

PRODUCTS LIABILITY PROPOSAL FORM

PRODUCTS BROCHURE AND LABORATORY TESTING REPORTS MUST ACCOMPANY WITH PROPOSAL FORM

1. APPLICANT

Full name of Named Insureds _____

Principal address _____

Name of subsidiary, affiliate or representative in USA/Canada _____

Corporation () Partnership () Proprietorship () Other ()

Years in business under present name _____

Describe present or prior affiliation with other firms _____

2. SALES OF PRODUCTS TO USA/CANADA

List all products sold or distributed by Named insured in or exported to USA/Canada and sales by products for the last 5 years as well as estimated sales for the upcoming year.

Currency _____

Products					

3. WORLDWIDE SALES OF PRODUCTS EXCLUDING USA/CANADA SALES

List all products sold or distributed by Named Insured outside USA/Canada and sales by products for the last 5 years as well as estimated sales for the upcoming year.

Currency _____

Products					

Please indicate approximate sales splits by country

4. PRODUCTS INFORMATION

a. Have you discontinuing or are you considering discontinuing any product to be covered by this insurance? Yes () No ()

If yes, please described fully _____

b. Do you import component parts? Yes () No ()

c. Are any of your products or services known to be used in connection with aircraft / missiles / aerospace? Yes () No ()

d. Are any of your products or services subject to registration / regulation / review by any government agency? Yes () No ()

Please explain any "YES" answers _____

5. CLAIM HISTORY

a. Describe individual losses (paid or reserved), valued US\$5,000 or more, including defense costs

b. Are you aware of any other incidents, conditions, circumstances, defects or suspected or suspected defects which may result in claims against you?

Yes () No ()

If yes, please give details _____

6. PROCESSING AND QUALITY CONTROL

a. Processing

1. Do others manufacture, assemble, package or install products under your name or label? Yes () No ()

2. Do you manufacture, assemble or install products for others under their name or label? Yes () No ()

Please explain any "YES" answers _____

b. Quality Control and Record Keeping

1. Are written quality control and testing procedures followed?
 Yes () No ()
2. How long are quality control and testing records kept? _____
3. Can you identify your products from those of competitors?
 Yes () No ()
4. Do your records indicate when each product was manufactured?
 Yes () No ()
5. Do your records show to whom and the date each product was sold?
 Yes () No ()
6. Do your records show who supplied the component parts going into your products?
 Yes () No ()
7. Do you require certificates evidencing Products Liability insurance from suppliers?
 Yes () No ()

Please explain any "YES" answers _____

7. LOSS PREVENTION, LOSS CONTROL, CLAIM DEFENSE

- a. Who designs your products? _____
- b. Are designs reviewed, tested and verified by others? Yes () No ()
- c. Do you maintain records of changes in designs, advertisements and sales brochures?
 Yes () No ()
- d. Are all instructions, operating manuals, advertisements and warranties periodically reviewed by Legal Counsel or avoid misunderstandings relative to product safety or intended use?
 Yes () No ()
- e. Are your products designed, tested, labeled and manufactured to must or exceed all applicable government and industry standards? Yes () No ()
- f. List your memberships in any industry product-standard organizations

- g. Do you have a specific program to withdraw known or suspected defective products from the market?
 Yes () No ()
- h. Have you ever recalled or are you considering-recalling any known or suspected defective products from the market?
 Yes () No ()

8. INSURANCE REQUESTED

- a. Insurance Period : From _____ to _____
- b. Limit of Liability _____ (each occurrence / aggregate)
- c. Deductible _____ (each occurrence)
- d. Present Insurer _____
- e. Do you require “Vendors Liability” Endorsement? Yes () No ()
If yes, please list vendor(s) and address(es)

9. Has any insurer ever cancelled, restricted or refused to renew your products liability insurance? Yes () No ()

Signatures of Applicant
with Company Chop _____ Date _____

SIGNING this application does not bind the Applicant or the Insurer to complete the insurance, but one copy of this application will be attached to the insurance policy, if issued.