

# PROPOSAL FORM - PRODUCT LIABILITY INSURANCE POLICY

## PROPOSER DETAILS

Name of the Proposer

Registered Address of the Proposer

City  State

Pin Code  Telephone No.

Mobile No.

Name of Person to whom the policy has to be dispatched Email:

Fax No.  Bank A/c No.

Agent /Broker Name

Agent /Broker Code

Period of Insurance From  To

Occupation/ Business Activity .....

Paid Up Capital

## Proposer's Business Operations & Related Information:

Name of any Subsidiary and Associated Companies of the Proposer

Business Address of the Proposer

City  State

Pin Code  Telephone No.

Mobile No.

Email:

Locations from where distribution is effected Yes  No

If No, please furnish details of the components purchased by you below: \_\_\_\_\_

(If the space provided is not sufficient separate sheet to be attached)

How long have you been in the business? Yes  No

If No, please furnish details of products without identification below: \_\_\_\_\_

(If the space provided is not sufficient separate sheet to be attached)

Do you manufacture the complete product? Yes  No

If Yes, please furnish details of association below: \_\_\_\_\_

(If the space provided is not sufficient separate sheet to be attached)

Can the date of manufacture of each product be identified by the factory number stamped on it?

Are you affiliated in any manner with any of your suppliers and distributors?	Goods Manufactured
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Please furnish full details of turnover for all goods.

Goods Sold/Supplied	Actual Turnover for Last 3 Years			Projected Turnover (for proposed period of insurance)
	Year	Year	Year	Year
Goods Repaired, Serviced, Tested & Processed				
(Please attach leaflets, brochures and/or any other literature if available)				
Name of Product				
Principal Component(s)				

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Please furnish details of products to be considered for insurance which are manufactured and/or designed.

Annual Units Produced \_\_\_\_\_ Annual Turnover \_\_\_\_\_

How long has it been in the market? \_\_\_\_\_ Expected Life of Use \_\_\_\_\_

Intended Customer/ Ultimate User \_\_\_\_\_ Warranties as to Use \_\_\_\_\_

Technical Know-How/ Collaboration: \_\_\_\_\_

Goods Manufactured \_\_\_\_\_

Please furnish additional information for goods to be covered under insurance.

Goods Sold/Supplied	Actual Turnover for Last 3 Years			Projected Turnover (for proposed period of insurance)
	Year	Year	Year	Year
Goods Repaired, Serviced, Tested & Processed				
(Please attach leaflets, brochures and/or any other literature if available)				
Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please furnish details below:				
Yes <input type="checkbox"/> No <input type="checkbox"/> If No, please furnish details of the components purchased by you below:				
(If the space provided is not sufficient separate sheet to be attached)				

Do you have Research & Development Department? Yes  No

If Yes, please furnish full description/details of such disclaimer notice below:

Are there any products which are inflammable, explosive, dangerous, radioactive, and harmful to health, poisonous by themselves or in combination with others?

Product/Details	Projected Turnover

Are goods sold or supplied subject to disclaimer notice?

Product	Date	Reason for Discontinuation/ Recall/Withdrawal
	D D M M Y Y Y Y	
	D D M M Y Y Y Y	
	D D M M Y Y Y Y	

Please furnish details of new products to be marketed during the next 12 months. Yes  No

If Yes, please furnish details \_\_\_\_\_

Please furnish details of products discontinued or recalled or withdrawn during the last 5 years.

Do you have a system in your organization for Complaints & Incident/Accident Reporting? Yes  No

If Yes, please furnish details \_\_\_\_\_

Do you have a system in your organization for Complaints & Incident/Accident Reporting? Yes  No

If Yes, please furnish details \_\_\_\_\_

Please furnish details of checks or examinations or controls including batch control and testing carried out or detected to discover possible defects or errors in products. Yes  No

If Yes, please furnish details \_\_\_\_\_

(If the space provided is not sufficient separate sheet to be attached)

Do your products comply with standards like ISI or any other standards?

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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? Yes  No

If Yes, please furnish full description/details of such disclaimer notice below:

Product	Period of Guarantee/Warranty

(If the space provided is not sufficient separate sheet to be attached)

What is the failure rate of each product after handover? Is it by printing on container or product? \_\_\_\_\_

Do you issue guarantees and/or warranties to purchasers? Is it by separate leaflet or brochure? \_\_\_\_\_

Please furnish details regarding direction for use. Is the hazard warning clearly shown? Yes  No

No of Claims \_\_\_\_\_

Please give claims history for the last 3 years.

Total Amount Paid	Year	Year	Year	Total Outstanding	Year	Year	Year
Bodily Injury				Bodily Injury			
Property Damage				Property Damage			
Cost of Defence Action				Cost of Defence Action			

Are you aware of any incidents, conditions, defects, circumstances or suspected defects which may result in claim?

Sales Turnover .....

Has your proposal or renewal been declined or premium been increased or special terms imposed by any insurer?

India/Domestic .....

Please quantify the sales turnover for all products for the last 3 years.

USA/Canada	Year	Year	Year
OECD Countries (Please provide list)			
Other Countries including Non-OECD Countries (Please provide list)			
Countries			
USA/Canada			

Please furnish details for Export to other countries.

OECD Countries	How long have you been exporting to these countries?	Do you require cover for these countries?
Other countries including non-OECD countries		Yes <input type="checkbox"/> No <input type="checkbox"/>
(Cover for exports will be granted only if domestic turnover is insured)		Yes <input type="checkbox"/> No <input type="checkbox"/>

Do you comply with USA/Canadian State/ Federal Laws/ Standards applicable to each product of export for such countries? Yes  No

Please furnish details of any power of attorney on assets in USA/Canada.

From : \_\_\_\_\_

To : \_\_\_\_\_

### Proposer's Insurance Requirements

What is the Policy Period required? Yes  No

If Yes, please indicate the countries of export below: \_\_\_\_\_

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What is the Limit of Indemnity required? India : \_\_\_\_\_  
 USA/Canada : \_\_\_\_\_  
 Other Countries : \_\_\_\_\_  
 (This Excess will apply to each and every claim)

Do you require cover for Export? Yes  No

If Yes, please enclose a copy of the contract with the Vendor(s) and state the names of each product of export to such countries.

What is the Voluntary Excess you wish to bear? (in addition to Compulsory Excess) Yes  No

If Yes, please enclose a copy of the contract with the Vendor(s) and state the names of each product of export to such countries.

Do you require "Limited Vendor's Endorsement"?

Premium Summary	
Total Premium	
Sectional Discount	
Premium After Discount	
Service Tax	
Total Amount	

## DECLARATION

I/We hereby declare and warrant that the above statements are true and complete in all respects and that there is no other information which is relevant to my application for insurance that has not been disclosed to you. I/We agree that this proposal and the declarations shall be the basis of the contract between me/us and Magma HDI General Insurance Co. Ltd and I/We agree to accept a policy in the standard form of and subject to the conditions prescribed by Magma HDI General Insurance Co. and to pay premium on the amount estimated above at the end of each policy period. I/We undertake to exercise all ordinary and reasonable precautions for safety of the property as if it were uninsured.

I/We hereby also declare and undertake that the amount paid by me/us as premium for the aforementioned proposal is out of my/our lawful and declared source of Income.

Place \_\_\_\_\_

Date

Signature of Proposer

## INSURANCE ACT 1938, SECTION 41 - PROHIBITION OF REBATES

- No person shall allow or offer to allow, either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind or risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate except such rebate as may be allowed in accordance with the prospectus or tables of the Insurer.
- Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to five hundred rupees.