



Comprehensive General Liability Proposal Form

Name of Insured and Address:

Broker (if applicable)

Detailed description of business operation:

Year Established

Location(s) & Countries of Operations:

Details and Proximity to Surrounding properties:

Estimated Annual Turnover

Number of employees and payrolls

Period of Insurance

Cover Public & Products Liability

Wording / Form

Trigger Occurrence / Claims Made

Retro-active date

Territory

Jurisdiction

Limit of Liability

Conditions / Extensions To be specified



Exclusions To be specified

Excess/Deductible SR.

Claims Experience

Since established

Since last 5 years

Current/previous Insurance details including whether the insured has been declined for insurance in the past.

Other information

Additional Information for Products Liability

Products: Attach separate list with the specifications, Trade/Patent Names
Description of end usage, hazards involved, quality control programs and recall plans

Estimated Turnover split in Saudi Riyals (attach separate list if required)

List of Products	USA/Canada/ Australia	Europe	Local	ROW	Total
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Saudi United Cooperative Insurance Company (Wala'a)

Name of manufacturers/suppliers from whom products are supplied:

Does the insured alter / redesign / pack the products supplied by the Mfr./Supplier

List New Products introduced during last 3 years

List new products proposed for introduction during the ensuing year

List products that has been discontinued / recalled during last 5 years and give reasons

Details of Hold Harmless / Contractual Agreements (attach copy if applicable)

Details of Business Accreditations or National Safety Standards

Are records keeping procedures kept on the products; if so, please mention for how many years?

Are any of the products used as part of / component of aircraft/marine craft / water craft / missiles / offshore, if so provide details

Does the product carry adequate instructions for usage and hazard warnings



Saudi United Cooperative Insurance Company (Wala'a)

PLEASE PROVIDE THE BELOW INFORMATION FOR USA/CANADA/ AUSTRALIA EXPOSURES

Does the insured have any domiciled operations in these countries / how is the insured represented?

Year of Operations

Turnover for last 5 years (attach separate list if required)

List of Products Year 1 Year 2 Year 3 Year 4 Year 5

Claims History

Since established

Since last 5 years

Current/Previous Insurance details including whether the insured has been declined for insurance in the past

Declaration

I/We declare that to the best of my/our knowledge and belief the above statements are true and complete and will form part of the contract between me/us and the Insurance Company

Signature_____

Position in the Company_____

Date_____