

3. How long have your product been on the market?					
4. Specify any products which are inflammable, explosive, poisonous, radioactive or in any way dangerous:					
5. Are directions for use given a) by printing on the container or the product? b) by separate leaflet or brochure?	Yes No Yes No				
6. Describe the containers					
7. Are the products used as components? If yes, with what type of products and by what industries?	Yes No				
8. If any of your products are assembled by another firm (or person) or if your products incorporate parts manufactured elsewhere, please give details below:					
9. Are any of your products or components thereof manufacture abroad? If yes, please give details below, including country of manufacture and value of such products or components:	Yes No				
10. Give the following details regarding products supplied or distributed abroad:					
<table border="1"> <thead> <tr> <th data-bbox="212 1753 730 1822">Country</th> <th data-bbox="730 1753 1370 1822">Annual Turnover</th> </tr> </thead> <tbody> <tr> <td data-bbox="212 1822 730 1869"></td> <td data-bbox="730 1822 1370 1869"></td> </tr> </tbody> </table>	Country	Annual Turnover			
Country	Annual Turnover				

How are you represented in those countries?
(e.g. through agencies, concessionaires or your own Branches {i.e. direct})

11. Do you keep record of the sources of supply of goods and materials which you handle or use?	Yes	No
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12. Do you enter into any agreements or undertakings to indemnify (or hold harmless suppliers of material or components or subcontractors or processors in respect of any injury or damage? If yes, please supply wordings	Yes	No
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13. Do you issue any written guarantee or conditions of sales with or in respect of any of your products? If yes, please specify wordings	Yes	No
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Note: For all Products concerned in this enquiry it is essential that descriptive leaflets or brochures, specimen labels, guarantees and conditions of sale are attached to this questionnaire

III. Previous Insurance/Previous Claims

1. Has the proposer previously been insured? If so, please specify:	Yes	No
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	Name of Insurer	Policy Period	Limit of Indemnity
1.			
2.			
3.			
4.			
5.			

2. Has a previous application been declined?	Yes	No
Has a previous Insurance	a) required increased premium?	Yes No
	b) required special restrictions?	Yes No
	c) been terminated / not been renewed by an Insurer?	Yes No

If so, please give detailed information.

3. In respect of the products proposed for this insurance, please give details of:

a) any claims made or pending against you

Year	Number of Claims	Paid	Outstanding

Please give detailed information regarding each claim on separate sheet

b) any circumstances or incidents which may result in a claim or claim against your firm?

IV. **Indemnity required**

1. Limit any one occurrence

2. Aggregate Limit

3. Deductible each and every claim to be borne by insured

I/We declare that the statements and particulars in this proposal are true and that I/we have not misstated or suppressed any material facts. I/We agree that this proposal, together with any other information supplied by me/us, shall form the basis of any contract or insurance effected thereon.

Signing this proposal form does not bind the proposer or underwriter to complete this insurance.

Dated this _____ day of _____ 20____

For and on behalf of _____
(insert name of firm)

Signature of partner or principal _____

Please attach a brochure concerning your firm.