

Product Liability Insurance Proposal Form



Notes: 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.

To : SME	Contact No. :
Date of submission :	Fax No. :
Name of Producer :	
Producer Code :	

1) (a) Named Insured (Including all Subsidiary Companies)

(b) Postal Address and Principal Locations:

2) Named insured is: (please tick where applicable)

- Individual
- Partnership
- Corporation
- Joint Venture
- Others: _____

3) Business of Named Insured is: (please tick where applicable)

- Manufacturer
- Distributor
- Importer
- Others: _____

4) Nature of Business : (in details)

- 5) (a) Named Insured Asset Value: _____
- (b) How long has named insured been in business? _____
- (c) Does named insured have a subsidiary, affiliate or representative in the USA or Canada/ UK or Australia? Yes / No
- If Yes, please give name(s) and address(es):
- _____
- _____

6) Policy Period desired:(DDMMYYYY) From: _____ To: _____

7) Please indicate annual aggregate estimated sales of the named insured _____

(a) For USA/Canada/UK/Australia Products

(i) List all products manufactured, sold or distributed by the named insured in or exported **to** USA/Canada/UK/Australia and sales by product for the past 4 years as well as estimated sales for the upcoming year (Attach products brochures or other printed material describing products)

Products

(Please indicate products manufactured in USA/Canada/UK/Australia by placing a asterix * next to the product category)

(ii) List all products manufactured by the named insured for sales **in** USA/Canada/UK/Australia **but not sold under their label** and sales by product for the last 4 years as well as estimated sales for the upcoming year:

Products

(Please indicate products manufactured in USA/Canada/UK/Australia by placing a asterix * next to the product category)

(b) For **Non** USA/Canada/UK/Australia Products (Rest of the World Sales of Products)

(i) List all products manufactured, sold or distributed by the named insured in or exported **outside** USA/Canada/UK/Australia and sales by product for the past 4 years as well as estimated sales for the upcoming year (Attach products brochures or other printed material describing products)

Products

- (ii) List all products manufactured by the named insured for sales **outside** USA/Canada/UK/Australia **but not sold under their label** and sales by product for the last 4 years as well as estimated sales for the upcoming year:

Products

- 8) Does Applicant:
- (a) Require "Vendors Liability" Endorsement? If yes, please list vendor(s) and address(es) Yes / No
-
- (b) Enter into any hold harmless or other similar "contractual agreements." If yes, please explain: Yes / No
 (Attach copy of such contracts if applicable)
-

- 9) List any product that has been discontinued or recalled in the last 5 years and give reasons:
-
-

- 10) Have any new products been introduced in the last 3 years?
- (a) In USA/Canada/UK/Australia Yes / No
- (b) Outside USA/Canada/UK/Australia Yes / No

If yes, list products and date of introduction and sales:

- 11) Are any new products proposed for introduction during the ensuing year?
- (a) In USA/Canada/UK/Australia Yes / No
- (b) Outside USA/Canada/UK/Australia Yes / No

If yes, list products and sales:

12) a) Are any products sold as components for other products? If yes, indicate likely uses of the products Yes / No

b) Are any products sold as components for or use on with any aircraft, missiles, or watercraft?
If yes, please give details: Yes / No

13) Are all products designed by the named insured? If no, please explain: Yes / No

14) Are there or have there been any violations of the consumer product safety act or any other federal or local legislation?
If yes, list violations: Yes / No

15) Any raw materials/components/parts purchased/imported? Yes / No

If yes, please give % purchased/imported and source:

16) (a) Is a written products liability loss control program in effect? Yes / No

(b) Is there a written quality control procedure? Yes / No

(c) Is there a written product recall plan? Yes / No

(d) Is each product subject to and do they conform with applicable national safety standards? Yes / No

(e) Does the insured employ the services of a testing laboratory Yes / No

(f) Are record keeping procedures being kept on the products? Yes / No

(Note: Any printed material relative to question 16 must be submitted)

17) (a) Please state current insurer and the basis of liability:

(i) Name of Insurer _____

(ii) _____ Occurrence _____ Claims-Made

(b) Has any Insurance Company cancelled or refused to renew products liability coverage? Yes / No

If yes, please furnish details and name of Insurer:

18) Is the named insured aware of any product which, because of known defects or inherent hazards, is likely to cause bodily injury or property damage?

19) Loss Experience:

Valuation Date: _____

(a) Total incurred losses in the last 5 years

Year	USA/Canada/UK/Australia	Non USA/Canada/UK/Australia

(b) Describe in details All Losses over S\$5,000.00 (paid or reserved):

20) Has the named insured acquired any new entities within the last 5 years?

Yes / No

If yes, please give details:

21) Does the named insured has a legal department?

Yes / No

22) Limit of Liability desired: _____ (per occurrences & in aggregate)

23) Deductible desired: _____

24) May we make a physical inspection of the named insured's premises?

Yes / No

If yes, please provide:

Person to contact: _____

Designation: _____

Contact number: _____

25) Particulars of Supporting Lines

	Renewal Date	Estimated Annual Premium	Insurer
Other Casualty			
Work Injury Compensation / Employers Liability			
Property			
Crime			
Marine Cargo			
Marine Hull			
Personal Accident			
Automobile			
Group Life			
Group Benefits			
Group Medical			
Others (please specify)			

(*Annual Report and Products Brochures must Accompany Application)

I/We declare the above statements and particulars to be true and correct, and agree that they shall be the basis of the contract between the Company and myself/ourselves.

Signature & Co. Stamp: _____

Date: _____



Bring on tomorrow

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