



Application Form

Product Liability

Name of Intermediary	Account Code

Important Notice to Clients

- Under Section 25(5) of the Insurance Act Cap 142 or any subsequent amendment thereof, you are to disclose in this Application form, fully and faithfully, all the facts which you know or ought to know, otherwise the policy issued may be void.
- Please complete this form by answering carefully all questions. It is important that a complete answer be given to every question including dates where applicable in order to avoid unnecessary delay in the processing of this application. Any question not answered on this form will be taken as an answer in the negative.
- Our liability in respect of this application does not commence until acceptance has been communicated by us to you. Your policy carries a Premium Warranty Clause, which requires the premium to be paid in full within 60 days from the commencement of the cover. Failing to comply with the above, there would be no liability under the policy.

A. Proposal Information

1. Company Details

Full names of all companies to be insured:

Locations of all premises and detail activities carried out on such premises:

Business description:

Website address:

2. Coverage

Period of insurance: From DD/MM/YYYY to DD/MM/YYYY both dates inclusive

Limit of indemnity:

Products Liability _____ any one occurrence and in the aggregate any one period of insurance

Basis:

Occurrence Claims Made Retroactive Date DD/MM/YYYY

3. General Information

1) How many years has your company been in business? DD/MM/YYYY

2) Are you represented in any form in another country? Yes No
If yes, please provide name(s) and address(es) and work done in those countries:

3) Have you acquired any new entities within the last 5 years? Yes No
If yes, please provide name(s) and address(es):

4) Please state current insurer(s) and basis of liability
Name of insurer: _____ Policy Period DD/MM/YYYY to DD/MM/YYYY

Number of years with above insurer _____
 How many years have you been insured for Products Liability? _____

Losses occurring Claims Made Retroactive Date _____

5) Has any insurer cancelled or refused to renew your insurance? Yes No
 If yes, please provide details: _____

6) Details of all claims and uninsured losses, damage or liabilities that have involved your business in the past 5 years (including any claims and/or incidence and/or circumstances whether actual or alleged and whether such claim is paid or not).

Date of notification of loss	Description	Insurer	Amount paid	Amount outstanding	Deductible applicable

B. Product Information

1) Estimated Turnover:
 (a) Manufacturer % (b) Retailer %
 (c) Wholesaler/Distributor % (d) Importer %
 (e) Others (please specify) %

2) Details of all products, manufactured, sold or distributed by you (Please attach brochures, catalogues and other literature of such products).

(a) USA / Canada – Turnover/Sales

Product	Brand Name	Next 12 months	Past 12 months	2 nd Prior Year	3 rd Prior Year

(b) United Kingdom– Turnover/Sales

Product	Brand Name	Next 12 months	Past 12 months	2 nd Prior Year	3 rd Prior Year

(c) Australia – Turnover/Sales

Product	Brand Name	Next 12 months	Past 12 months	2 nd Prior Year	3 rd Prior Year

(d) Rest of the world – Turnover/Sales

Product	Brand Name	Next 12 months	Past 12 months	2 nd Prior Year	3 rd Prior Year

3) Are you a wholesaler/distributor/supplier/importer/retailer? No	<input type="checkbox"/>	<input type="checkbox"/>	Yes
If yes, please provide the following:			
(a) List all manufacturers of the products you wholesale/distribute/supply/import/retail?	_____		
(b) How many years of experience has the manufacturer(s) had in producing these products?	_____		
(c) Are there any claims against the manufacturer(s) in the past 5 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
(d) Are the manufacturers of these products insured for Products Liability?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, are you named as a "Vendor" or name insured on this policy(s)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
(e) Do you modify the product(s) in any way? If yes, please provide details:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

(f) Please comment on your risk selection process or attach a copy your quality control report.	_____		

4) (a) List your top five clients/customers with respect to sales:	_____		
(b) Are your products sold directly to the public or through wholesalers, distributors or retailers?	_____		
5) Are there any products that has been discontinued or recalled in the past 5 years? If yes, please provide details including the reason for such discontinuance or recall:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
6) (a) Do you import products or component parts?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
(b) Could any of your products or services be used on or in connection with:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
(i) aircraft, other aerial device, auto wheels/rims, tires and watercraft or hovercraft	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
(ii) power stations, chemical plants or petrochemical plants	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
(iii) pharmaceuticals or cosmetics	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
(iv) mining or drilling sites	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
(v) safety-related auto parts including but not limited to airbags, restraining and protective gears, seatbelts, braking systems tubes?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
(c) Do you make or handle any product that is explosive, flammable, or poisonous either by itself or in combination with other materials?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
(d) Are any of your products sold under another's name or label?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
(e) Do you purchase materials or components from others?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If you answered, "Yes", to any of the above, please provide details:			

7) Are all products designed and formulated by you? If no, please provide details:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
8) Give details of quality programme control procedures and any laboratory testing used.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
9) If no product quality control is in place, how is product quality determined?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
10) Is there a written product recall plan?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
11) Are each products subject to and do they conform with applicable country of export or international manufacturing and safety standards?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
12) Are sampling techniques employed? If yes, please state degree of fault tolerated in %	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
13) Are record keeping procedures being kept on the products?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

15) Do your products carry labels/packaging and/or information sheets which provide instructions and/or information:
 (a) which has been reviewed and approved by a legal firm practicing in each of the export markets where the products are being sold? Yes No

(b) regarding the correct use or storage and/or warnings of potential hazards?

(c) in relation to medical treatment and/or remedial treatment/action to be taken in the event of an accident, consumption, or misuse of the product?

16) Do you install or apply your own product/s or perform any services? Yes No
 If yes, provide details and state whether work is guaranteed

17) Are any product warranties supplied with the product? Yes No
 If yes, please provide details:

18) Are there or have there been any violations of the consumer product safety act or any other federal or local legislation?
 If yes, please provide details: Yes No

19) In relation to the suppliers and distributors of your products,
 (a) do you hold them harmless or insure them? Yes No
 (b) do they hold you harmless or insure you? Yes No
 (c) do you require "Vendors Liability" endorsement? If yes, please list vendor(s): Yes No

If answer to any of the above question is "Yes", please provide details below:

C. Your Signature and Declaration

Declaration

We confirm that the details given above are true and correct and we have not withheld any material information regarding this application. This application shall form the basis of the contract between me/us and AXA Insurance Pte Ltd.

Name of Client

Signature and Company Stamp

Date

This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact your insurer or visit the GIA or SDIC websites (www.gia.org.sg or www.sdic.org.sg).