

## PRODUCTS LIABILITY INSURANCE QUESTIONNAIRE

### 1. APPLICANT

(a) Full Name: \_\_\_\_\_

(b) Principal Address: \_\_\_\_\_

\_\_\_\_\_

E-Mail: \_\_\_\_\_

(c) Subsidiaries or Divisions: \_\_\_\_\_

(d) Sole venture  Joint venture  Other

(e) Manufacturer  Wholesaler  Retailer  Importer

Exporter

(f) Years in business under present name \_\_\_\_\_

(g) Prior experience in this business under another name \_\_\_\_\_

(h) Present affiliation with other firms \_\_\_\_\_

(i) Sales and Receipts estimated for new policy year \_\_\_\_\_

(j) Turnover for last 12 months \_\_\_\_\_

### 2. PRODUCTS

Products and Services	Years Involved	Principal End User	% of Gross Annual Sales

**NOTE:** (Attach brochures, catalogs, labels instruction manuals, annual reports and Product Surveys)

**3. CLAIM HISTORY – 5 years or more**

(a) Total aggregate losses, from ground up, including defence costs:

Policy Period	No. of Claims	Total Amount Incurred

(b) Individual losses, valued \$5,000 or more from the ground up, including defence costs:

Date of Occurrence	Product Involved	Year Mfgd.	Describe Occurrence & Injury or Damage	Amount Paid & Reserved

(c) Are you aware of any other incidents which may result in claims against you? Yes  No

**If yes, please give details:**

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**4. PRODUCT AND SALES DATA**

(a) For Principal Products or Service, indicate:

	Total Sales or Receipts	Product or Service	% of Total Sales	No. of Units Sold
Past 12 months				
2 <sup>nd</sup> Prior Year				
3 <sup>rd</sup> Prior Year				
4 <sup>th</sup> Prior Year				
5 <sup>th</sup> Prior Year				

What percentage of total sales are replacement parts? \_\_\_\_\_ %

(b) Do you import products or component parts? Yes  No

(c) Do you export products or have foreign operations? Yes  No

(d) Could any of your products or services be used on or in connection with:

- 1. aircraft/missile/aerospace Yes  No
- 2. watercraft or offshore? Yes  No
- 3. transportation/transit? Yes  No
- 4. life support service? Yes  No

(e) Do you make or handle any product that is explosive, flammable, or poisonous either by itself or in combination with other materials? Yes  No

(f) Could any of your products be classified as:

1. pharmaceuticals or medical devices Yes  No

2. cosmetics Yes  No

(g) Are any of your products sold under another's name or label? Yes  No

(h) Do you purchase materials or components from others? Yes  No

**PLEASE EXPLAIN ALL OF THE ABOVE "YES" ANSWERS BELOW:**

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(i) Briefly describe how your product(s) are to be used:

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**5. PROCESSING**

(a) Do others assemble your products? Yes  No

If assembled by others, do you supervise? Yes  No

(b) If installed by others, do you supervise or furnish instruction for the installation? Yes  No

(c) If you maintain and service your products, attach a copy of your standard service Contract. Yes  No

(d) Who packages your products? \_\_\_\_\_

Who designs your packaging? \_\_\_\_\_

Who supply the packaging materials? \_\_\_\_\_

How are they packed when sold? \_\_\_\_\_

Is any sterile packaging involved? Yes  No

Do you package for others? Yes  No

Do you package under trade names other than your own? Yes  No

**6. MARKETING**

(a) Percentage of total sales to: Wholesalers \_\_\_\_% Retailers \_\_\_\_% Consumers \_\_\_\_%

(b) Suppliers and Distributors of your products

(i) Do you hold them harmless or insure them? Yes  No

(ii) Do they hold you harmless or insure you? Yes  No

If yes to either i or ii, please explain:

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**7. LOSS PREVENTION**

(a) Have your products ever been subject to inquiry or investigation in relation to product safety by any governmental agency? If yes, attach details. Yes  No

(b) Do you have a written product recall plan? If yes, please attach. Yes  No

(c) Have you ever recalled products because of a potential product safety hazard? If yes, attach details and indicate percent of recovery. Yes  No

(d) Has your management issued a written policy statement on product safety which has been communicated to all employees? If yes, please attach. Yes  No

(e) Do you have a written product safety program for which specific individuals have responsibility for implementation? If yes, attach copy or outline. Yes  No

