



**ace insurance**

***Application for***  
***PRODUCTS LIABILITY INSURANCE***  
**(Include Product Brochures, Testing Reports and User Manuals)**

1. Name Insured (Include all Subsidiary Companies)

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Registered Address

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2. Name Insured is

Individual       Partnership       Corporation       Joint Venture

3. Business of Insured is

Manufacturer       Distributor       Importer       Other

4. Do you have a subsidiary, affiliate or representative office in the USA/Canada?

If yes, please give name(s) and address(s) and relationship of company(ies).

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5. Have you acquired or merged with any other company in the last 10 years? If so, please provide details and product range of the acquired/merged company.

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6. a) Describe all products manufactured, processed, assembled or distributed by you.

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b) How many years have you been manufacturing, processing, assembling or distributing these products?

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7. Are the products end products or component parts of an end product? Please describe.

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8. Are there any products that are no longer manufactured, processed, assembled or distributed by you? Please state when and why they were discontinued.

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9. Are there any new products proposed for introduction to the following territories in the ensuing year?

- In USA/Canada  Yes  No
- Europe/Australia & NZ  Yes  No
- Rest of the World  Yes  No

If yes, please list products.

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10. Are all of your products designed by you? If not, please explain.

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11. List all products manufactured, processed, assembled or distributed by you. Please provide a break down of your sales turnover (including domestic sales) to the 3 regions specified below (please specify currency).

a) **USA/Canada**

PRODUCT	NEXT YEAR	CURRENT YEAR	PRIOR YEAR 1	PRIOR YEAR 2	PRIOR YEAR 3
<b>Total (\$)</b>					

b) **Europe/Australia & NZ**

PRODUCT	NEXT YEAR	CURRENT YEAR	PRIOR YEAR 1	PRIOR YEAR 2	PRIOR YEAR 3
<b>Total (\$)</b>					

c) **Rest of the World**



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PRODUCT	NEXT YEAR	CURRENT YEAR	PRIOR YEAR 1	PRIOR YEAR 2	PRIOR YEAR 3
<b>Total (\$)</b>					

12. a) Do you enter into any contractual agreements that go beyond a typical purchase order agreement e.g. hold harmless agreements or waivers of subrogation with importers/product purchasers? If so, please describe and provide a copy of the contract.

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b) Do you require cover for your Vendors?

Yes       No

If yes, please provide details of these vendors to be covered:

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13. a) Describe all your internal and external quality control programs/operations, as well as any tests conducted on the product(s). Please include copies of all these test reports.

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b) If no product quality control is in place, how is your product quality determined?

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c) Is each product subject to, and do they conform with applicable country of export or international manufacturing and safety standards?

Yes       No

If yes please specify these standard(s).

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14. Are records kept to trace all products?

Yes       No



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15. Are appropriate and understandable instructions provided with the product?

- Yes
- No

16. Are proper and adequate warnings and labels satisfying applicable standards affixed to the product so that potential users will understand the hazards associated with using the product?

- Yes
- No

17. Are any product warranties supplied with the product? If yes, please describe or provide a copy.

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18. What is the normal life span of the product(s)?

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19. Has any insurer cancelled or refused to renew your products liability coverage?

- Yes
- No

If yes, please explain.

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20. Loss Experience

Have there been any reported incidents or claims filed against any of your products over the **last 5 years**? Please provide details including number of incidents, paid / outstanding amounts (please specify currency) and description of incident(s) for each year. Attach a separate sheet, if necessary.

YEAR	NO. OF INCIDENTS	BRIEF DESCRIPTION	USA/CANADA (\$)	REST OF THE WORLD (\$)

21. Product Liability limit(s) and deductibles required

	LIMIT (\$ MILLION)	DEDUCTIBLE



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<b>Option 1</b>		
<b>Option 2</b>		
<b>Option 3</b>		

THE UNDERSIGNED AUTHORISED OFFICER OF THE CORPORATION DECLARES TO THE BEST OF HIS KNOWLEDGE THE STATEMENTS SET FORTH HEREIN ARE TRUE.

SIGNING OF THE APPLICATION DOES NOT BIND THE UNDERSIGNED TO BUY THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL FORM THE BASIS OF THE INSURANCE CONTRACT SHOULD A POLICY BE ISSUED.

**Signature / Company stamp** : \_\_\_\_\_

**Company** : \_\_\_\_\_

**Name / Designation** : \_\_\_\_\_

**Date** : \_\_\_\_\_