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## LIBERTY INTERNATIONAL UNDERWRITERS

### Products Liability Insurance Proposal Form

#### Disclosure Notice

If you do not fully and faithfully provide and/or disclose to Liberty International Underwriters (LIU) all facts that you know or ought to know with regard to this proposed insurance placement you may receive nothing from this proposed Policy.

*If there is not enough space provided on this form to answer each question, please use attachment pages*

*Where "Yes" or "No" answers are required, please circle the correct response*

#### 1. The Insured

- (a) Full name of proposed Insured including all subsidiaries

Company Name

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*(if insufficient space, please complete an attached Schedule of Company Name)*

- (b) Postal address

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- (c) What year did your business start \_\_\_\_\_

- (d) Please advise your website address \_\_\_\_\_

#### 2. Period of Insurance

From:            /            /  
To:                /            /            both days inclusive

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**3. Limit of Indemnity**

\$ \_\_\_\_\_ in the aggregate for claims during the Period of Insurance

**4. Quality Control & Product Information**

- (a) Does your company hold ISO9001:2000 certification? Yes            No
- (b) Do you provide or develop written instructions, labels or warnings for your products that are destined for export markets? Yes            No
- (c) If your answer to 4(b) is “Yes”, have these warnings, labels or other documents been reviewed and approved by a legal firm practising in each of the export markets where your products are being sold? Yes            No
- (d) USA Products:  
List the product(s) manufactured, sold or distributed by your Company in, or exported to the USA and sales by product that you are looking to cover under this Policy for the past 2 years as well as estimated for the upcoming year.

Description of products	Estimated sales for upcoming 12 months (USD\$)	Actual sales for current year (USD\$)	Actual sales for preceding year from actual (USD\$)	List Domestic or International certification for each product your company obtains, if any e.g. CQC Mark Product certification, UL Listing/certification, CE Mark, CCC

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(e) Worldwide Products (excluding USA):

List the product(s) manufactured, sold or distributed outside the USA and sales by product that you are looking to cover under this Policy for the past 2 years as well as estimated for the upcoming year.

Description of products	Estimated sales for upcoming 12 months (USD\$)	Actual sales for current year (USD\$)	Actual sales for preceding year from actual (USD\$)	List Domestic or International certification for each product your company obtains, if any e.g. CQC Mark Product certification, UL Listing/certification, CE Mark, CCC

(f) Does your Company require a “Vendors Liability” Endorsement? If “Yes”, please list vendor(s) and address(es).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(g) List any products that have been discontinued or recalled in the last 5 years and give reasons:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(h) Are any new products proposed for introduction during the upcoming year? If Yes, list products.

In USA/Canada      Yes \_\_\_\_\_      No

Outside USA/Canada      Yes \_\_\_\_\_      No

(i) Are any product sold as components for other products?      Yes      No

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- (j) Are all products designed by the Insured? If No, explain. Yes  No   
 \_\_\_\_\_  
 \_\_\_\_\_
- (k) How can you identify your products from your competitors eg. Serial number, batch number, etc?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- (l) Does your company have a documented product recall programme in place? Yes  No

**5. Contractual Liability**

- (a) Do you assume liability of others under contract or indemnify or hold harmless third parties (other than lease liability for premises)? Yes  No   
 If Yes, please provide full details and attach copies of all agreements (other than lease liability for premises)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- (b) Do you waive any potential rights of subrogation that you may have from/against third parties (particularly your suppliers)? Yes  No   
 If Yes, please provide full details and attach copies of all agreements  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**6. Claims and/or Loss Experience**

- (a) After investigation, please provide claims experience and/or uninsured loss experience over the last five years for losses and claims that would have been covered under the proposed insurance. Please show claim amount after the application of any excess/deductible.

Dates	# Claims Reported	Amount paid & outstanding (USD\$)	Applicable Excess/Deductible (USD\$)	Description of Claim
From      to				
From      to				
From      to				

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- (b) After investigation, are you aware of any circumstances which could give rise to a claim under the proposed Policy and which are not mentioned above? Yes  No

If "Yes", please provide details

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## 7. Previous Insurance History

Who is your current insurer? \_\_\_\_\_

After investigation have you ever had any:

- |     |  |                              |                             |
|-----|--|------------------------------|-----------------------------|
| (a) | Insurance declined or cancelled?           | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (b) | Renewal refused?                           | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (c) | Special conditions imposed?                | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (d) | Increased excess/ deductible imposed?      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (e) | Claims denied for this class of insurance? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

## 8. Broker Information

Broker name \_\_\_\_\_

Address

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## Declaration

I declare that to the best of my knowledge and belief the answers given above or documents submitted represent the true position and that I have not withheld any material information from this Proposal. I agree that this Proposal and any accompanying documents shall form or partly form the basis of the contract proposed.

\_\_\_\_\_  
Signature(s)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title / Position

## CHECKLIST

*Have you:*

*Answered all questions on this Proposal Form?*

*Provided all required attachments?*

*Signed and dated this Proposal Form?*

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