



6.	Do you require an Occurrence or Claims Made Form							
7.	<p>i) Are you a subsidiary of another entity</p> <p>ii) If Yes, please specify</p> <p>ii) Does the applicant have any overseas Subsidiaries ?</p> <p>Do you require them to be covered under this policy?</p> <p>If yes please list them.</p> <p>iii) Is General Liability insurance held by such divisions of affiliates? If so please provide details.</p>	<p>YES () NO ()</p> <p>.....</p> <p>.....</p> <table border="0"> <tr> <td>Insurer</td> <td>Period of Insurance</td> <td>Limit of Liability</td> </tr> <tr> <td>YES () NO ()</td> <td></td> <td></td> </tr> </table> <p>YES() NO ()</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	Insurer	Period of Insurance	Limit of Liability	YES () NO ()		
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YES () NO ()								

SECTION B - PREMISES AND OPERATIONS														
1.	<p>Details of your premises (if you have more than 2 premises, please provide the details on an additional sheet)</p> <p>a) Address</p> <p>b) Description (eg: office, factory, warehouse, etc)</p> <p>c) Construction</p> <p>e) No of Storeys</p> <p>f) Details of other Occupants if any</p>	<table border="1"> <thead> <tr> <th>Premise 1</th> <th>Premise 2</th> </tr> </thead> <tbody> <tr> <td><div style="border: 1px solid black; height: 60px;"></div></td> <td><div style="border: 1px solid black; height: 60px;"></div></td> </tr> <tr> <td><div style="border: 1px solid black; height: 20px;"></div></td> <td><div style="border: 1px solid black; height: 20px;"></div></td> </tr> <tr> <td><div style="border: 1px solid black; height: 20px;"></div></td> <td><div style="border: 1px solid black; height: 20px;"></div></td> </tr> <tr> <td><div style="border: 1px solid black; height: 20px;"></div></td> <td><div style="border: 1px solid black; height: 20px;"></div></td> </tr> <tr> <td><div style="border: 1px solid black; height: 20px;"></div></td> <td><div style="border: 1px solid black; height: 20px;"></div></td> </tr> </tbody> </table>	Premise 1	Premise 2	<div style="border: 1px solid black; height: 60px;"></div>	<div style="border: 1px solid black; height: 60px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>
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	Are the premises owned/rented or leased	
2.	Are you represented in any form (eg. branch office, subsidiary or associated company, sales office, agent holding power of attorney) in another country? If "YES" please provide details:	YES () NO ()

SECTION C - PRODUCTS AND COMPLETED OPERATIONS																									
1.	<p>Do you require Product Liability Coverage?</p> <p>If "YES" please answer the following question under this section (Section C).</p> <p>If "NO", please proceed to the sub section D</p>	<p>YES () NO ()</p>																							
2.	<p>Please give details of</p> <p>i) Products or groups of products</p> <p>ii) length of time they have been manufactured or supplied by you</p> <p>iii) Estimated turnover splits per territory</p>	<p>i) Products or group of products</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>ii) Years</p> <p>.....</p> <p>iii)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Worldwide Turnover</td> <td style="width: 20%;">Domestic/GCC</td> <td style="width: 20%;">USA/Canada</td> <td style="width: 20%;">Rest of the World</td> <td style="width: 20%;">Grand Total</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Last Financial Year</td> <td style="width: 20%;">.....</td> <td style="width: 20%;">.....</td> </tr> <tr> <td>.....</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>Current Financial Year</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>.....</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>Estimated Next 12 months</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>.....</td> <td>.....</td> <td>.....</td> </tr> </table>	Worldwide Turnover	Domestic/GCC	USA/Canada	Rest of the World	Grand Total	Last Financial Year	Current Financial Year	Estimated Next 12 months
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3.	Will any of your products be used																								



