

**• PUBLIC AND PRODUCTS LIABILITY •
 PROPOSAL FORM**

In completing the Proposal Form please ensure that questions are answered fully and accurately and where necessary schedules giving further explanation are provided.

IMPORTANT NOTICE CONCERNING DISCLOSURE

It is your duty to disclose all material facts to Underwriters.

A material fact is one that is likely to influence an Underwriter’s judgement and acceptance of your proposal. If your proposal is a renewal of an existing policy, it should also include any change in facts previously advised to Underwriters. If you are in any doubt as to whether or not facts are considered material, you should disclose them.

1. (a) Name of Proposer: <i>(Please show trading name if different)</i>	
(b) Mailing Address: (including Postal Code)	
(c) Telephone No./Fax No.:	
(d) Email address:	
(e) Company Number	

2. Limit of Indemnity Required:	
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3. Period of Insurance:	From To
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DETAILS OF YOUR BUSINESS AND PREMISES

4. Provide a full description of your business activities:

.....

.....

.....

.....

5. How long has the business been established? Years

6. State description of premises. (If you have more than three premises, please provide the details on an additional sheet.)

	Premises 1	Premises 2	Premises 3
Address			
Description e.g. office, factory			
Construction e.g. stone, Timber			
Age (Approximate)			
Purpose built	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Tenure (tick as appropriate)	Single <input type="checkbox"/> Multi <input type="checkbox"/>	Single <input type="checkbox"/> Multi <input type="checkbox"/>	Single <input type="checkbox"/> Multi <input type="checkbox"/>

7. Are your premises together with your plant and equipment and machinery in good condition and well maintained? Yes No

8. (a) Will you undertake any manual work away from your premises (other than delivery) Yes No

If 'Yes' please provide the following information:

8. (b) The nature of this work and the total estimated turnover / sales applicable for the next 12 months.

Nature of work	Turnover/Sales
.....
.....
.....

(c) Does any of this work involve:

(i) the application of heat (e.g. use of welding, flame cutting equipment, blow lamps or hot air strippers)?

Yes No

(ii) any work on ships, at airports, chemical works, off-shore structures, oil or gas refineries?

Yes No

(iii) any work outside the country?

Yes No

(iv) work at a height above 10 metres (30 ft) or underground?

Yes No

If 'Yes' to questions (i), (ii), (iii) or (iv), please provide details and indicate the approximate proportion of work away wages.

Nature of work	Wages
.....
.....
.....

9. (a) Do you subcontract any work?

Yes No

If 'Yes' please provide the following information:

(b) Details of the work subcontracted and estimated payments for the next 12 months

Nature of work	Estimated Payments
.....
.....
.....

<p>9. (c) Do you ensure that sub-contractors have adequate liability insurances in force with an indemnity limit at least as high as that which you are arranging and do you ensure that such insurances are maintained in force?</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
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<p>10. (a) Do you use, handle, store or transport any hazardous substances such as toxic chemicals, explosives substances, gases, asbestos, radioactive substances or any materials giving rise to dust, fumes or vapours?</p> <p>If 'Yes', please provide details:</p> <p>.....</p> <p>.....</p> <p>(b) Do you discharge any hazardous waste products (e.g. toxic chemicals, gases, acids, radioactive substances, dust, fumes or vapours) into the atmosphere, ground, sewers, waterways or elsewhere?</p> <p>If 'Yes', please provide details:</p> <p>(i) Type of Waste:</p> <p>(ii) Storage and Disposal Methods:</p> <p>(iii) Treatment of waste:</p> <p>(iv) Disposal Licences held:</p>	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
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<p>11. Are you represented in any form (e.g. branch office, subsidiary or associated company sales office, agent holding power of attorney) in another country?</p> <p>If 'Yes' please provide details:</p> <p>.....</p> <p>.....</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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PRODUCTS DETAILS

<p>12. Do you require Products Liability coverage?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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If 'Yes' please answer the following questions.

If 'No' please proceed to the sub-section headed 'Wages and Turnover Details'.

13. Please give details of:

- (i) individual products or group of products and purpose of use (if not apparent)
- (ii) length of time they have been manufactured or supplied by you
- (iii) estimated turnover applicable for the next 12 months.

(i) Product / purpose of Use	(ii) Years	(iii) Estimated Turnover

14. Indicate in which of the following capacities you are acting:

- Manufacturer

 Importer

 Processor
 Wholesaler

 Assembler

 Retailer

15. Will you supply any products you do not manufacture?

Yes No

If 'Yes', please provide the following information:

(i) Do you retain the right of recovery against the manufacturers?

Yes No

(ii) Do you alter, adapt or change the form of any product which you do not manufacture?

