

# Product Liability Insurance

## Proposal Form



### **Important Notices**

---

Statement pursuant to Section 25 (5) of the Insurance Act (Cap. 142) (or any subsequent amendments thereof) - You are to disclose in this Proposal Form fully and faithfully all facts which you know or ought to know, otherwise the policy issued hereunder may be void.

#### **1) Your Duty of Disclosure**

Before you enter into a contract of general insurance with an insurer, you have a duty under the law to disclose to the insurer every matter within your knowledge that is material to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms. If you are unsure whether a matter is material, you should disclose it. You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of general insurance.

It is important that all information contained in this application is understood by you and is correct, as you will be bound by your answers and by the information provided by you in this application. You should obtain advice before you sign this application if you do not properly understand any part of it. Your duty of disclosure continues after the application has been completed up until the contract of insurance is entered into.

#### **2) Non-Disclosure**

If you fail to comply with your duty of disclosure, the insurer may have the option of avoiding the contract of insurance from its beginning. If your non-disclosure is fraudulent, the insurer may also have the right to keep the premium that you have paid.

#### **3) Claims Made Contract**

Subject to its terms and conditions, the policy will cover your legal liability for any claim:

- First made by you during the policy period;

- Resulting from any circumstance of which you become aware during the policy period which may give rise to a future claim against you, provided you immediately inform us in writing of such circumstances within the policy period.

#### **4) Change of Risk or Circumstances**

You should advise the insurer as soon as practicable of any change to your normal business as disclosed in this application, such as changes in business activities, location, acquisitions and new overseas activities.

#### **5) Subrogation**

Where you have agreed with another person or company (who would otherwise be liable to compensate you for any loss or damage which is covered by the contract of insurance) that you will not seek to recover such loss or damage from that person, the insurer will not cover you, to the extent permitted by law, for such loss or damage.

#### **Instructions to the Insured**

Before completing the proposal form, please read all important notices.

This proposal should be answered after detailed enquiry of all persons to be covered.

1. Please type or print answers clearly.
2. Answer all questions completely, leaving no blanks. If any questions, or part thereof, do not apply, type or print 'N/A' in the space.
3. Provide any supporting information on a separate sheet using your Company's letterhead and reference the applicable question number.
4. Check YES or NO answers.
5. This form must be completed, dated and signed by an authorised officer of your Company.

**Information About The Insured**

---

1. Name Insured (Include all subsidiary companies)

- a) \_\_\_\_\_
- b) \_\_\_\_\_
- c) \_\_\_\_\_

Registered Address

\_\_\_\_\_  
\_\_\_\_\_  
Postal Code \_\_\_\_\_

Tel No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Email \_\_\_\_\_

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?  Yes  No

If **Yes**, please state the name(s), address(es) and relationship(s) of company(ies).

\_\_\_\_\_  
\_\_\_\_\_

5. Have you acquired/merged with any other company in the last 10 years?  Yes  No

If **Yes**, please provide details and product range of the acquired/merged company.

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

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

---



---

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

---



---

9. Are there any new products proposed for reintroduction to the following territories in the ensuing year? Please tick where applicable.

|                         |                              |                             |
|-------------------------|------------------------------|-----------------------------|
| USA / Canada            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Europe / Australia & NZ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Rest of the World       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If **Yes**, please list the products.

---



---

10. Are all of your products designed by you?  Yes  No

If **No**, please elaborate.

