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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:

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 nd Prior Year				
3 rd Prior Year				
4 th Prior Year				
5 th 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:

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

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:

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:

(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

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.

Signature:

Name:

Title:

Date: