

**PROPOSAL FOR PUBLIC AND  
PRODUCT LIABILITY INSURANCE**

AGENCY : \_\_\_\_\_

**SECTION 1 - DESCRIPTION OF TRADE**

- 1 Proposer's name in full : \_\_\_\_\_
- 2 Tel. No. \_\_\_\_\_ Telex No. \_\_\_\_\_ Fax No. \_\_\_\_\_
- 3 Postal Address : \_\_\_\_\_
- 4 Country of Operations : \_\_\_\_\_
- 5 Business Description : \_\_\_\_\_
- 6 Describe process and activities : \_\_\_\_\_
- 7 Date Established : \_\_\_\_\_
- If new, give details of experience : \_\_\_\_\_

8 Provide an estimated breakdown of annual wages in respect of manual work away from own premises (other than collection and delivery).

Type	Description of Activity	Estimates
Country of Operations		
Other		
Off-shore		
Sub-Contracted to Firms		
Sub-Contracted to Self Employed		

- 9 Do you vet the insurance arrangements of subcontractors ? Yes  No
- 10 Will you, or your employees, handle or come into contact with any industrial dust of known harmful nature (e.g asbestos, silica, cotton, radioactive materials, or any other substance harmful to health ? Yes  No



11 Is there an occupational deafness hazard associated with your trade ? Yes [ ] No [ ]

If "YES" to 10 and 11 give details and state safety procedures and length of exposure in years past. \_\_\_\_\_

SECTION 2 - GENERAL QUESTIONS

The following questions must be answered in all cases.

- 1. Have you been prosecuted during the last 5 years under any safety legislation ? Yes [ ] No [ ]
2. Have you or any of your directors or partners ever been charged with a criminal offence other than a motoring offence ? Yes [ ] No [ ]
3. Has any Insurer ever declined to insure you or refused to renew any of your insurances? Yes [ ] No [ ]

If "YES" to any of the above, please provide full detail (including identity of Insurers if responding to Q3) \_\_\_\_\_

4. Give details of any separate business in which you or any of your directors or partners are or have been involved the last 5 years.

Table with 4 columns: Name of Business, Trade, From, To

5 Give name (s) of present liability insurer (s) and expiry dates(s) \_\_\_\_\_

6. Do you require : Indemnity Limits
(a) Employers Liability Yes [ ] No [ ]
(b) Public Liability Yes [ ] No [ ]
(c) Products Liability Yes [ ] No [ ]

Date from which cover is to commence : \_\_\_\_\_

**SECTION 3 - PRODUCTS AND SERVICES**

	Details	Estimate (Annual Turnover)
<b>A. BROAD OUTLINE</b>		
Please provide a general description of products supplied or manufactured and total to Turnover figure		
<b>B. ANALYSIS OF PRODUCTS</b>		
1. Indicate details of products you do not manufacture		
2. Indicate details of products which you later, adapt or change in some way		
3. Give details of imported products including source of origin.		
4. Give details of any products used: a) In Aircraft b) In Marine Craft c) Off-shore		
	Details	Estimate (Annual Turnover)
<b>C. U.S.A OR CANADA</b>		
1. Give details of any products supplied directly or to your knowledge indirectly to the U.S.A or Canada		
2. If Products have been supplied in previous years to U.S.A or Canada indicate Turnover applicable to each of last 3 years "IN ADDITION" to usual information.		

D. SERVICES/TREATMENT		
If you provide any services or treatment other than products provide details.		

E. GENERAL QUESTIONS RELATING TO YOUR LIABILITY AS A PRODUCER		
1. Do you retain rights of recovery against manufacturers?		
2. Do any of your products require an accompanying hazard warning ?		
3. Do you design or prepare specifications or the products you supply ?		
Give below details relevant to the above questions (including qualifications of design team):		
4. Provide details of your quality control system including any "early warning" mechanism built into your complaints procedure.		
5. Please indicate period of time, in years, that you retain stock records of:		
<u>Customers</u>		
<u>Suppliers</u>		

**SECTION 4 - WAGES / TURNOVER / CLAIMS**

1. Please complete showing the projected situation for the next 12 months.

Description of all employees (Wages but not fees of working directors to be included)	No.	Wages / Salaries
Clerical Staff		
Supervisory / Manual		
All other employees (specify below any extra hazardous activities):		

2. **Total Turnover :**  
Past Financial Year \_\_\_\_\_

Current Financial Year \_\_\_\_\_

Estimate Coming Financial Year \_\_\_\_\_

3. Please complete the undernoted section which relates to your claims record over the last 5 years (arising out of the business and where you may be legally liable) - **DO NOT INCLUDE MOTOR INSURANCE CLAIMS.**

<b>EMPLOYER'S LIABILITY</b>					
<b>Death, disease, illness, or injury to employee including casual employees</b>					
Year (last 5 years)	Salaries or Wages	Paid Claims	No.	O/S Claims	No.

<b>PUBLIC AND PRODUCT LIABILITY</b>						
<b>Death, disease, illness, or injury to other parties and loss or damage to their property and a tenant financial loss.</b>						
Year (last 5 years)	Excess	Turnover	Property Damage	No.	O/S Claims	No.

**DECLARATION ( In respect of all sections)**

I / We declare that to the best of my 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 your company: \_\_\_\_\_

Date : \_\_\_\_\_