**8. PRODUCT DESIGN**

(a) Do you carry out your own design work? Yes  No

(b) Do you maintain records of design changes and reasons justifying these changes? Yes  No

(c) Are your designs subject to independent external review, testing or certification? If so, attach details and dates. Yes  No

(d) Are your products designed, tested, labeled and manufactured:

(i) to meet or exceed all government and industry standards? Yes  No

(ii) for optimum safety in spite of misuse or abuse? Yes  No

**9. QUALITY CONTROL AND TESTING**

(a) Are written testing procedures followed? Yes  No

(b) Do you have a quality control manager responsible only to top management? (c) Yes  No

Supplies and components:

(i) Are they ordered to your specifications? Yes  No

(ii) Have you determined which ones are critical to the safety of your final product? Yes  No

(iii) List those critical items, indicating whether testing is on a sample basis or on all units. Yes  No

(iv) Are warranties obtained from all suppliers? Yes  No

(d) Final Products:

(i) Briefly describe tests applied before sales: \_\_\_\_\_

(ii) What percentages are tested? \_\_\_\_\_ %

(iii) Are records of quality control test results kept so that you can identify at a later date what tests have been applied to a given product at a given time? Yes  No

(iv) How far back are your records kept? (specify date) Yes  No

(v) If your products are manufactured to the specification of your customers, do they test the product upon receipt? Yes  No

(vi) Do you receive an acceptance sign-off from your customer? Yes  No

**10. INSTRUCTIONS/WARNINGS/ADVERTISING/WARRANTIES**

(a) Are hazards inherent in the final product, and warnings against foreseeable Misuse and abuse made known to the ultimate user by:

(i) warning labels at the point of hazard? Yes  No

(ii) written instructions? Yes  No

(iii) other means? (attach details) Yes  No

(b) Are warnings / instructions in English? Yes  No

(c) Are instructions, warnings, labels and advertising texts subject to review, to ensure that they are complete and easily understood by the ultimate user, so as to avoid overstatement in relation to safety, or omissions in relation to hazards, by:

(i) legal counsel? Yes  No

- (ii) top management? Yes  No
- (iii) others? (attach details) Yes  No
- (d) Do you expressly disclaim or limit warranties for your products? Yes  No
- (e) Are all warranties and/or disclaimers reviewed by legal counsel? Yes  No
- (f) Do you provide any specific training or instructions for the ultimate user in the Proper use of your product? If yes, please describe. Yes  No
- (g) Are salesmen and distributors made aware of your desire to be informed of Cases where your product is used for a purpose for which was not designed? Yes  No

**11. LOSS CONTROL AND DEFENSE**

(a) Explain how you can identify your products and parts from similar competitors' products and parts:

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(b) Can you determine, based on available records for all products you have sold:

- (i) when any given product was manufactured? Yes  No  (ii) to whom it was sold, and the date of sale? Yes  No  (iii) who supplied the parts and which of these go into the final products? Yes  No

(c) Do you maintain copies of old instructions or operation manuals and advertising Materials? Yes  No

(d) Accident procedure:

- (i) Do you have a written procedure for obtaining information about product complaints, accidents and injuries involving your product? Yes  No
- (ii) Have you made distributors aware of your desire for prompt notice of all complaints, accidents and injuries involving your product? Yes  No
- (iii) Does your procedure provide for examining and preserving any allegedly defective product with the results of such examination recorded? Yes  No
- (iv) Do reports on complaints, accidents, injuries, and the examination of product involved go to the person responsible for product safety? Yes  No
- (v) Are results used for improving the product/process procedures? Yes  No

**12. INSURANCE REQUESTED:**

(a) Limit per incident \_\_\_\_\_ (b) Limit per year \_\_\_\_\_

(c) Proposed effective date \_\_\_\_\_

(d) Has any insurer ever cancelled, restricted or refused to renew your liability insurance? If yes, please explain. Yes  No

**ADDITIONAL EXPLANATION TO THE QUESTIONS DESIGNATED**

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I/We declare that the statements and particulars in this proposal are true and that I/We have not mis-stated 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 of insurance effected thereon. I/We undertake to inform insurers of any material alteration to these facts whether occurring before or after commencement of the contract of insurance.

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**Signature:**

**Name:**

**Title:**

**Date:**