

**PUBLIC & PRODUCTS
LIABILITY
PROPOSAL FORM**

INSTRUCTIONS

Please:

1. Print clearly or type
2. ANSWER ALL QUESTIONS COMPLETELY
3. If there is insufficient space to completely answer a question, continue on a separate sheet of your firm's letterhead indicating the number of the question.
4. The form must be signed and dated by a Partner or Principal of the firm.

IMPORTANT NOTICE

It is your duty to disclose all material facts to underwriters. A material fact is one that is likely to influence an underwriter's judgment and acceptance of your proposal. If your proposal is a renewal, it should also include any change in facts previously advised to underwriters. If you are in any doubt about facts considered materials, disclose them. FAILURE TO DISCLOSE could prejudice your rights to recover in the event of a claim or allow underwriters to void the Policy.

The following list of questions is designed to provide a detailed breakdown of the Insured's activities. The questionnaire is not exhaustive and any additional information should be provided.

NAME OF INSURED (All Subsidiaries should be included)

.....

.....

.....

.....

.....

.....

ADDRESS (please show the Address required on the Policy)

.....

.....

.....

.....

.....

BUSINESS (Past and future activities should be shown, Brochures and technical information should be provided.)

.....

.....

.....

.....

.....

.....

CONTRACTUAL ARRANGEMENTS

A. Show the 5 largest Contracts

- (i) Customer
- (ii) Contract Value
- (iii) Brief Description

1.	(i)	2.	(i)
	(ii)		(ii)
	(iii)		(iii)
3.	(i)	4.	(i)
	(ii)		(ii)
	(iii)		(iii)
5.	(i)		
	(ii)		
	(iii)		

B. Please supply copies of your standard Terms and Conditions

C. Do you ever amend your standard terms and conditions? Yes No

If "yes", please supply a copy of the contract.

SUBCONTRACTORS

Please provide details of work sub-contracted to others.

.....

.....

.....

.....

.....

.....

What checks are carried out to ensure Sub-contractors carry adequate Public / Products Liability Insurance?

.....

.....

.....

.....

.....

(Where possible you should make sure Sub-contractors' Insurance Policies contain and Indemnity to Principals Clause and that an adequate Limit of Indemnity is provided.)

QUALITY CONTROL PROCEDURES

Are you accredited with a British Standard or equivalent? Yes No

If "No", please provide details of your Quality Control procedures as follows:

(i) Suppliers What Quality Control standards do you impose on your Suppliers?

.....
.....

What Checks do you impose on your Suppliers' Goods and Services?

.....
.....
.....
.....

(ii) Internal How long do you keep records of your own products?

.....

What checks are carried out to the product?

(a) During Manufacture

(b) After Completion

(iii) Customers If your products are incorporated into other finished products, what checks are used to ensure compatibility?

.....
.....
.....
.....

USA / CANADA (If you supply to either of these countries, please complete this section)

(i) Historical Turnover for last 5 years

YEAR	USA	CANADA	TOTAL
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Total	\$	\$	\$

(ii) Details of Products Discontinued or Withdrawn

.....

.....

.....

.....

.....

(iii) Details of Proposed New Products

.....

.....

.....

.....

(iv) Full description of products

.....
.....
.....
.....
.....

(v) How are your products distributed?

.....
.....
.....
.....

(vi) To which states do you supply in the USA?

.....
.....

(vii) Do you have any USA/Canada Representation? Yes No

If "Yes", please specify

.....
.....
.....
.....
.....

SALES ESTIMATES (projected over next 12 months)

Please specify as follows:

- (i) Sales to USA \$
- (ii) Sales to Canada \$
- (iii) Sales to U.K. \$
- (iv) Sales elsewhere \$

WORK AWAY

If you carry out manual work away from your premises please provide the following information:

- (i) Wageroll QAR

- (ii) Details of any work involving heat

.....
.....
.....
.....

- (iii) Details of any work outside the State of Qatar

.....
.....
.....
.....

Signing this Form does not bind the Proposer to complete the Insurance but it is agreed that this Form shall be the basis of the contract should Policy be issued.

I/We hereby declare that the above statements and particulars are true and the I/We have not suppressed or misstated any material facts (see question 11)

Signature of Proposer Date