured's procedure for final inspection of all products? _____
19. Does the insured sell products under his own private label? _____
20. Who tests the specifications for the product?

- ☐ the insured
- ☐ the customer
- ☐ an independent testing laboratory

21. Doest the insured use any dry cleaning fluids or special dyes? If so, is it clearly mentioned on the label? _____

22. What steps are taken to ensure that the product meets the French standards? _____

_____

23. What warranties or representations are made by the insured in the sales brochures or by the sales persons? _____

_____

24. Does the insured or an independent testing laboratory conduct adequate tests before marketing? _____

25. What are the various tests that the insured or an independent laboratory performs to ensure the safety of the end user? _____

_____

26. Are the products properly labeled? _____

_____

27. What information is mentioned on the labels? _____

_____

28. Does an independent testing laboratory certify the products? If yes, then name the laboratory _____

29. Have you previously been insuring similar risk? ☐ yes ☐ no

If yes, (a) State the name of insurer _____

(b) Reasons for leaving the previous insurers?
☐Policy Cancelled ☐Renewal Refused ☐Claim Declined

30. Please provide details of losses, if suffered during the last 3 years:

Year of loss	No of accidents	Nature of accidents	Amount of loss (Rs.)

Declaration

I / We hereby declare that the statements, answers provided by me/us in this proposal form are true to the best of my/our knowledge. I also declare that I have withheld no information material to the insurance.

_____ _____

Date Signature of the Proposer