



UNITED INDIA INSURANCE COMPANY LIMITED

REGD & HEAD OFFICE: NO 24 WHITES ROAD CHENNAI – 600 014

PROPOSAL FORM FOR PRODUCT LIABILITY INSURANCE Liability of the Company does not commence until the proposal has been accepted and the Premium Paid

1.	Name of the proposer (in full) Names of the Subsidiaries & Associate Cos: (in full)	
2.	Registered Address of the Proposer Registered Address of the Subsidiaries & Associate Cos.	
2A	Please state whether cover required for subsidiary & associate companies	
3.	Business address of the proposer	
4.	Location from where distribution is effected	
5.	How long have you been in the business?	
6.	Do you manufacture the complete product? If not what components / parts are purchased by you?	
7.	Can the date of manufacture of each product be identified by the factory number stamped on it?	
8.	Do you have any assets and / or representation and / or any domiciled operation and / or activities and / or association (Financial, Technical or otherwise) in U.S.A / Canada and other foreign countries? If so, please furnish details of association.	
9.	Are you affiliated in any manner with any of yours suppliers and distributors?	
10.	Please give full description of the following for the last three years: a) Year b) Goods manufactured and estimated turnover c) Goods sold or supplied and estimated turnover d) Goods repaired, serviced, tested and processed and estimated: (Please attach leaflets, brochures and / or any other literature)	19--- 19 ---- 19 ----

11.	<p>Please furnish details of products to be considered for insurance which are manufactured and / or designed</p> <p>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 use: g) Intended use: h) Intended customer/ultimate user i) Warranties as to use: j) Technical know-how / collaboration:</p>	
12.	Do you have Research & Development Dept?	
13.	Please specify any products which are inflammable / explosive, dangerous, radioactive, harmful to health, poisonous by themselves or any combination with others. If so, please give full details and state what precautions are taken.	
14.	Please state whether goods sold or supplied subject to disclaimer notice and if so, please give full text, particulars or such disclaimer notice	
15.	Please furnish particulars of new products to be market during the next 12 months.	
16.	Please furnish details and list of products discontinued recalled or withdrawn during the last five years.	
17.	Please elaborate complaints incident accident reporting system in your organisation.	
18.	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.	
19.	Do your products comply with standards like ISI or any other Standards?	
20.	Have your products ever been subject to any enquiry or investigation by any Government agency, concerning the efficiency / adequacy or labeling, hazardous contents or safety? If so please give full details.	
21.	What is the failure rate of each product after hand over?	
22.	Do you issue guarantees / and / or warranties to purchasers? If so, for what period do you guarantee and / or warrant your product?	

23.	Particulars regarding directions for use a) Is it by printing on container or product? b) Is it by separate leaflet or brochure? c) Is the hazard warning clearly shown?			
24.	Please furnish claims history for the last three years in the following format: a) Year b) No. of claims: c) Total amount paid: Bodily injury: Rs. Property Damage: Rs. Cost of defence action Rs. Total amt. Of pending claims: Rs. Bodily injury Rs. Property Damage Rs. Cost of defence action Rs.	19 ---	19 ---	19 ----
25.	Are you aware of any incidents conditions, defects circumstances or suspected defects which may result in claim?			
26.	Have your personal or renewal been declined or premium increased special terms imposed by any Insurer? If so, please give particulars:			
27.	Please indicate the limit of indemnity required for domestic sales. i. any one accident: Rs. ii. Aggregate during the policy period Rs.			
28.	Please indicate the Voluntary Excess for each claim (in addition to Compulsory Excess) you are willing to bear.	U.S.A Canada	All other countries including India	
29.	Please quantify sales turnover product wise for the last 3 years as under: a) Domestic: b) USA/ Canada: c) OECD countries (as listed below) d) Other countries including non OECD countries. Organisation for Economic Co-operation and development (OECD) countries: Australia, Belgium, Denmark, Finland, France, Germany (FRG), Great Britain, Greece, Iceland, Ireland, Italy, Japan, Luxembourg, Netherlands, Newzeland, Norway, Portugal, Spain, Sweden, Switzerland, Turkey and Yugoslavia.			
30.	How long have you been exporting to the following countries and do you require cover for exports to these countries? a) USA and Canada? b) OECD countries:			

	c) Other countries including non-OECD countries (Cover for exports will be granted only if domestic turnover is covered)	
31.	Do you require "Limited Vendor's Endorsements"? (Please enclose a copy of the contract with the Vendors and give the names to each product of export to such countries)	
32.	Do you comply with USA / Canadian State / Federal Laws/ Standards applicable to each product of export to such countries?	
33.	Please give details of any power of attorney to Assets in USA / Canada.	
34.	Policy period:	From 12.00 midnight of---- To 12.00 midnight of -----

I/ We desire to effect an Insurance in terms of the Product Insurance Policy of the ----- against the limits of indemnity specified above and I/We hereby declare that statutory provisions relating to my/our business proposed for Insurance are complied with. I / We further declare that all the above statements and particulars are true, and I / We have not omitted, suppressed, misrepresented or misstated any material fact and I / We agree that this declaration shall be the basis of the contract between me/us and the Company and be incorporated therein.

Place :

Date :

Signature of Proposer

**SECTION 41 OF THE INSURANCE ACT 1938
PROHIBITION OF REBATES**

1. 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 or risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out 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.
2. Any person making default in complying with the provisions of this Section shall be punishable with fine, which may extend to Five hundred rupees.