



## COMPREHENSIVE GENERAL LIABILITY INSURANCE

**Important Notice**

1. Statement pursuant to Section 25(5) of the Insurance Act (Cap 142) or any amendments thereof; you are to disclose in the application, fully and faithfully, all the facts which you know or ought to know, otherwise the policy issued may be void and you may receive nothing from the policy.
2. AIG may request further information.

To:	Liabilities Department	Email Address:	<a href="mailto:agt.lia@aig.com">agt.lia@aig.com</a>
Date of Submission:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (DD/MM/YYYY)		
Name of Producer:		Email Address:	
Producer Code:		Contact No.:	

**PLEASE COMPLETE ALL RELEVANT SECTIONS TO ENABLE US TO PROVIDE YOU WITH A QUOTATION**

GENERAL INFORMATION (must be completed)  
 SECTION 1: GENERAL LIABILITY / PUBLIC LIABILITY (if coverage is required)  
 SECTION 2: PRODUCT LIABILITY (if coverage is required)  
 SECTION 3: PRODUCT RECALL (if coverage is required)  
 SECTION 4: OTHER INFORMATION (must be completed)

### GENERAL INFORMATION

Name of Employer / Proposer (include all subsidiaries):				
Principal Address:				
Telephone No.:		Fax No. / Email Address:		
Nature of Business:				
Period of Insurance:	From:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (DD/MM/YYYY)	To:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (DD/MM/YYYY)
Number of years in operation:				
Website (if any):				

**SECTION 1: GENERAL LIABILITY | PUBLIC LIABILITY**

Note: Only complete if coverage is required.

List all locations to be insured under this policy including principal address if insurance required.

(If more space is required, please list locations on the sheet provided at the end of this document.)

Note: Any locations not listed will not be covered.

Address	Occupancy	Leased / Owned	Floor Area	if Owned, Date of Purchase	Construction Type	Brief Description of Surrounding Properties

Estimated Annual Turnover

(Provide geographical split if coverage is required in more than one country for next 12 months)

(Provide split between different operations if applicable)

Are you involved in project works?

Yes

No

If Yes, please state:

Maximum Contract Value:

Average Contract Value:

Limit of Liability Required:

Territory to be covered:

What is your current policy deductible?

<p>1</p>	<p>Are you involved in ...</p> <p>(a) manual works in connection with installation erection, repair, maintenance, testing, demolition, or construction outside your premises? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(b) works at a height of more than 30 feet above floor or ground level? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, please state the maximum and average height involved:</p> <p>Maximum:                 Average:</p> <p>i. Access by scaffolding? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>ii. Erection of scaffolds? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>iii. Any other access?:</p> <p>(c) excavation works, work in manholes or tunnels, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(d) excavation works, work in manholes or tunnels, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>2</p>	<p>Are your premises together with your plant, equipment and machinery in good condition and well maintained? (Please provide Property Survey Report if available.) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>3</p>	<p>Do any of your business activities produce toxic waste or other pollutants which have the potential to cause bodily injury or property damage? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, please provide details including method of storage and disposal:</p>
<p>4</p>	<p>Do you ensure that the sub-contractors have adequate liability insurances in force with an indemnity limit at least as high as that which you're arranging and do you ensure that such insurance are maintained in force? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

## SECTION 2: PRODUCT LIABILITY

Note: Please complete only if Product Liability or Product Recall cover is required.

Your Role:  Manufacturer     Distributor     Trader     Others, please specify:

**SALES TURNOVER IN USD**

Please provide the expected and previous annual sales of your product lines to be insured under this policy.  
(If more space is required, please list locations on the sheet provided at the end of this document.)

Products	Next Year Est. (USD)	Current Year (USD)	Last Year (USD)	Australia	USA / Canada	Rest of the World	Non-Own Label

1	<p>Are all the products designed by you? <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span></p> <p>If Yes, do you also design the moulds? <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span></p> <p>If No, who designed the products?</p>
2	<p>Have any new products been introduced in the last 3 years?</p> <p>(a) In USA/Canada/UK/Australia <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span></p> <p>(b) Outside USA/Canada/UK/Australia <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span></p> <p>If Yes, please list products and date of introduction and sales:</p>
3	<p>Are any new products proposed for introduction during the coming year? <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span></p> <p>If Yes, please list products and region:</p>

4	<p>Are any of the products sold as components for use in:</p> <p><input type="checkbox"/> Aircraft  <input type="checkbox"/> Chemical / Petrochemical Plants  <input type="checkbox"/> Watercraft  <input type="checkbox"/> Missiles  <input type="checkbox"/> Mining / Drilling Sites  <input type="checkbox"/> Automobiles</p> <p>If Yes, please provide details including turnover for current year and estimated turnover for coming year:</p>
5	<p>Are raw materials, components or parts purchased or imported? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, please give % purchased / imported and source:</p>
6	<p>Are there any product(s) that are no longer manufactured or distributed by the proposer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, please explain which product(s), when and why they were discontinued:</p>
7	<p>Do you require your suppliers to carry Product Liability Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, what limits are they required to purchase?</p> <p>(a) Are you requiring to be added to their policy as additional insured? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(b) Does the Product Liability insurance provide indemnity for recall expenses and damage to your products if caused by a defective or contaminated ingredient? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

