

Product Liability Insurance Proposal Form

GENERAL INFORMATION

1. Full name of Proposer (including trading name):

2. Principal address of Proposer:

Business Register No:

Address:

Telephone No:

Facsimile No:

Email address:

Website Address:

3. Date business established:

4. Period of Insurance:

5. Please provide a description of your business activities and products supplied:

6. Is cover required for discontinued products?

No Yes

If yes, please provide full details.

7. Jurisdiction:

8. Territorial limit:

9. Turnover split by product

Business activity or product	Actual for last 12 months	Estimate for next 12 months
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

10. Do you engage contractors or sub-contractors

No Yes If yes, please estimate annual payments split between:

	Actual for last 12 months	Estimate for next 12 months
a) Labour only	\$	\$
b) Labour and services	\$	\$
c) Labour and materials	\$	\$
d) Type of work carried out		

11. Do you assume liability under contract or hold harmless (other than lease liability)?


No Yes If yes, please provide details and attach copies of all agreements.

12. Products

	Product and destination	Estimate for next 12 months
a) If you import products, please provide details of products and revenue generated		\$
b) If you have exports, please provide details by product and revenue generated		\$


PREVIOUS HISTORY AND CLAIMS

13. Have you previously held insurance for any of the covers proposed for this insurance?


No Yes  If yes, please provide details:

Name of Insurer	Policy Number	Expiry Date

14. For any of the covers proposed for this insurance has any insurer declined, cancelled or refused any proposal or insurance renewal or imposed special terms or conditions?

No Yes  If yes, please provide details:

15. Within the last five years, have you had any claims made against you or have you any knowledge of any incidents which may lead to a claim for any of the covers proposed for this insurance?

No Yes  If yes, please provide details:

Date	Details	Paid	Outstanding

DECLARATION

I declare that I am authorised to complete this Proposal Form (Proposal) on behalf of the Company and that to the best of my knowledge and belief the statements and particulars in this Proposal are true and correct and no material facts have been omitted or misrepresented. I undertake to inform People's Insurance PLC of any change to any material fact which occurs before any insurance based on this Proposal is entered into.

By completing and signing this Proposal you acknowledge, accept and agree that:

- (a) People's Insurance PLC may issue a policy to replace your expiring policy underwritten by People's Insurance PLC
- (b) In underwriting and issuing a replacement policy People's Insurance PLC does and will rely on all disclosures, proposals, declarations and representations made by you to People's Insurance PLC

Date:

Name of authorised individual/partner/principal/director:

Signature of authorised individual/partner/principal/director: