PUBLIC & PRODUCTS LIABILITY INSURANCE PROPOSAL

RoyalStar Assurance Limited
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 (Include Postal Address)

Telephone Numbers

Cell:	Work:	Home:

3. Limit of Indemnity Required

4. Period of Insurance

From:	To:

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						
Description (e.g. office, factory)						
Construction (e.g. brick/tile)						
Age (approximately)						
No. of storeys						
Tenure (delete as appropriate)	Single	Multi	Single	Multi	Single	Multi

Purpose built Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐

(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 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, radio-active 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:-

(i) Type of Waste	
(ii) Storage and disposal methods	

(iii) Treatment of waste	
(iv) 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 twelve 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		Importer	
Processor		Wholesaler	
Assembler		Retailer	

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? Yes ☐ No ☐

(ii) off shore? 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 U.S.A. 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 U.S.A. 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 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 even 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 even been convicted of or charged (but not yet tried), with any criminal 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/ee 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

Name of firm

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