**NON-OWN LABEL**

1	<p>Are products sold under another label made to your design specifications or those of the buyer?</p> <p><input type="checkbox"/> your design specifications  <input type="checkbox"/> those of the buyer</p>
2	<p>Is the importer, distributor or purchaser insured for products liability and are you included as a named insured in such contract? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

**VENDORS' LIABILITY**

1	<p>Does anyone require you to have this product liability insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, please specify who requires this insurance and attach a copy of the relevant contract:</p>
2	<p>Do you hire the services of contractors or sub-contractors? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, do you:</p> <p>(a) Strictly maintain a programme to ensure control over the contractors or sub-contractors? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(b) Insist that all contractors or sub-contractors have liability insurance with regards to limit of indemnity and scope of cover? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(c) Insist to be named as Principal or a co-insured in liability policies of the contractors or sub-contractors? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

**PRODUCT QUALITY – Please attach a copy of the Quality Certificate, Lab and Testing Reports**

1	<p>Is there a written Quality Control procedure? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, please provide a copy.</p>
2	<p>Are you aware of any mandatory or voluntary standards which apply to your products? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If so, please advise the standards:</p>
3	<p>Is each product subject to and do they conform with applicable safety standards in all relevant countries? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(a) Are there or has there been any violations of the consumer product safety act or any other federal or local legislation <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, please list violations:</p>
4	<p>Do you employ the services of a testing laboratory? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

5	<p>What kinds of quality inspections are carried out on the product(s) and how frequently?</p> <p>Ex. random sample checks, etc.</p>
6	<p>Do you keep initial test or backup samples of the product(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, for how many years:</p>
7	<p>How high is the defect rate in your final inspections?</p> <p>Ex. in units or in percentage</p>
8	<p>Is there a traceability system including batch coding being utilised? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
9	<p>Can all deliveries of your vendors be identified? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
10	<p>Are you aware of any product which, because of known defects or inherent hazards, is likely to cause bodily injury or property damage? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
11	<p>Do you have written procedures for handling complaints? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, please attach a copy of the proceeding and/or procedures</p>
12	<p>What is the rate of complaints from clients (e.g. in units or in percentage)?</p>
13	<p>Are complaints used to improve products and processes? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, how?</p>

## SECTION 3: PRODUCT RECALL

Note: Please complete only if Product Recall insurance is required.

Please attach a copy of the Quality Certificate, Lab and Testing Reports

1	<p>Is there any written product recall plan and/or crisis management plan? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>If Yes, please describe:</p> <p>(Please provide a copy of the Recall Plan / Crisis Management Plan)</p>																					
2	<p>Do you have a dedicated risk manager or the officer responsible for the recall plan? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p>																					
3	<p>What is the sales volume of the product(s) to be insured under this section of the policy?</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr style="background-color: #D9E1F2;"> <th style="width: 15%;"></th> <th style="width: 15%;">Product</th> <th style="width: 15%;">Annual Sales</th> <th style="width: 15%;">Production cost per unit</th> <th style="width: 15%;">Production cost in % to total sales</th> <th style="width: 15%;">Number of units per year</th> <th style="width: 15%;">Batch Size</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">With largest revenue</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">With highest number of units</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Product	Annual Sales	Production cost per unit	Production cost in % to total sales	Number of units per year	Batch Size	With largest revenue							With highest number of units						
	Product	Annual Sales	Production cost per unit	Production cost in % to total sales	Number of units per year	Batch Size																
With largest revenue																						
With highest number of units																						
4	<p>Has there been any government-mandated recall of your products or any government-mandated discontinuation of any of your products? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>If Yes, please describe:</p>																					
5	<p>Do you audit your suppliers? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>(If Yes, please provide copies of last audits for the top suppliers)</p>																					
6	<p>Are processes in place to assess the ability of your suppliers to meet your specifications? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>Please check all that apply: Incoming quarantine</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Requirement of liability / recall insurance certificates</li> <li><input type="checkbox"/> Purchasing requires written questionnaire and vetting of supplier</li> <li><input type="checkbox"/> Certificate of analysis</li> <li><input type="checkbox"/> Qualifying audit(s) by QMS staff or a third party</li> <li><input type="checkbox"/> Review of government / consultant inspection reports</li> </ul>																					



7	Please describe how you test received products to ensure that the raw materials conform to your specifications.
8	<p>Do you require your suppliers to carry Product Recall Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, what limits are they required to purchase?</p>

**SECTION 4: OTHER ADDITIONAL INFORMATION**

1	<p>Has any Insurance Company declined, cancelled or not renewed any of the company's insurance cover in the past 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, please furnish details and name of insurer:</p>
2	<p>Please state current insurer and basis of liability:</p> <p>Name of Insurer:</p> <p>Policy Trigger:</p> <p>Retroactive Date, if claims made: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (DD/MM/YYYY)</p>
3	<p>Do you have a legal department? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
4	<p>Do you use any standard contract to transfer liabilities to other parties? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, please provide a copy.</p>
5	<p>Do you maintain full rights or recourse against all other parties? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(For example: Are indemnities or hold harmless provided?)</p>

**LOSS EXPERIENCE**

Have you had any claims under any similar insurances in the past 3 years?  Yes  No

If Yes, please provide details.

