



# SHARJAH INSURANCE COMPANY

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## ***PRODUCTS LIABILITY AND/OR PRODUCT GUARANTEE PROPOSAL FORM***

<p>1. Name &amp; Address of Company to be Insured.</p> <p>_____</p> <p>P.O. Box No. _____, _____, U.A.E</p> <p>Tel. No.: _____ Facsimile No.: _____</p> <p>Name of Risk Manager: _____</p>
<p>2. Date first established _____</p>
<p>3. Trading Name, (If different from the above). _____</p>
<p>4. Have you ever engaged in a similar activity under a different name? _____</p>
<p>5. Please advise whether you hold ISO accreditation.</p> <p>_____</p>
<p>6. Details of Associated Companies (Reason for inclusion e.g. management control, etc.)</p> <p>_____</p> <p>Affiliated Companies having "Common Management Control".</p> <p>_____</p> <p>_____</p>

7. Full Description of Proposer's activities:

*(Please identify products manufactured and designed by Proposer's own staff stating approximate percentages of turnover applicable to such products).*

<u>Activity</u>	<u>Date Commenced</u>	<u>Percentage of Turnover</u>
Manufacturing	_____	_____
Trading	_____	_____
Engineering	_____	_____
Installation	_____	_____
-----		100
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8. Has there been any major change in the above division (%) of activities over recent years or is any anticipated in the near future? \_\_\_\_\_

9. Please state your turnover for the past 5 financial years

	AED
Year 5	_____
Year 4	_____
Year 3	_____
Year 2	_____
Last Year	_____
Estimate for the current financial year	AED _____
Please state the commencement date of Your Financial Year	_____

10. Please provide a breakdown of Activity by Territory

Product	Territory	Approx. Percentage of Overall Turnover
_____	_____	_____
_____	_____	_____

11. Please provide Product Distribution by Territory.

Product	Territory	Approx. Percentage of Overall Turnover
_____	_____	_____
_____	_____	_____

12. Are there any unknown potential hazards associated with your product/ activity? \_\_\_\_\_

13. How and where do you dispose of manufacturing waste and effluent? Municipal Waste Disposal Area? \_\_\_\_\_

14. Do you own, operate or control any waste disposal area(s) or facilities? \_\_\_\_\_

15. Are any of your products knowingly incorporated, specially designed or manufactured for use in watercraft, automobiles, aircraft or other aerial devices or for the use in the nuclear or aerospace industries? \_\_\_\_\_

16. Do you manufacture and/or assemble the complete product? \_\_\_\_\_

17. Do you maintain and/or service the products? \_\_\_\_\_

18. Do dealers or distributors alter your products in any way or install, maintain or service your product? \_\_\_\_\_

19. Are any of your products incorporated into other manufacturers products? \_\_\_\_\_

20. Please advise whether your products carry:

The Company Name	_____
The Company Trademark	_____
Part Number	_____
Part Number	_____
Production Batch Number	_____
How long are records kept?	_____

21. Do you provide a Guarantee with your product? \_\_\_\_\_

**SPECIFIC TO PRODUCT GUARANTEE CUM RECALL**

22. Please provide details of any new products (for which indemnification is sought).

<u>Product</u>	<u>Turnover*** USD (million)</u>	<u>Date First Marketed</u>	<u>Own Design</u>	<u>Failure Rate</u>
_____				
_____				

23. Please provide details of any new products to be marketed for the next 12 months. Products are developed in accordance with customer's requirements and specifications in respect of size, capacity, weight, color, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

24. Do you have a Research and Development Department? \_\_\_\_\_

25. Please provide details of the:  
*Largest contracts in the last 3 years*

<u>Contract</u>	<u>Contract Value</u>	<u>Volume (million)</u>
_____		
_____		

\_\_\_\_\_

Average \_\_\_\_\_

Contract Value \_\_\_\_\_

Contract Volume \_\_\_\_\_

Production Batch Volume \_\_\_\_\_

26. Please provide details of Quality Control Procedures based on ISO 9001 applicable to incoming raw material and work in progress and finished products.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

27. Please advised the plans which exists to initiate a recall:

\_\_\_\_\_  
\_\_\_\_\_

28. Will it be necessary for your distributors to co-operate on handling a recall?  
\_\_\_\_\_

29. Are records maintained to trace the location of Products? How long are records kept? \_\_\_\_\_

30. Is it possible that other manufacturers might initiate a recall of your Products? \_\_\_\_\_

31. Please advise your likely cost of recall in the next 12 months.  
\_\_\_\_\_

***CLAIM HISTORY***

32. Please give full details of Public/Products (including Pollution) and other claims.

YEAR	PAID	OUTSTANDING	TOTAL
_____	_____	_____	_____
Year 5	_____	_____	_____
Year 4	_____	_____	_____
Year 3	_____	_____	_____
Year 2	_____	_____	_____
Present Year	_____	_____	_____

33. Please give full details of any claim (paid or outstanding) reported in the above table that exceeds L25, 000/- or equivalent currency.  
\_\_\_\_\_  
\_\_\_\_\_

***PREVIOUS INSURANCE HISTORY***

34. Has any application for this type of insurance ever been?

Declined? \_\_\_\_\_

Cancelled \_\_\_\_\_

Required Special Terms \_\_\_\_\_

35. Are there any other facts or circumstances of which you are aware and may effect Underwriters assessment of the risk? \_\_\_\_\_

36. Any other information relevant to the commencement of the risk.  
\_\_\_\_\_

**LIMITS OF INDEMNITY AND DEDUCTIBLE**

37. What is the Limit of Indemnity required for:

- a) Public Liability \_\_\_\_\_
- b) Product Liability \_\_\_\_\_
- c) Product Guarantee \_\_\_\_\_
- d) Product Recall \_\_\_\_\_

38. What is the Deductible you are prepared to carry (the percentage of loss you are willing to retain)?

- a) Public Liability \_\_\_\_\_
- b) Product Liability \_\_\_\_\_
- c) Product Guarantee \_\_\_\_\_
- d) Product Recall \_\_\_\_\_

I/We declare and warrant that after enquiry all statements and particulars contained in this proposal and addenda are true and that no information whatever has been withheld which might increase the risk of the Underwriters or influence the acceptance of this proposal and should the above particulars alter in any way, I/We will advise Underwriters as soon as practicable. I/We understand that failure to disclose any material facts, which would be likely to influence the acceptance and assessment of the proposal, may result in the Underwriters refusing to provide indemnity or voiding the policy in every respect. I/We hereby agree and accept the Declaration shall be the basis of the contract between both parties if entered into.

\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Designation of Signatory

- Attachments:
- 1. Appendix 1 – List or Group of Companies & their year of establishment.
  - 2. Appendix 2 – Activity by Territory
  - 3. Appendix 3 – Product by Territory
  - 4. Appendix 4 – Warranty (Product Guarantee given to Clients)