

**Public & Products Liability
Insurance Proposal**



RoyalStar Assurance Ltd.

P.O. Box N-4391
Nassau, Bahamas

P.O. Box F-42673
Freeport, Grand Bahama

YOUR DETAILS.

1. Name of Proposer in full.
(please show the trading name if different).

2. Address for correspondence.

Tel. No.

3. Limit of Indemnity required.

4. Period of Insurance.

From	To
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DETAILS OF YOUR BUSINESS AND PREMISES.

1. Provide a full description of your business activities.

2. How long has the business been established?

 years.

3. (i) (If you have more than three premises, please provide the details on an additional sheet).

	Premises 1	Premises 2	Premises 3
Address	<input type="text"/>	<input type="text"/>	<input type="text"/>
Description e.g. office, factory	<input type="text"/>	<input type="text"/>	<input type="text"/>
Construction e.g. brick/tile	<input type="text"/>	<input type="text"/>	<input type="text"/>
Age (approx.)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Purpose built?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
No. of storeys	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tenure (delete as appropriate)	<input type="text" value="single / multi"/>	<input type="text" value="single / multi"/>	<input type="text" value="single / multi"/>

(ii) If you are the owner or lessee, are you aware of the use to which the land/premises was put prior to your occupation?

If 'Yes', please provide details :-

4. Are your premises together with your plant, equipment, and machinery in good condition and well maintained? Yes No
5. Will you undertake any manual work away from your premises, (other than delivery)? Yes No

If 'Yes', please provide the following information :-

(i) The nature of this work and the total estimated wages applicable for the next 12 months.

Nature Of Work	Wages

(ii) Does any of this work involve :-

- (a) the application of heat (e.g. use of welding, flame cutting, equipment, blowlamps or hot air strippers)? Yes No
- (b) any work on ships, at airports, chemical works, off-shore structures, oil or gas refineries? Yes No
- (c) any work outside the country? Yes No
- (d) work at a height above 10 metres or underground? Yes No

If 'Yes' to questions (a), (b), (c) or (d), please provide details and indicate the approximate proportion of work away wages.

Nature Of Work	%

6. Do you subcontract any work? Yes No

If 'Yes', please provide the following information :-

(i) details of the work subcontracted and estimated payments for the next 12 months.

Nature of the work	Estimated Payments

(ii) 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 are arranging and do you ensure that such insurances are maintained in force? Yes No

7. (i) Do you use, handle, store or transport any hazardous substances such as toxic chemicals, explosive substances, gases, asbestos, radioactive substances or any materials giving rise to dust, fumes or vapours. Yes No

If 'Yes', please provide details :-

(ii) Do you discharge any hazardous waste products (e.g. toxic chemicals, gases, acids, radioactive substances, dust, fumes or vapours) into the atmosphere, ground, sewers, waterways or elsewhere? Yes No

If 'Yes', please provide details of :-

Type of Waste

Storage and disposal methods

Treatment of waste

Disposal licences held

8. Are you represented in any form (e.g. branch office, subsidiary or associated company, sales office, agent holding power of attorney) in another country? Yes No

If 'Yes', please provide details :-

PRODUCT DETAILS.

Do you require Products Liability coverage?

Yes No

If 'Yes' please answer the following questions.

If 'No', please proceed to the sub section headed 'Wages & Turnover Details'.

9. Please give details of :-

- (i) individual products or groups of products and purpose of use (if not apparent),
- (ii) length of time they have been manufactured or supplied by you,
- (iii) estimated turnover applicable for the next 12 months.

(i) Product / Purpose of Use	(ii) Years	(iii) Estimated Turnover

Please provide specimen brochures or leaflets describing the products if available.

10. Indicate in which of the following capacities you are acting:-

manufacturer	<input type="checkbox"/>	importer	<input type="checkbox"/>
processor	<input type="checkbox"/>	wholesaler	<input type="checkbox"/>
assembler	<input type="checkbox"/>	retailer	<input type="checkbox"/>

11. Will you supply any products that you do not manufacture?

Yes No

If 'Yes', please provide the following information :-

- (i) Do you retain rights of recovery against the manufacturers? Yes No
- (ii) Do you alter, adapt or change the form of any product which you do not manufacture? Yes No

If 'Yes' to (ii), please provide details, including the product involved, purpose of use, source of supply and type of alteration, adaptation or change made:

12. Give details of imported products including purpose of use, source and estimated turnover applicable for the next 12 months.

