

Muskurate Raho

Proposal Form For Product Liability Insurance

1.	Name of the Proposer (in full).	ny does not commence until the proposal has been accepted and the									
	Names of the Subsidiaries & Associate Cos. (in full).										
2.	Registered Address of the Proposer.										
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 USA/Canada and other foreign countries? If so, please furnish details of association.										
9.	Are you affiliated in any manner with any of your suppliers and distributors?										
10.	Please give full description of the following for the last three years:										
	10(a) information for all goods:										
		Actual Turnover for last three years			Projected turnover for the proposed period of insurance						
		20_____	20_____	20_____	20_____						
	(i) Goods manufactured										
	(ii) Goods sold/supplied										
	(iii) Goods repaired, serviced, tested and processed										
	(Please attach leaflets, brochures and/or any other literature).										
11.a	Please furnish details of products to be considered for insurance which are manufactured and/or designed:										
	(a) Name of the product:										
	(b) Principal component/s:										
	(c) Annual Units produced:										
	(d) Annual turnover:										
	(e) How long has it been in the market?										

Toll Free: 1-800-103-5499; SMS "claim" to 56161
 GSTIN: 06AAACI7573H1ZG; SAC Code: 9971
 Regd. Office: IFFCO SADAN, C1 Distt Centre, Saket, New Delhi -110017
 Corporate Identification Number (CIN) U74899DL2000PLC107621, IRDA Reg. No. 106
 Consolidated Stamp Duty Deposited as per the order of Government of National Capital Territory of Delhi

	(f) Expected life of use:	
	(g) Intended customer/ultimate user:	
	(h) Warranties as to use:	
	(i) Technical know-how/collaboration:	
11.b.	Additional information for goods to be covered under insurance:	
		Actual Turnover for last three years
		Projected turnover for the proposed period of insurance
		20_____ 20_____ 20_____ 20_____
	(i) Goods manufactured	
	(ii) Goods sold/supplied	
	(iii) Goods repaired, serviced, tested and processed	
	(Please attach leaflets, brochures and/or any other literature).	
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 in combination with others. If so, please give full details and State what precautions are taken.	
14.	Please state whether good sold or supplied subject to disclaimer notice, and if so, please give full text, particulars of such disclaimer notice.	
15.	Please furnish particulars of new products to be marketed during the next 12 months.	
16.	Please furnish details and list of products discontinued or 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:
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25.	Are you aware of any incidents, conditions, defects, circumstances or suspected defects which may result in claim?	
26.	Has your proposal 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:	
	(ii) Aggregate during the policy period	
28.	Please indicate the Voluntary Excess for each claim (in addition to Compulsory Excess) you are willing to bear.	U.S.A. <u>Canada</u>
		All other countries including <u>India</u> .
29.	(i) Please quantify sales turnover product wise for the last 3 years as under:	
	(a) Domestic	
	(b) USA/Canada	
	(c) OECD countries (to list)	
	(d) Other countries including non-OECD countries.	
	(ii) Please quantify sales turnover product wise projected for proposed year of insurance as under:	
	(a) Domestic	
	(b) USA/Canada	
	(c) OECD countries (to list)	
	(d) Other countries including non-OECD countries.	
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 Endorsement"? (Please enclose a copy of the contract with the Vendor/s 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?	

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33.	Please give details of any power of attorney on 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 Liability Policy of the IFFCO-Tokio General Insurance Company Ltd. against the limits of indemnity specified above and I/We hereby declare that all 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: DD/ MM/ YYYY

Signature of the Proposer

**Section – 41 of 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 of risk relating to lives or property in India any rebate of the whole or part of the commission payable nor shall any person taking out or renewing or continuing a policy accept any rebate except such rebate as may be allowed in accordance with the prospectus 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 be extended to ten lacs rupees.

[Clear Form](#)

[Print Form](#)

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