

**PROPOSAL FOR PRODUCT LIABILITY
INSURANCE**

AGENT / BROKER / BRANCH

Name	
Code No	

Please note that no cover is in force until confirmed by the Company in writing and the premium paid.
Please complete in BLOCK CAPITALS throughout and tick boxes where appropriate.

GENERAL INFORMATION

1. Full name of Proposer(s) including Trading Name (if any)	_____			
2. Postal Address			
3. Telephone/Fax Nos./E-mail	Home Telephone		Office Telephone	
	E-mail		Fax	
4. Full description of business, trade or occupation	_____			

	Day	Month	Year
5. Policy to commence on	<input type="text"/>	<input type="text"/>	<input type="text"/>
Policy to be renewed on	<input type="text"/>	<input type="text"/>	<input type="text"/>
6. How long have you been in business?		<input type="text"/>	Years

7. In respect of the covers to which this proposal relates and any business in which you or any of your partners or directors are/have been engaged :

(a) has any insurer ever declined a proposal, refused a renewal, terminated an insurance or imposed special terms?

Yes No

If "Yes" give details.

(b) have any accidents, losses or claims arisen in respect of the perils insured against whether previously insured or not?

Yes No

If "Yes" please provide details.

Date of Occurrence	Details of Loss	Amount Involved
.....

8. Give full description in the box below of goods you manufacture, sell, supply, repair, service, test or process - attach catalogues and brochures if available.

9. Testing/Quality Control

	Yes	No
(a) Do you undertake product testing before sale?	<input type="checkbox"/>	<input type="checkbox"/>
(b) Do you maintain a product quality control system?	<input type="checkbox"/>	<input type="checkbox"/>
(c) Do your products conform to an independent product standard?	<input type="checkbox"/>	<input type="checkbox"/>

If your answer is "Yes" to Question No. 10 (c) please advise authority and number of standard. If you have answered 'No' to Question 10 (a), (b) or (c) please give details of any other Testing/Quality Controls carried out.

(d) If a product fails a quality control check or is discovered to have a fault, what action is taken to remedy the situation?

10. Please state whether the goods are sold or supplied subject to disclaimer notices and if so give full text particulars of such disclaimer notices.

11. State estimated annual turnover for the coming year

Rs.

(Turnover should be as defined in the Companies Acts, excluding VAT, trade discounts, excise and other sales taxes. If there is trading between Subsidiary Companies the estimate should include this figure.)

12. Imports and Exports

(a) Do you import any goods? Yes No
If "Yes" please give details below.

Country of Origin	Nature of goods	Estimated turnover for coming year
.....

(b) Do you export goods? Yes No
 If "Yes" please give details below.

Countries supplied	Nature of goods	Estimated turnover for coming year
USA or Canada *		
Other countries (specify each country and show the estimated turnover involved against each country)		

(c) * Even if you have indicated above that you are not currently exporting goods to USA or Canada, if you have at any time during the last 10 years knowingly exported goods to these countries, please give details below.

Nature of goods	Year(s) Supplied	Estimated total turnover of all such goods during the last 10 years.
.....
.....

13. If you supply goods for nuclear, aviation, marine or offshore applications please give details below and show the appropriate estimated turnover beside each application or products.

Nature and application of goods	Estimated turnover for coming year
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.....

14. Limit of Indemnity Rs.

You will be required to bear the first 5% of each & every claim subject to a maximum of Rs.100,000/-.

Very Important

YOU ARE REMINDED OF THE NEED TO DISCLOSE ANY FACTS WHICH THE INSURER WOULD TAKE INTO ACCOUNT IN THE ASSESSMENT AND ACCEPTANCE OF THIS PROPOSAL. IF YOU HAVE ANY DOUBTS AS TO WHETHER CERTAIN FACTS ARE RELEVANT, PLEASE ASK YOUR INSURANCE BROKER OR AGENT OR JANASHAKTHI OFFICE. FAILURE TO DISCLOSE ALL RELEVANT FACTS MAY INVALIDATE YOUR POLICY OR MAY RESULT IN YOUR POLICY NOT OPERATING FULLY.

DECLARATION

I/we declare that the information given in this proposal is to the best of my/our knowledge and belief correct and complete in every detail, and will be the basis of the contract between me/us and Janashakthi Insurance Co. Ltd.

Day Month Year

Signature :

FOR OFFICE USE

Rated By		Processed By		Credit Approved By	
Rate Approved By		Authorised By		Authorised Date	