

Bajaj Allianz General Insurance Co Ltd

PROPOSAL FORM FOR PRODUCT LIABILITY INSURANCE PRODUCT CODE: 3302

Important: this proposal for insurance will be the basis of any subsequent insurance policy that we issue to you. It is essential that you answer fully and accurately all of the questions contained in this proposal, and that you provide us with any and all additional information relevant to the risk to be insured or our decision as to the acceptance of the risk or the terms upon which it should be accepted. Your failure to comply with this obligation now may result in the rejection of your claim and the avoidance of your policy when a claim is made. If you are in any doubt about the information to be given, please seek the advice and guidance of your insurance advisor or agent. If there is insufficient space in this proposal for you to provide relevant information, whether as requested or otherwise, please attach a separate sheet to this proposal and return it to us.

LIABILITY OF THE COMPANY DOES NOT COMMENCE UNTIL THE
PROPOSAL HAS BEEN ACCEPTED AND THE PREMIUM PAID

Section A

Proposer Information

- 1) Name of Proposer (in full) -----
- 2) Registered Address -----

Company website: -----
- 3) Description of Business Activity -----

- 4) Year of Incorporation -----
- 5) Name of any Subsidiary Company &
Associated Company (in full) -----

Section B

Product Details

- 6) Name of Products to be insured : -----
- 7) Principal Components : -----
- 8) Do you manufacture the complete product ☐ YES ☐ NO

If "NO" please specify components/parts that are purchased

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9) Do you retain rights of recovery against the manufacturers? ☐ YES ☐ NO

10) Do you alter, adapt or change the form of any product which you do not manufacturer? ☐ YES ☐ NO

If "YES" please furnish details : -----

9) How long has the products been in the market : -----

10) Expected life of product : -----

11) Intended customer/ ultimate end user : -----

12) Date of manufacture of each product identifiable
By factory number stamped on it : ☐ YES ☐ NO

13) Warranties as to use of product : -----

14) Technical Know-How Collaboration : -----

15) Please specify particulars of products to be marketed during next 12 months : -----

Will any of your products be used

i) in aircraft or marine craft ☐ YES ☐ NO

ii) off-shore ☐ YES ☐ NO

If "YES" to either (i) or (ii) please state purpose of use and estimated turnover applicable for the next 12 months for each product

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Section C: Quality and Precautionary Measures:-

- 16) Do you have a R&D Department ☐ YES ☐ NO
- 17) Please furnish details and lists of products discontinued or recalled or withdrawn during the last 5 years. : _____

- 18) Please specify any products which are inflammable/explosive, dangerous, radioactive, harmful to health, poisonous by themselves or in combination with other products. Please give full details and state what precautions are taken. : _____

- 19) Whether goods are sold or supplied subject to a Disclaimer notice? ☐ YES ☐ NO
 If "YES", please give full text of such disclaimer notice.
- 20) Please provide details of the Complaints/accident reporting system in your organisation. :
- 21) 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.
- 22) Do your products comply with any recognized standards, such as ISI? Please furnish details ☐ YES ☐ NO
- 23) What is the failure rate of each product after hand over?
- 24) Do you issue guarantees and/or warranties to purchaser? ☐ YES ☐ NO

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If so, for what period do you guarantee and/
or warrant your product?

25) Particulars regarding directions for use:

- a) Is it by printing on the container or the product? ☐ YES ☐ NO
- b) Is it by separate leaflet or brochure? ☐ YES ☐ NO
- c) Is the hazard warning clearly shown? ☐ YES ☐ NO

Section D: Turnover details

26) Actual Turnover: Please furnish actual turnover details for the current financial year previous 3 financial years

Year	Sales Turnover			
	India	USA/Canada	OECD countries (list)	Other countries including non-OECD countries (list)

27) Estimated (Projected) Turnover: Please furnish estimated turnover details for the proposed period of insurance

Turnover of the Company		In Rs Crores
India		
US / Canada		
OECD Countries		
Non-OECD Countries		

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28) Do you require coverage for exports? ☐ YES ☐ NO

If "YES", How long have you been exporting to these countries

- USA/Canada
- OECD
- Non OECD

US/Canada Exposure Details:

29) Do you have any assets and/or representation and/or any domiciled operation and/or activities and/or association (Financial, Technical or otherwise) in the USA/Canada or other foreign countries? ☐ YES ☐ NO

If "YES" please furnish details:

30) Do you comply with USA/Canadian State/Federal Laws/Standards applicable to each product to be exported to such countries? ☐ YES ☐ NO

If "YES" please furnish details:

31) Please give details of any power of attorney on assets in USA/Canada.

Section E Previous Insurance History

Year	Insurer	Limit of Indemnity	Premium	Deductible

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Section F

Claims & Known Circumstances

- 32) Have your products ever been the subject of any enquiry or investigation by any Government agency, concerning the efficiency/adequacy or labeling, hazardous contents or safety? : ☐ YES ☐ NO

If "YES", please give full details

- 33) (a) Please give claims history for the last 3 years in the following format :

Year	Nature of claim	Claim amount paid including defense cost	Insurer	Status of the claim

- (b) Are you aware of any incidents, Conditions, defects, circumstances or suspected defects which may result in a claim? ☐ YES ☐ NO

If "YES", please give particulars

- (c) Has your proposal or renewal been declined or premium been increased or special terms been imposed by any insurer ? ☐ YES ☐ NO

If "YES", please give particulars

SECTION G: Coverage and Extensions Required

- 34) Period of Insurance required : From (time) of ----- (date)

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To 12.00 midnight of -----
(date)

35) Limit of Indemnity Required

Any one claim : INR -----

Aggregate during the Period of Insurance : INR -----

36) Please indicate voluntary excess

: INR -----

(This excess will apply to each and every
Claim)

37) Please indicate extensions required

a) Vendor's Extension ☐ YES ☐ NO

b) Technical Collaborator's Extension ☐ YES ☐ NO

c) Any other (please specify)

For Vendor's Extension:

Please provide copy of contract with the vendors and give the names of each
Product to be exported to such countries.

For Contract Specific Cover:

Please provide copy of contract along with contract specific turnover bifurcation.

Bajaj Allianz General Insurance Co Ltd**DECLARATION**

I / we desire to effect an insurance in terms of the public Liability Policy of the company against the limits of indemnity specified above. I/we hereby declare that all statutory provisions relating to my / our business proposed for insurance are complied with. I/we further declare that 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.

I/We have read and understood the Privacy Policy of your Company and I hereby unconditionally agree and bind myself to all terms and conditions of your Privacy Policy, as amended, from time to time.

Place :

Date :

Signature of the proposer

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

- (1) The person shall allow or offer to allow either directly or indirectly as in 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 or any rebate except such rebate as may be allowed in accordance with the prospectus in tables of the Insurer.

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- (2) Any person making default in complying with the provisions of this section shall be with fine which may extend to five hundred rupees.