



Liberty Insurance Pte Ltd

51 Club Street #03-00 Liberty House
Singapore 069428
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PRODUCT LIABILITY PROPOSAL FORM

This form must be signed by a partner or principal of the firm and all questions must be answered. The completion and signature of this form does not bind the firm or underwriter to complete a contract of insurance. If space for any answer is insufficient, please attach separate sheets identifying questions by number.

Proposer's Particulars

1. Name of Proposer in full : _____
Address : _____
_____ Telephone : _____
2. Year established: _____
3. Description of Business: _____

Cover Required

1. Limit of Indemnity required in respect of any one accident and any one period of insurance _____
2. What amount of excess is your firm prepared to carry for each and every claim _____
3. Effective date desired _____

General Information

1. Does your business involve manufacture, processing, packing, wholesaling or retailing? Please state which.

2. Do you keep records of the sources of supply of goods and materials which you handle or use?

3. Do you enter into any agreements or undertakings to indemnify (or hold harmless) suppliers of materials or components or sub-contractors or processors in respect of any injury or damage? If so, please supply wordings.

4. Do you issue any written guarantee or Conditions of Sale with or in respect of any of your products? If so, please supply wordings.

NB: For all products concerned in this question, it is essential that descriptive leaflets or brochures, specimen labels, guarantees and Conditions of Sale are attached to this proposal form.

Products Details

1. Give below details of all products: (Use separate sheet if insufficient space below)

Trade Name	Name of Manufacturer	Description of Products	Estimated Annual Turnover

(a) How long have your products been on the market?

(b) Specify any products which are inflammable, explosive, poisonous, radioactive or in any way dangerous :

- (c) Are any directions for use given
(i) by printing on the container or product?

- (ii) by separate leaflet or brochure?

- (d) Describe the containers

- (e) Are the products used as components?

If so, with what type of products and by what industries?

2. If any of your products are assembled by another firm (or persons) or if your products incorporate parts manufactured elsewhere, please give details below:

Are any of your products or components thereof manufactured abroad?

If so, please give details below, including country of manufacture and value of such products or components:

3. Give the following details regarding products supplied or distributed abroad :

- (a) To which countries?

- (b) How are you represented in those countries?
(E.g. through agencies, concessionaires or your own Branches directly)

- (c) Estimated annual turnover for each country:



Insurance History

1. In respect of Products Liability Insurance,

(a) Are you present insured?

(b) Have you ever proposed for such insurance?

If answer to either (a) or (b) "yes", give name of Insurer below:

(c) Has any such proposal been declined or withdrawn?

(d) Has any Insurer cancelled, refused to renew or required either an increase premium or special conditions? If so, please give details.

2. In respect of the products proposed for this insurance, please give details of :

(a) Any claims made or pending against you

(b) any cases where you have reason to expect to claim

THIS APPLICATION DOES NOT BIND YOU OR THIS COMPANY TO COMPLETE THE INSURANCE BUT IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED TO AND MADE A PART OF THE POLICY. YOU AGREE THAT IF THE INFORMATION GIVEN ON THIS APPLICATION SHOULD CHANGE BETWEEN THE DATE OF THIS APPLICATION AND THE TIME OF THE POLICY IS ISSUED, YOU WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGE.

DATE _____ PLACE _____

PROPOSER'S SIGNATURE _____