



Bajaj Allianz General Insurance Company Limited

Regd. Office: Bombay Pune Road, Akrudi, Pune 411 035 & Head Office: GESCO Plaza, Airport Road, Yerawada, Pune 411 006

PROPOSAL FORM FOR PRODUCT LIABILITY INSURANCE

Important: this proposal for insurance will be the basis of any subsequent insurance policy that we issue to you. It is essential that you answer fully and accurately all of the questions contained in this proposal, and that you provide us with any and all additional information relevant to the risk to be insured or our decision as to the acceptance of the risk or the terms upon which it should be accepted. Your failure to comply with this obligation now may result in the rejection of your claim and the avoidance of your policy when a claim is made. If you are in any doubt about the information to be given, please seek the advice and guidance of your insurance advisor or agent. If there is insufficient space in this proposal for you to provide relevant information, whether as requested or otherwise, please attach a separate sheet to this proposal and return it to us.

Note: The liability of the Company does not commence until the proposal has been accepted and the premium has been paid.

- 1 Name of the Proposer (in full) :
2 Name of any subsidiary and associated companies (in full) :
3 Registered Address of the Proposer:
4 Business address of the proposer :
5 Location from where distribution of products is effected :
6 How long have you operated the business? :
7 Do you manufacture the complete product? If not, what components/ parts are purchased by you? :
8 Can the date of manufacture of each product be identified by the factory number stamped on it? :
9 Do you have any assets and/or representation and/or any domiciled operation and/or activities and/or association (Financial, Technical or : otherwise) in the USA/Canada or other foreign countries? If so, please furnish details.
10 Are you affiliated in any manner with any of your suppliers and distributors? :
11 Please give full description of the following for the last three years :

a. Actual Turnover

Table with 3 columns: Year, Goods Manufactured, Goods sold/ supplied, Goods repaired, serviced, tested, processed

Downloaded from www.insureatclick.com - IMD Code : 10000006

b. Estimated (Projected) Turnover for the proposed period of insurance

Estimated Turnover		
Goods Manufactured	Goods sold/ supplied	Goods repaired, serviced, tested, processed

- c. Please attach leaflets, brochures and/or any other literature.
- d. Please furnish details of products to be considered for insurance which are manufactured and/or designed:
providing
- 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 product :
 - g. Intended customer/ultimate user :
 - h. Warranties as to use :
 - i. Technical know-how/collaboration :
- e. Do you have a Research & Development Dept?:
- f. Please specify any products which are inflammable/explosive, dangerous, radioactive, harmful to health, poisonous by themselves or in combination with other products. Please give full details and state what precautions are taken. :
- g. Please state whether goods are sold or supplied subject to a disclaimer notice, and if so, please give full text of such disclaimer notice. :
- h. Please furnish particulars of new products to be marketed during the next 12 months.
- i. Please furnish details and lists of products discontinued or recalled or withdrawn during the last 5 years.
- j. Please provide details of the complaints/accident reporting system in your organisation.
- k. 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.

- l. Do your products comply with any recognized standards, such as ISI? :
- m. Have your products ever been the subject of any enquiry or investigation by any Government agency, concerning the efficiency/adequacy or labeling, hazardous contents or safety? :
If so, please give full details.
- n. What is the failure rate of each product after hand over? :
- o. Do you issue guarantees and/or warranties to purchaser? If so, for what period do you guarantee and/or warrant : your product?

p. Particulars regarding directions for use:

- a. Is it by printing on the container or the product? :
- b. Is it by separate leaflet or brochure? :
- c. Is the hazard warning clearly shown?:
- q. Please furnish claims history (whether notified or not) the for last three years in the following format:

Year	No. of claims	Settled claims			Pending claims		
		Bodily injury	Property damage	Defence costs	Bodily injury	Property damage	Defence costs

- r. Are you aware of any incidents, conditions, defects, circumstances or suspected defects which may result in a claim? :
- s. Has your proposal or renewal ever been declined or premium increased, or have special terms imposed by any Insurer? :
If so, please give particulars:
- t. Please indicate the limit of indemnity required
 - a. Any one accident :
 - b. Aggregate during the policy period :
 - c. Please indicate the voluntary deductible for each claim, in addition to the compulsory deductible, that you are willing to bear:

USA/Canada Other Countries India

u. Please quantify sales turnover per product for the last 3 years as under:

Year	Sales Turnover			
	India	USA/Canada	OECD countries (list)	Other countries including non-OECD countries (list)

v. How long have you been exporting to the following countries and do you require cover for exports to these countries

- a. USA/Canada :
- b. OECD countries (to list) :
- c. Other countries including non-OECD countries. :

w. Do you require the "Limited Vendor's Endorsement"?
If so, please enclose a copy of the contract with the vendor/s and give the names of each product to be exported to such countries.

x. Do you comply with USA/Canadian State/Federal Laws/Standards applicable to each product to be exported to such countries? :

y. Please give details of any power of attorney on assets in USA/Canada. :

z. Policy Period: From 12.00 midnight of _____ to 12.00 midnight of _____

I/We hereby declare and warrant that the above statements are true and complete in all respects and that there is no other information which is relevant to my application for insurance that has not been disclosed to you. I/We agree that this proposal and the declarations shall be the basis of the contract between me/us and Bajaj Allianz and I/We agree to accept a policy, subject to the conditions prescribed by Bajaj Allianz and to pay premium on the amount estimated above at the end of each policy period.

Place :

Date :

Signature of the Proposer

SECTION 41 OF INSURANCE ACT, 1938

No person shall allow or offer to allow either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate except such rebate as may be allowed in accordance with the published prospectuses or tables of the Insurer.

Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to Five Hundred Rupees.