Product / Use / Source	Turnover

13. Will any of your products be used (i) in aircraft? (ii) off shore?
 Yes No Yes No

If 'Yes', to either (i) or (ii) please state purpose of use and estimated turnover applicable for next 12 months for each product.

(i) Product	Turnover
(ii) Product	Turnover

14. (i) Please detail any major hazards associated with the products that you supply.

- (ii) Have you warned users of these hazards? Yes No

If 'Yes', please provide samples of any brochures, labels, leaflets or instructions.

15. Do you have a system of quality control relating to your products and are records maintained to verify such a system? Yes No

If 'Yes', please provide brief details, (e.g. at what stages are control checks carried out, nature of checks).

16. Have you accepted extra liabilities by agreement or contract with any customers, suppliers or sellers? Yes No

If 'Yes', please provide copies of the agreement or contract.

17. Has any product been discontinued during the last 5 years? Yes No

If 'Yes', please provide details.

18. Has any product been recalled during the last 5 years? Yes No

If 'Yes', please provide details.

EXPORT DETAILS.

19. Will any of your products be supplied directly, or to your knowledge have been supplied previously, to any countries other than the USA or Canada? Yes No

If 'Yes', please provide the following information :

Details and purpose of use and if they are presently being exported, the estimated turnover for the next 12 months.

Country	Product/Use	Estimated Turnover

20. Will any of your products be exported, or to your knowledge have any been exported previously, to the USA or Canada? Yes No
- (i) Directly by you or on your behalf? Yes No
- (ii) Indirectly :
- (a) as components supplied to other manufacturers for export to the USA or Canada? Yes No
- (b) in any other way whereby, they become exports to the USA or Canada whether or not in the form in which you originally supplied them? Yes No

If 'Yes', to any of the above, please provide details. In the case of indirect exports, please indicate the form in which the product is or was supplied by you, and its final form as an export to the USA or Canada.

21. Please state for the USA and Canada separately, the turnover of each product applicable to each of the last 3 years and the estimated turnover for the next 12 months.

Product	Year	Whether Direct or Indirect export	Turnover USA Canada	

22. Is insurance arranged on your behalf in the USA or Canada in respect of Products Liability? Yes No

If 'Yes', please provide details of the insurer, indemnity limit and expiry date.

23. How long have you been a supplier of products to the USA or Canada? years.

WAGES AND TURNOVER DETAILS.

24. Please provide the following information :-

Description of all employees	Estimated Number	Estimated wages and salaries for next 12 months. (Wages, but not fees, of working directors should be included)
Clerical and administrative only (not engaged in manual work)		
All others (specify)		
Total		

25. Total estimated turnover for the next 12 months

CLAIMS AND RELATED DETAILS.

26. Have any incidents occurred during the last 5 years resulting in injury (including death, disease, or illness) to members of the public or damage to their property arising out of :-

(i) your general operations?

Yes No

(ii) products supplied by you?

Yes No

If 'Yes' to (i) or (ii), please provide the following information :-

Date of occurrence	Brief details of each incident (whether a claim was made or not)	Claims	
		Paid	Outstanding

27. Are you aware of any other circumstances not mentioned above which might give rise to a claim?

Yes No

If 'Yes', please provide details :-

28. Have you previously insured against public or products liability risks?

Yes

No

If 'Yes', please provide details.

Cover	Insurer	Expiry date of cover
Public Liability		
Products Liability		

29. Has any insurer in respect of the risks to which this proposal relates :-

(i) declined your proposal, refused renewal or cancelled an insurance?

Yes

No

(ii) required an increased premium or imposed special conditions?

Yes

No

If 'Yes', to (i) or (ii) please provide details.

30. Have you, or any of your business partners or directors ever been convicted of or charged (but not yet tried), with a criminal offence other than a motoring offence?

Yes

No

If 'Yes', please provide full details and dates.

31. Have you, or any of your business partners or directors ever been convicted of or charged (but not yet tried), with any offence relating to the release, discharge or disposal of pollutants or waste?

Yes

No

If 'Yes' please provide details including date(s) and outcome.

DECLARATION.

I/We warrant that the above statements made by me/us or on my/our behalf are true and complete and I/We agree that this proposal shall be the basis of the contract between me/us and the Company. I/We agree to accept a policy in the Company's usual form for this class of insurance.

Signature
(Partner or Director)

Date

on behalf of*

*Insert name of firm

(Signing this form does not oblige you to complete the insurance)