(If more space is required, please provide details on the sheet provided at the end of this document.)

Current Insurer:					
Insurance Period	Policy	Date of Claim	Paid Amount	Outstanding Amount	Details of Claims

**ATTENTION: INCOMPLETE PROPOSAL FORM WILL NOT BE ATTENDED TO**

**DECLARATION**

**NOTE: SIGNING THIS PROPOSAL DOES NOT BIND THE PROPOSER TO COMPLETE THIS INSURANCE.**

1. I/We declare that the statements and particulars in this proposal are true and that no material facts have been misstated or suppressed after enquiry. I agree that this proposal, together with any other information supplied shall form the basis of any contract of insurance affected thereon. In undertake to inform the Insurers of any material alteration to those facts occurring before completion of the contract of insurance. A material fact is one which would influence the acceptance of assessment of risk.

2. By submitting information to AIG relating to any identifiable individual, you represent and warrant that you have the authority to provide that personal information to AIG. With respect to any individual about whom you provide personal information to AIG, you undertake and warrant that:

- i. you have informed the individual about the purposes for which his/her personal information is collected, used and disclosed as well as the parties to whom such personal information may be disclosed or transferred by AIG, as set out in the consent clause contained at (ii) below; and
- ii. the individual agrees and consents that AIG may collect, use and process his/her personal information (whether obtained in this application form or otherwise obtained) and disclose such personal information to the following, whether in or outside of Singapore: (i) AIG's group companies; (ii) AIG's (or AIG's group companies') service providers, reinsurers, agents, distributors, business partners; (iii) brokers, his/her authorised agents or representatives, legal process participants and their advisors, other financial institutions; (iv) governmental / regulatory authorities, industry associations, courts, other alternative dispute resolution forums, for the purposes stated in AIG's Data Privacy Policy which include:
  - (a) Processing, underwriting, administering and managing his/her relationship with AIG;
  - (b) Audit, compliance, investigation and inspection purposes and handling regulatory / governmental enquiries;
  - (c) Compliance with legal or regulatory obligations, risk management procedures and AIG internal policies;
  - (d) Managing AIG's infrastructure and business operations; and
  - (e) Carrying out market research and analysis and satisfaction surveys.

Note: Please refer the individual to the full version of [AIG's Data Privacy Policy \(www.aig.com.sg/privacy\)](http://www.aig.com.sg/privacy) before you provide the above representation and warranty.

Signature of Employer & Company Stamp:  (If you are completing and submitting this form electronically, enter as follows: Company Name, Name and Designation)	
Date:	<input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/> (DD/MM/YYYY)

**ADDITIONAL SECTIONS – if space is required in previous sections.**

**SECTION 1: GENERAL LIABILITY | PUBLIC LIABILITY – Additional Section**

Please use this section to list other locations to be insured under this policy.

Note: Any locations not listed will not be covered.

Address	Occupancy	Leased / Owned	Floor Area	if Owned, Date of Purchase	Construction Type	Brief Description of Surrounding Properties



**LOSS EXPERIENCE – Additional Section**

Please use this section to provide the claims experience in the past three (3) years.

Current Insurer:					
Insurance Period	Policy	Date of Claim	Paid Amount	Outstanding Amount	Details of Claims



American International Group, Inc. (AIG) is a leading global insurance organization. Founded in 1919, today AIG member companies provide a wide range of property casualty insurance, life insurance, retirement products, and other financial services to customers in more than 80 countries and jurisdictions. These diverse offerings include products and services that help businesses and individuals protect their assets, manage risks and provide for retirement security. AIG common stock is listed on the New York Stock Exchange and the Tokyo Stock Exchange.

Additional information about AIG can be found at [www.aig.com](http://www.aig.com) | YouTube: [www.youtube.com/aig](http://www.youtube.com/aig) | Twitter: [@AIGinsurance](https://twitter.com/AIGinsurance) | [www.twitter.com/AIGinsurance](http://www.twitter.com/AIGinsurance) | LinkedIn: [www.linkedin.com/company/aig](http://www.linkedin.com/company/aig). These references with additional information about AIG have been provided as a convenience, and the information contained on such websites is not incorporated by reference into this press release.

AIG is the marketing name for the worldwide property-casualty, life and retirement, and general insurance operations of American International Group, Inc. For additional information, please visit our website at [www.aig.com](http://www.aig.com). All products and services are written or provided by subsidiaries or affiliates of American International Group, Inc. Products or services may not be available in all countries, and coverage is subject to actual policy language. Non-insurance products and services may be provided by independent third parties. Certain property-casualty coverages may be provided by a surplus lines insurer. Surplus lines insurers do not generally participate in state guaranty funds, and insureds are therefore not protected by such funds.

#### Contact

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