---



---

11. List all the products that are manufactured, processed, assembled or distributed by you. Please provide a breakdown 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 |
|------------|-----------|--------------|--------------|--------------|--------------|
|            |           |              |              |              |              |
|            |           |              |              |              |              |
|            |           |              |              |              |              |
|            |           |              |              |              |              |
| Total (\$) |           |              |              |              |              |

b) Europe / Australia and New Zealand

| Product    | Next Year | Current Year | Prior Year 1 | Prior Year 2 | Prior Year 3 |
|------------|-----------|--------------|--------------|--------------|--------------|
|            |           |              |              |              |              |
|            |           |              |              |              |              |
|            |           |              |              |              |              |
|            |           |              |              |              |              |
| Total (\$) |           |              |              |              |              |

c) Rest of The World

| Product    | Next Year | Current Year | Prior Year 1 | Prior Year 2 | Prior Year 3 |
|------------|-----------|--------------|--------------|--------------|--------------|
|            |           |              |              |              |              |
|            |           |              |              |              |              |
|            |           |              |              |              |              |
|            |           |              |              |              |              |
| Total (\$) |           |              |              |              |              |

12. a) Do you enter into any contractual agreements that go beyond a typical purchase order agreement?  Yes  No  
 E.g. Hold harmless agreements or waivers of subrogation with importers/product purchasers?

If **Yes**, please describe and provide a copy of the contract.

---



---

- b) Do you require cover for your vendors?  Yes  No

If **Yes**, please provide the details of vendors to be covered.

---



---

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

---



---

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

---



---

- 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).

---



---

14. Are records kept to trace all products?  Yes  No
15. Are appropriate and understandable instructions provided with the product(s)?  Yes  No
16. Are proper and adequate warnings and labels satisfying applicable standards affixed to the product(s) so that potential users will understand the hazards associated with using the product(s)?  Yes  No
17. Are any product warranties supplied with the product(s)? If **Yes**, please describe or provide a copy.  Yes  No

---



---

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

---



---

19. Have any insurer cancelled or refused to renew your products liability coverage?  Yes  No

If **Yes**, please explain.

---



---

20. Have there been any reported incidents or claims filed over any of your products in 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. If necessary, please continue on a separate sheet with your company's letterhead.

| Year | No. of Incidents | Brief Description | USA / Canada (\$) | Rest of The World (\$) |
|------|------------------|-------------------|-------------------|------------------------|
|      |                  |                   |                   |                        |
|      |                  |                   |                   |                        |
|      |                  |                   |                   |                        |
|      |                  |                   |                   |                        |
|      |                  |                   |                   |                        |

21. Product Liability Limit(s) and Deductible(s) required

|          | Limit (\$ Million) | Deductible |
|----------|--------------------|------------|
| Option 1 |                    |            |
| Option 2 |                    |            |
| Option 3 |                    |            |
|          |                    |            |

**Declaration**

We have read and understood the Important Notices contained in this application.

We agree that this proposal, together with any other information or documents supplied with this proposal, will form the basis of any contract of insurance.

We acknowledge that if this application is accepted, the contract of insurance will be subject to the terms and conditions as set out in the policy wording as issued or as otherwise specifically varied in writing by the insurer.

We declare, after inquiry of all relevant persons within our organisation, that the statements, particulars and information contained in this application and in any documents accompanying this application are true and correct in every detail and that no other material facts have been misstated, suppressed or omitted.

We undertake to inform the insurer of any material alteration to those facts before completion of the contract of insurance.

This form must be reviewed, signed and dated by a duly authorised Principal or Director.

By signing this form, I/We hereby declare that the above information provide by me/us or on my/our behalf in the application and other relevant information/document submitted for this application are true and complete and I/We agree that this application shall be the basis of the contract between me/us and Chubb Insurance Singapore Limited, otherwise the policy issued may be void or voidable.

The insurance applied for shall only take effect when the application has been approved by Chubb Insurance Singapore Limited.

\_\_\_\_\_  
Signature of Proposer / Company Stamp

\_\_\_\_\_  
Name and Designation of Proposer

\_\_\_\_\_  
Date

**Contact Us**

Chubb Insurance Singapore Limited  
Co Regn. No.: 199702449H  
138 Market Street  
#11-01 CapitaGreen  
Singapore 048946  
O +65 6398 8000  
F +65 6298 1055  
www.chubb.com/sg

**Chubb. Insured.**<sup>TM</sup>