



# LIBERTY INTERNATIONAL UNDERWRITERS

## Umbrella Liability Proposal

### 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 insufficient space on this form, please use an attachment page*

### 1. The Insured

(a) Full name of proposed Insured including 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) Full description of your operations and activities

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(d) Number of years in continuous business \_\_\_\_\_

### 2. Period of Insurance

From:            /            /            at 12:00am Local Standard Time  
To:                /            /            at 11:59pm Local Standard Time

### 3. Limit of Indemnity

(a) \$ \_\_\_\_\_ any one Occurrence

(b) \$ \_\_\_\_\_ in the aggregate for all Injury and/or Damage during the Period of Insurance

**4. Details of Premises (including overseas locations which are intended to be included in the proposed insurance)**

Details of premises occupied for the purpose of conducting the Business

	Premises 1	Premises 2	Premises 3
Location	_____	_____	_____
	_____	_____	_____
Occupied As	_____	_____	_____
Age of premises	_____ years	_____ years	_____ years
Please circle	Owned      Leased	Owned      Leased	Owned      Leased

*(for any additional premises please attach a schedule supplying details as above)*

**5. Estimated Payroll**

Estimated Annual Payroll (including earnings of Principals, Directors, Partners)

	Payroll	Number of Staff
Management, Clerical and Sales	\$ _____	_____
Manufacturing	\$ _____	_____
Work away from premises	\$ _____	_____
Payment to contractors and/or subcontractors	\$ _____	_____
Other (please specify)	\$ _____	_____

**6. Quality Control & Product Information**

(a) Are you ISO9001:2000 certified? (If Yes, please attach copy of certificate) Yes      No

(b) Product Information

Description of Product	(M) Manufacture (I) Import (D) Distribute	Estimated Annual Turnover (\$)	Estimated Annual Exports (\$)	Destination
TOTAL				

*(if applicable, attach product brochures, annual reports or other material)*

(c) In each of the countries where they are sold, do product labels and instructions comply with jurisdictional regulations? Yes      No

(d) Are there any Hong Kong or international standards to which your products should comply? Yes      No

If so please list the standards your products comply with.

\_\_\_\_\_

\_\_\_\_\_

(e) Do you have a documented product recall programme in place? Yes      No

(f) Have products brochures been published? Yes      No

If Yes, attach copies of all brochures \_\_\_\_\_

(g) Please attach a copy of your latest Annual Report and/or audited Financial Statement\_\_\_\_\_

**7. Pollution**

(a) Does your use and storage of all toxic and hazardous substances comply with all statutory regulations and by-laws? Yes No

(b) Do any of your trade processes produce wastes and other pollutants which have the potential to cause injury to persons or damage to property or otherwise harm the environment? Yes No

If Yes, please provide details

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(c) Does your waste disposal or waste storage comply with government regulations and by-laws? Yes No

Please give full details of any chemicals, gases, radioactive, explosive or toxic substances used and/or stored

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(d) Are you required to hold Environmental Protection Authority or other relevant statutory licenses in relation to discharges from your processes or operations? Yes No

If Yes, please provide details

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**8. Care, Custody and Control**

Do you require cover for property of others in your care, custody or control?

Yes No

If Yes,

- (a) What limit of indemnity do you require? \$ \_\_\_\_\_
- (b) What is the total value of such property at all locations? \$ \_\_\_\_\_
- (c) What is the maximum value of any one item? \$ \_\_\_\_\_

Give a brief description of such property

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(d) Is coverage afforded by any other policy of insurance? Yes No

If Yes, please provide details

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**9. Contractual Liability**

Do you assume liability under contract or hold other harmless (other than lease liability)? Yes No

If Yes, please provide full details and attach copies of all agreements (other than lease liability)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**10. Professional Exposure**

Do you provide any advice, design or specification to third parties? (no coverage is afforded unless specifically endorsed to the policy)	(a) for a fee	Yes	No
	(b) for no fee	Yes	No

If Yes, please provide details

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**11. Are you currently, or have you previously been, involved in the storage/blending/manufacture/distribution or sale of:**

Aircraft (including component parts)	Yes	No
Spacecraft or satellites	Yes	No
Watercraft (exceeding 15 metres in length)	Yes	No
Dangerous goods or ammunition	Yes	No
Liquid or gas fuels	Yes	No
Radioactive material or any product containing asbestos	Yes	No
Fertilisers	Yes	No
Carcinogens (IARC Group 1, 2A or 2B), teratogens, mutagens, and/or chemicals which can adversely affect the human reproductive system/process	Yes	No
Chemicals identified as having a long term detrimental effect on human health (e.g. liver damage, neurological impairment etc.)	Yes	No

If Yes, please provide details

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**12. Motor Vehicle Exposure**

(a) Indicate number of motor vehicles which are owned/leased or non-owned.  
 Cars/utilities\_\_\_\_\_ Tankers\_\_\_\_\_ Trucks/vans\_\_\_\_\_ Other (specify)\_\_\_\_\_

(b) Is there any transport of caustic, explosive, inflammable or toxic substances? Yes No  
 If Yes, supply details\_\_\_\_\_

**13. Aircraft Exposure**

(a) Do you own, charter, lease or operate any aircraft? Yes No

If Yes, supply details including number, type and passenger capacity including copies of charter, lease or hold harmless agreements.\_\_\_\_\_

(b) Do you own, lease or operate any airport, flying school, hangar, landing field or aircraft sales, renting and/or servicing facilities? Yes No

If Yes, supply details including copies of any hold harmless agreements\_\_\_\_\_

**14. Watercraft Exposure**

(a) Do you own, charter, lease or operate any watercraft? Yes No

If Yes, supply details including number, type, length, use and passenger capacity\_\_\_\_\_

**15. Advertising Exposure**

(a) Annual advertising expenditure:

\$ \_\_\_\_\_

(b) Is an advertising agency used?

Yes No

**16. Underlying Insurance**

Supply the following details with respect to all Liability Policies that are to apply as underlying insurance.

Coverage	Insurer & Policy Number	Policy Period	Limit of Indemnity
Public & Products Liability			
Motor Vehicle TPL			
Watercraft Liability			
Aircraft Liability			
Others (please specify)			

**17. 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 Deductible/Excess.

Dates	# Claims Reported	Amount paid & outstanding	Applicable Deductible/ Excess	Description
From to				
From to				
From to				
From to				
From to				

(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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(c) Is there any additional information or detail of which you are aware and which may assist the Underwriter to better assess the nature of the risk?

Yes No

If Yes, please provide details

**18. Previous Insurance History**

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After investigation have you ever had any:

- |     |  |     |    |
|-----|--|-----|----|
| (a) | Insurance declined or cancelled?                               | Yes | No |
| (b) | Renewal refused?   | Yes | No |
| (c) | Special conditions imposed?                                    | Yes | No |
| (d) | Increased Deductible/Excess or Self Insured Retention imposed? | Yes | No |
| (e) | Claims denied for this class of insurance?                     | Yes | No |

**19. Broker Information**

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

Address \_\_\_\_\_

\_\_\_\_\_

**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?***