



## The New India Assurance Company Limited

Regd. & Head Office: New India Assurance Building, 87, M.G. Road, Fort, Mumbai -400001

### **PROPOSAL FORM FOR PRODUCT LIABILITY INSURANCE**

**Liability of the company does not commence until the proposal has been accepted and the Premium paid**

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1. Name of the Proposer (in full)  
Names of Subsidiaries & Associate Cos. (in full)
2. Registered Address of the Proposer  
Registered Address of the Subsidiaries & Associate Cos.  
Please state whether cover required for subsidiary & Associate Cos.
3. Business address of the proposer
4. Location from where distribution is effected
5. How long have you been in the business?
6. Do you manufacture the complete product? If not, what components/parts are purchased by you?
7. Can the date of manufacture of each product be identified by the factory number stamped on it?
8. Do you have any assets and/or representation and/or any domiciled operation and/or activities and/or association (Financial/Technical or otherwise) in USA/Canada and other foreign countries.
9. Are you affiliated in any manner with any of your suppliers and distributors
10. Please give full description of the following for the last three years:
  - (a) Year
  - (b) Goods manufactured and estimated turnover
  - (c) Goods sold or supplied and estimated turnover
  - (d) Goods repaired, serviced, tested and processed and estimated turnover(Please attach leaflets, brochures and any other literature)
11. Please furnish details of products to be considered for insurance which are manufactured and/or designed-
  - (a) Name of the product:
  - (b) Principal component:
  - (c) Annual Units produced:
  - (d) Annual turnover:
  - (e) How long has it been in the market?
  - (f) Expected life of use:
  - (g) Intended use:
  - (h) Intended customer/ultimate user:
  - (i) Warranties as to use:

- (j) Technical know-how/collaboration:
12. Do you have Research & Development Dept.?
  13. Please specify any products which are inflammable/explosive, dangerous, radioactive, harmful, to health, poisonous by themselves or any combination with others if so, please give full details and state what precautions are taken
  14. Please state whether goods sold are supplied subject to disclaimer notice, and if so, please give full text, particulars of such disclaimer notice
  15. Please furnish particulars of new products to be marketed during the next 12 months.
  16. Please furnish details and list of products discontinued or recalled or withdrawn during the last five years
  17. Please elaborate complaints, incidents/accident reporting system in your organization
  18. Please give details of checks or examinations or controls including batch control and testing carried out or effected to discover possible defects or errors in products
  19. Do your products comply with standards like ISI or any other Standards?
  20. 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?
  21. What is the failure rate of each product after hand over?
  22. Do you issue guarantees and/or warranties to purchasers? If so, for what period do you guarantee and/or warrant your Product?
  23. Particulars regarding directions for use:
    - (a) Is it printing on container or product?
    - (b) Is it by separate leaflet or brochure?
    - (c) Is the hazard warning clearly shown?
  24. Please furnish claims history for the last three years in the following format:

(a) Year	:	
(b) No. of claims	:	
(c) Total Amount Paid	:	
Bodily injury	:	Rs.
Property Damage	:	Rs.
Cost of defence action	:	Rs.
(d) Total amt. of pending claims	:	Rs.
Bodily injury	:	Rs.
Property Damage	:	Rs.
Cost of defence action	:	Rs.
  25. Are you aware of any incidents, conditions, defects, circumstances or suspected defects which may result in claim?
  26. Have your proposal or renewal been declined or premium increased, special terms imposed by any Insurer? If so, please give particulars:
  27. Please indicate the limit of indemnity required for domestic sales:
    - (a) Any one accident
    - (b) Aggregate during the policy period

28. Please indicate Voluntary Excess for each claim (in addition to Compulsory Excess) you are willing to bear
29. Please quantify sales turnover product wise for the last 3 years as under:
- (a) Domestic
  - (b) USA/Canada
  - (c) Other countries including non-OCED countries
30. How long have you been exporting to the following countries and do you require cover for export to these countries?
- (a) USA/Canada
  - (b) OECD countries
  - (c) Other countries including non-OECD countries
- (Cover for exports will be granted only if domestic turnover is covered)
31. Do you require "Limited Vendor's Endorsement"?
- (Please enclose a copy of the contract with the Vendors and give the names to each product of export of such countries)
32. Do you comply with USA/Canadian State/Federal Laws/Standards applicable to each product of export of such countries
33. Please give details of any power of attorney to Assets in USA/Canada
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34. Policy Period: From 12-00 midnight of -----  
to 12-00 midnight of -----
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I/We desire to effect an Insurance in terms of the Product Liability Policy of the New India Assurance Company Ltd against the limits of indemnity specified above. I/We hereby declare that all statutory provisions relating to my/our business proposed for Insurance are complied with. I/We further declare that all the above statements and particulars are true, and I/We have not omitted, suppressed, misrepresented or misstated any material fact and I/We agree that this declaration shall be the basis of the contract between me/us and the Company and be incorporated therein.

Place:

Date:

Signature of the Proposer