	<p>i) in aircraft or marine craft or motor cars</p> <p>ii) off-shore</p> <p>If "YES" to either (i) or (ii) please state purpose of use and estimated turnover applicable for the next 12 months for each product</p>	<p>YES ()</p> <p>YES ()</p> <p>i) Product</p> <p>ii) Product</p>	<p>NO ()</p> <p>NO ()</p> <p>i) Turnover</p> <p>ii) Turnover</p>
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<p>4.</p>	<p>i) Please detail any major hazards associated with the products that you supply (eg: Inflammable / explosive, radioactive, harmful to health, poisonous by themselves or any combination with other)</p> <p>ii) Have you warned users of these hazards?</p> <p>If "YES" please provide sample of any brochures, labels of instructions?</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>YES () NO ()</p>
<p>5.</p>	<p>i) Do you have a system of quality control relating to your products and are records maintained to verify such a system?</p> <p>If "YES" please provide brief details (eg: at what stages are control checks carried out, nature of checks)</p> <p>ii) Do the insuring products comply with standards like ISO or any other Standards?</p>	<p>YES () NO ()</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>6.</p>	<p>Have you accepted any liabilities by contract? If "YES" please provide copies of the agreement or contract</p>	<p>YES () NO ()</p>
<p>7.</p>	<p>Have your products ever been subject to any enquiry or investigation by any Government Agency for whatsoever reason? If so, please give full details</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>8.</p>	<p>Has any product been recalled during the last 5 years?</p> <p>If "YES", please provide detail</p>	<p>YES () NO ()</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>



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	SECTION D -	COVERAGE AND LOSS INFORMATION
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1.	<p>i) Limit of indemnity required : General Aggregate Limit Each Occurrence Limit Retroactive Date (only for claims made form) Deductible to be borne you</p> <p>ii) Sub Limit Of Indemnity Required 1. Tenants and/or Landlords Liability Coverage 2. Additional Insured Vendors Coverage 3. Motor Contingent Liability Coverage - Non Owned Only</p> <p>iii) Loss Experience: Please indicate below all known circumstances or claims against you during the past 5 years, either paid or outstanding</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Year</th> <th style="width: 25%;">Number of Claims</th> <th style="width: 25%;">Amount Paid</th> <th style="width: 30%;">Amount Outstanding</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Year	Number of Claims	Amount Paid	Amount Outstanding																
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	SECTION E -	PREVIOUS INSURANCE
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1.	<p>i) Has any Insurer ever declined or cancelled or refused to renew insurance or imposed special terms. If "YES" please give details including the name of the insurer</p>	<p>YES () NO ()</p>
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THE UNDERSIGNED DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE SIGNING OF THIS **PROPOSAL** DOES NOT BIND THE UNDERSIGNED TO COMPLETE THE INSURANCE. IT IS UNDERSTOOD, HOWEVER, THAT THE STATEMENTS CONTAINED IN THIS **PROPOSAL** AND THE MATERIALS SUBMITTED HERewith AND INCORPORATED HEREIN ARE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED AND HAVE BEEN RELIED UPON BY THE **INSURER** IN ISSUING ANY POLICY. THIS **PROPOSAL** AND MATERIALS SUBMITTED WITH IT SHALL BE RETAINED ON FILE WITH THE **INSURER** AND SHALL BE DEEMED ATTACHED TO AND BECOME PART OF THE POLICY IF ISSUED. THE **INSURER** IS AUTHORISED TO MAKE ANY INVESTIGATION AND INQUIRY IN CONNECTION WITH THIS **PROPOSAL** AS IT DEEMS NECESSARY.

IT IS FURTHER AGREED IN THE EVENT THERE IS ANY MATERIAL CHANGE IN THE ANSWERS TO THE QUESTIONS CONTAINED IN THIS **PROPOSAL** PRIOR TO THE EFFECTIVE DATE OF THE POLICY, THE **COMPANY** WILL IMMEDIATELY NOTIFY THE **INSURER** IN WRITING AND ANY OUTSTANDING QUOTATIONS MAY BE MODIFIED OR WITHDRAWN AT THE **INSURER'S** DISCRETION.



Date

.....
Signature of Principal/Partner/Directors

For and on behalf of