



The New India Assurance Company Limited

P.O.Box 2907, Ruwi, PC: 112, Sultanate of Oman

PROPOSAL FORM FOR PRODUCT LIABILITY INSURANCE

01	Name of the Proposer (in full)	
02	Registered Address of the Proposer	
03	Business of the proposer	
04	Location from where distribution is effected	
05	How long have you been in the business?	
06	Do you manufacture the complete product? If not, what components/parts are purchased by you?	
07	Can the date of manufacture of each product be identified by the factory number stamped on it?	
08	Do you have any assets and/or representation and/or any domiciled operation and/or activities and/or association (Financial/Technical or otherwise) in USA/Canada and other foreign countries? If so, please furnish details of Association	
09	Are you affiliated in any manner with any of your suppliers and distributors?	
10A	Please give full description of the following for the last three years A. Year 1. Goods manufactured Actual Turnover 2. Goods sold/supplied Actual turnover 3. Goods repaired, serviced, tested & processed-actual	

<p>10 B</p>	<p>T/O</p> <p>For the above, please give projected turnover for the proposed period of insurance as under:</p> <ol style="list-style-type: none"> 1) Goods manufactured- Actual Turnover 2) Goods sold/supplied Actual Turnover 3) Goods Repaired, serviced, tested and processed-actual T/O <p>(Please attach leaflets, brochures and/or any other literature)</p>	
<p>11</p>	<p>Please furnish details of product to be consider for insurance which are manufactured and/or designed-</p> <ol style="list-style-type: none"> (a) Name of the product (b) Principal component (c) Annual Units produced (d) Annual turnover (e) How long has it been in the market? (f) Expected life of use (g) Intended customer/ultimate user: (i) Warranties as to use: (j) Techincal know-how collaboration 	
<p>12</p>	<p>Do you have Research & Development Dept?</p>	
<p>13</p>	<p>Please specify and products which are inflammable/explosive, dangerous, radioactive, harmful to health, poisonous by themselves or combination with others if so, please give full details and state what precautions are taken</p>	
<p>14</p>	<p>Please state whether goods sold or supplied subject to disclaimer notice, and if so please give full text, particulars of such disclaimer</p>	

	notice	
15	Please furnish particulars of new products to be marketed during the next 12 months	
16	Please furnish details and list of products discontinued or recalled or withdrawn during the last five years	
17	Please elaborate complaints, incidents/accident reporting system in your organization	
18	Please give details of checks or examinations or controls including batch control and testing carried out or effected to discover possible defects or errors in products	
19	Do your products comply with standards like ISI or any other Standards?	
20	Have your products ever been subject to any enquiry or investigation by any Government agency, concerning the efficiency/adequacy or labeling, hazardous contents or safety?	
21	What is the failure rate of each product after hand over?	
22	Do you issue guarantees and/or warranties to purchasers? If so, for what period do you guarantee and/or warrant your product?	
23	Particulars regarding directions for use: (a) Is it printing on container or product? (b) Is it by separate leaflet or brochure? (c) Is the hazard warning clearly shown?	
24	Please furnish claims history for the last three years in the following format: (a) Year: (b) No. of claims: (c) Total Amount Paid	

	<p>Bodily injury RO Property Damage RO Cost of defence action RO Total amt. of pending claims : RO Bodily injury RO Property Damage RO Cost of defence action RO</p>	
25	Are you aware of any incidents, conditions, defects, circumstances or suspected defects which may result in claim?	
26	Have your proposal or renewal been declined or premium increased, special terms imposed by any Insurer? If so, please give particulars:	
27	Please indicate the limit of indemnity required for domestic sales: (a) Any one accident (b) Aggregate during the policy period	
28	Please indicate Voluntary Excess for each claim (in addition to Compulsory Excess) you are willing to bear	
29	Please quantify sales turnover product wise for the last 3 years as under: (a) Domestic (b) USA/Canada Other countries including non-OCED countries	
30	How long have you been exporting to the following countries and do you require cover for export to these countries? (a) USA/Canada (b) OECD countries (c) Other countries including non-	

	OECD countries (Cover for exports will be granted only if domestic turnover is covered)	
31	Do you require "Limited Vendor's Endorsement"? (Please enclose a copy of the contract with the Vendors and give the names to each product of export of such countries)	
32	Do you comply with USA/Canadian State/Federal Laws/ Standards applicable to each product of export of such countries	
33	Please give details of any power of attorney to Assets in USA/Canada	
34	Policy Period : From 12:00 midnight of to 12:00 midnight of	

1. Names of Subsidiaries & Associate Cos. (in full)
2. Registered Address of the Subsidiaries & Associate Cos.
Please state whether cover required for subsidiary & Associate Cos.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
9. Are you affiliated in any manner with any of your suppliers and distributors
10. (Please attach leaflets, brochures and any other literature)
11. Please furnish details of products to be considered for insurance which are manufactured and/or designed-
 - (a) Name of the product:
 - (b) Principal component:
 - (c) Annual Units produced:
 - (d) Annual turnover:
 - (e) How long has it been in the market?
 - (f) Expected life of use:
 - (g) Intended use:
 - (h) Intended customer/ultimate user:
 - (i) Warranties as to use:
 - (j) Technical know-how/collaboration:
12. Do you have Research & Development Dept.?
13. Please specify any products which are inflammable/ explosive, dangerous, radioactive, harmful, to health, poisonous by themselves or any combination with others if so, please give full details and state what precautions are taken
14. Please state whether goods sold are supplied subject to disclaimer notice, and if so, please give full text, particulars of such disclaimer notice
15. Please furnish particulars of new products to be marketed

during the next 12 months.

16. Please furnish details and list of products discontinued or recalled or withdrawn during the last five years

- 17.
- 18.
- 19.
- 20.
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(a) 23.?

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(a) 27.

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(c) 29.

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I/We desire to effect an Insurance in terms of the Product Liability Policy of the New India Assurance Company Ltd against the limits of indemnity specified above. I/We hereby declare that all statutory provisions relating to my/our business proposed for Insurance are complied with. I/We further declare that all the above statements and particulars are true, and I/We have not omitted, suppressed, misrepresented or misstated any material fact and I/We agree that this declaration shall be the basis of the contract between me/us and the Company and be incorporated therein.

Place:

Date:

Signature of the Proposer