

PRODUCTS LIABILITY INSURANCE PROPOSAL FORM

THIS PROPOSAL IS TO BE COMPLETED BY PROPOSER OR AN AUTHORISED REPRESENTATIVE OF THE PROPOSER. ALL QUESTIONS SHOULD BE ANSWERED FULLY AND ACCURATELY.

SIGNING OF THIS PROPOSAL DOES NOT BIND THE COMPANY TO OFFER, NOR THE PROPOSER TO ACCEPT, INSURANCE BUT IT IS AGREED THAT THIS PROPOSAL SHALL BE THE BASIS OF ANY INSURANCE ISSUED NO INDERENCE SHOULD BE MADE, HOWEVER FROM THE INCLUSION OF ANY QUESTION IN THIS PROPOSAL THAT THE SUBJECT MATTER TO WHICH THAT QUESTION REALTES WILL BE COVERED UNDER THE POLICY THE POLICY TERMS ARE ONLY AS STATED IN THE POLICY WHICH SHOULD BE READ CAREFULLY.

If there is insufficient space to complete the proposal, please continue on your headed paper.

Non-Consumer Insurance Contract

Pursuant to Paragraph 4(1) of Schedule 9 of the Financial Services Act 2013, if you are applying for this Insurance for a purpose related to your trade, business or profession, you have a duty to disclose any matter that you know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied and any matter a reasonable person in the circumstances could be expected to know to be relevant, otherwise it may result in avoidance of your contract of insurance, refusal or reduction of your claim(s), change of terms or termination of your contract of insurance.

The above duty of disclosure shall continue until the time your contract of insurance is entered into, varied or renewed with us.

You also have a duty to inform us immediately if at any time after your contract of insurance has been entered into, varied or renewed with us any of the information given in the Proposal Form (or when you applied for this insurance) is inaccurate or has changed.

Personal Data Protection Act 2010 (“PDPA”) Notification to customers of The Pacific Insurance Berhad (“TPIB”) Under the PDPA, there are various requirements that regulate the processing of your personal data. Please refer to www.pacificinsurance.com.my for details of TPIB PDPA privacy notice.

CHECK LIST

This checklist is to ensure that all necessary documents are compiled and furnished to the insurer for underwriting purposes.

Please tick where appropriate.

- A copy of brochure(s) for ALL products to be covered. (Q9)
- A copy of contractual agreement(s) relating to the sale of the product. (Q15)
- A copy of quality procedures / report(s). (Q16)
- A copy of the existing policy. (Q25)

1. Name of Insured

2. Address of Insured

3. Business of the Insured

4. Year the Insured started operations

5. Named Insured is

- Individual
- Partnership
- Corporation
- Joint Venture

6. Business of Insured is

- Manufacturer
 - Distributor
 - Importer
 - Others _____
-

7. Do you have a subsidiary, affiliate or representative office in the USA/Canada ?
Is yes, please provide :

Name of company : _____
Relationship with Insured : _____
Address : _____

8. Have you acquired or merged with any other company in the last 10 years ?
If so, please provide details :

Name of company : _____
Year : _____
Product range : _____

9. (a) Describe ALL products manufactured/processed or distributed by you. Please provide product brochures.

- (b) How many years have you been manufacturing/producing this products(s).

10. Describe any products that are no longer manufactured or distributed by you and when they were discontinued.

11. Are the products “end products” or “component parts” of an end product ?
Please describe.

12. Are any new products proposed for introduction during this ensuing year ?

In USA/Canada Yes No

If Yes, please list products.

13. Are all of your products designed by you ?
If No, please explain and indicate who are the products designed by.

14. List all products manufacture, sold or distributed for the past 2 years are well as for the Current and Upcoming year for each of the following markets/area :

(* Please indicate the Total Sales of the products)

(a) USA/Canada/Australia – TURNOVER/SALES

Product	Next Year 20__	Current Year 20__	Last Year 20__	Last Year 20__
Total				

(b) Europe – Turnover/Sales

Product	Next Year 20__	Current Year 20__	Last Year 20__	Last Year 20__
Total				

(c) Rest of the World – TURNOVER/SALES

Product	Next Year 20__	Current Year 20__	Last Year 20__	Last Year 20__
Total				

15. (a) Are there contractual agreements e.g. hold harmless agreement entered into with importers or product purchasers that go beyond the typical purchase order agreement? If yes, please describe and provide a copy.

- (b) Do you require Vendors Liability ? Yes No
If yes, please provide details of vendors.

Vendors : _____

(c) Describe the product quality program control operations of the Insured including any internal and external testing conducted on the product(s).
Please provide a copy of procedures/reports.

(d) If no product quality control is in place, how is product quality determined ?

(e) Is each product subject to, and do they conform with applicable country of export or international manufacturing and safety standards ?

Yes No

If yes, please specify standard.

(f) Has the product(s) met the manufacturing standards established by the USA.

Yes No

If yes, please specify standard.

16. Are records being kept to trace all products ?

Yes No

17. Are appropriate and understandable instructions provided with the product ?

Yes No

18. Are proper and adequate warnings and labels satisfying applicable standards affixed to the product so those potential users will understand the hazards associated with using the product ?

Yes No

19. Are any product warranties supplied with the product ? If yes, please describe :

20. What is the normal life span of the product(s) ?

DETAILS OF PREVIOUS INSURANCE

21. Has any Insurance Company cancelled or refused to renew your products liability coverage ?

Yes No

22. Loss Experience

Have there been any reported incidents or claims filed for any of your products since the product/products was introduced into the market? Please provide details including number of accidents, paid outstanding and description of incident(s) for each year.

23. If there is prior loss history, has the cause of loss situation been corrected ?

Yes No

Please describe the cause of loss. Cause of loss could have been design error, manufacturing error, lack of maintenance, exceeding of design limits and environmental condition.

In addition please describe losses caused by discontinued products as well.

24. Please provide details of your current Products Liability Insurance. Kindly provide a copy of the policy.

Insurance Company : _____
Expiry Date : _____
Premium : _____
Excess : _____

DETAILS OF NEW INSURANCE REQUESTED

25. What are the Limits of Liability/Indemnity that you require ?

26. What is the Territorial Limit that you require ?

DECLARATION

I/We, the undersigned, declare that to the best of my/our knowledge and belief the statements set forth herein are true and correct, and agreed that this Proposal and any supplementary information requested by the Company and furnished in connection herewith shall form the basis of and be incorporated into any contract of insurance which may be concluded between the proposer and the Company.

I/We acknowledge that the key contract terms in the Product Disclosure Sheet have been adequately explained to me/us.

Signature & Company Stamp : _____

Name of the Person Signing the Proposal Form : _____

Title/ Designation : _____

Date of signing of the Proposal Form : _____