Yes No

If 'Yes' to (ii), please provide details, including purpose of use, source of supply and type of alteration, adaption or change made.

.....

.....

.....

16. Will any of your products be used

(a) in an aircraft?

Yes No

(b) off-shore?

Yes No

If 'Yes' to either (a) or (b), please state the purpose of use and estimated turnover applicable for the next 12 months for each product.

(a) Product Turnover

(b) Product Turnover

17. (a) Please detail any major hazards associated with the products you supply.

(b) Have you warned the users of these hazards?

Yes

No

18. Have you accepted extra liabilities by agreement or contract with any customers, suppliers or sellers?

If 'Yes' please provide copies of the agreement or contract.

Yes

No

19. Has any product been

(i) discontinued or

(ii) recalled during the last 5 years?

If 'Yes' please provide details.

Yes

No

Yes

No

(i) Discontinued:

(ii) Recalled

EXPORT DETAILS

<p>20. Will any of your products be supplied directly, or to your knowledge have been supplied previously to any countries, other than the USA or Canada?</p> <p>If 'Yes', please provide the following information:</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Country, product details including purpose of use, and if the products are currently exported, the estimated turnover for the next 12 months.

Country	Product / Use	Estimated Turnover

<p>21. Will any of your products be exported, or to your knowledge have any been exported previously, to the USA or Canada?</p> <p>(i) Directly by you or on your behalf?</p> <p>(ii) Indirectly:</p> <p style="padding-left: 20px;">(a) as supplied to other manufacturers for export to the USA or Canada?</p> <p style="padding-left: 20px;">(b) in any other way whereby they become exports to the USA or Canada whether or not in the form in which you originally supplied them?</p> <p>If 'Yes' to any of the above, please provide details. In the case of indirect exports, please indicate the form in which the product is or was supplied by you and its final form as an export to the USA or Canada.</p>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

22. Please state for the USA and Canada separately the estimated turnover for the next twelve months.

Whether Direct or Indirect Export	Turnover	
	USA	Canada

<p>23. Is insurance arranged on your behalf in the USA or Canada in respect of Products Liability?</p> <p>If 'Yes', please provide details of the insurer, indemnity limit and expiry date.</p>	<p style="text-align: center;">Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>.....</p> <p>.....</p> <p>.....</p>
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<p>24. How long have you been a supplier of products to the USA or Canada?</p>	<p>.....</p>
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WAGES AND TURNOVER DETAILS

25. Please provide the following information:		
Description of all Employees	Estimated Number	Estimated Wages and Salaries for next 12 months
Clerical and administrative only (not engaged in manual work)		
All others (specify)		
Total		

<p>26. Total estimated turnover for the next 12 months.</p>	<p>.....</p>
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CLAIMS AND RELATED DETAILS

<p>27. Have any incidents occurred during the last 5 years resulting in injury (including death, disease or illness) to members of the public or damage to their property arising out of:</p> <p>(a) your general operations?</p> <p>(b) products supplied by you?</p> <p>If 'Yes' to (a) or (b) please provide the following information:</p>	<p style="text-align: center;">Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p style="text-align: center;">Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
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Date of Occurrence	Brief Details of Each Incident (whether a claim was made or not)	Claims	
		Paid	Outstanding

<p>28. Are you aware of any other circumstances not mentioned above which might give rise to a claim?</p> <p>If 'Yes', please provide details.</p>	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>.....</p> <p>.....</p> <p>.....</p>
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<p>29. Have you previously insured against public or products liability risks?</p> <p>If 'Yes', please provide details.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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Cover	Insurer	Expiry date of cover
Public Liability		
Products Liability		

<p>30. Has any insurer in respect of the risks to which this proposal relates:</p> <p>(a) declined your proposal, refused renewal, or cancelled your insurance?</p> <p>(b) required an increased premium or imposed special conditions?</p> <p>If 'Yes' to (a) or (b) please provide details.</p>	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>.....</p> <p>.....</p> <p>.....</p>
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<p>31. Have you, or any of your business partners or directors ever been convicted of or charged (but not yet tried) with any offence relating to the release, discharge or disposal of pollutants or waste?</p> <p>If 'Yes' please provide details including date(s) and outcome.</p>	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>.....</p> <p>.....</p> <p>.....</p>
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SIGNING THIS PROPOSAL DOES NOT BIND THE PROPOSER TO COMPLETE THIS INSURANCE.

Declaration

I/We declare that the statements and particulars in this proposal are true and that no material facts have mis-stated or suppressed after enquiry. I agree that this proposal, together with any other information supplied shall form the basis of any contract of insurance effected thereon. I/We undertake to inform the Insurers of any material alteration to those facts occurring before the completion of the contract of insurance.

Signed by Proposer

Name (Please print)

Signature Date