



**ORIENT INSURANCE LTD**

**PRODUCTS LIABILITY-PROPOSAL FORM**

Proposer & Address	
Website:	
Broker (if applicable)	
<b>DETAILED DESCRIPTION OF BUSINESS OPERATIONS</b>	
Year Established	
Location(s) & Countries of Operations	
Estimated Turnover	
Actual Turnover	Last Year: Year before the last:
Period of Insurance	
Cover	Product Liability
Territory	
Jurisdiction	
Limit of Liability	Per Occurrence & in the aggregate:
Claims Experience	Since Established: Since last 5 years:
Current/Previous Insurance Details Including whether the insured has been declined for insurance in the past	-
Other Information	

Products	Attach separate list with the specifications, Trade/ Patent Names, description of end usage, hazards involved, quality control programs and recall plans.					
Estimated Turnover Split in <b>** Attach separate list if required.</b>	<b>List of Products</b>	<b>USA/Canada/Australia</b>	<b>Europe</b>	<b>Local</b>	<b>ROW</b>	<b>Total</b>
Please specify currency						
Name of Manufacturer/Supplier from whom products are supplied						
Does the insured alter/redesign/pack the products supplied by the Mfr/Supplier						
List New Products introduced during last 3 years						
List New Products proposed for introduction during the ensuing year						
List product/s that has been discontinued/recalled during last 5 years and give reasons						
Details of Hold Harmless / Contractual Agreements (Attach copy if applicable)						
Details of Business Accreditations or National Safety Standards						
Are Record Keeping procedures kept on the Products; if so please mention for how many years?	For Customers :  For Manufacturers/Suppliers:					
Are any of the products used as part of / component of aircraft/marine craft / water craft t/missiles / Offshore, if so provide details						
Does the product carry adequate instructions for usage and hazard warnings						

PLEASE PROVIDE THE BELOW INFORMATION FOR USA/Canada/Australia EXPOSURES: -

Does the insured have any domiciled operations in these countries / how is the insured represented?						
Years of Operations						
Turnover for last 5 years <b>** Attach separate list if required.</b>  Please specify currency	List of Products	Year I	Year II	Year III	Year IV	Year V
Claims History	Since Established: Since last 5 years:					
Current/Previous Insurance Details Including whether the insured has been declined for insurance in the past						

**DECLARATION:**

I declare that the statements and particulars in this proposal are true and that no material facts have been mis-stated or suppressed after enquiry. I agree that this proposal, together with any other information supplied, shall form the basis of any contract of insurance effected thereon. I undertake to inform the insurers of any material alteration to those facts occurring before the completion of the contract of insurance.

Signed for and on behalf of: (Name of Insured)

By: (Name and Position/Title of Proposer)

Date:

**Note:** This Insurance will not be in force until the premium has been paid and intimation of acceptance of this proposal conveyed to the Insured.