

# PUBLIC & PRODUCTS LIABILITY

BROKER / INSURANCE AGENT



**Marketform**  
 Syndicate 2468 at Lloyd's and / or Acting as agent for  
 Syndicate 2468 at Lloyd's

PLEASE READ THESE GUIDANCE NOTES **BEFORE** COMPLETING THE PROPOSAL FORM. WHERE FURTHER INFORMATION IS REQUIRED PLEASE REFER TO YOUR BROKER / INSURANCE AGENT.

**PLEASE NOTE** This Proposal Form may be used for indemnification on a CLAIMS MADE BASIS. This policy only responds to "Claims" made against the Insured and notified to Underwriters during the period of insurance.

- This Proposal Form must be typed, or completed in ink and signed and dated by the Proposer. Please answer every question fully, and state "NIL" or "NONE" as applicable. Incomplete answers may not be accepted and can delay quotation.
- Please submit, with the Proposal Form, all relevant information including Financial Report and Accounts, Brochures etc.
- Should there be insufficient room in the Proposal Form for full details, please attach further information on signed and dated sheets, wherever possible following the same format and question number.
- It is the duty of the Proposer to disclose all material facts to Underwriters. Where this is omitted, the Underwriters may avoid their obligation under the Policy.
- For the purpose of the Proposal and for all purposes relating to any policy issued pursuant to this Proposal, a 'material fact' shall be deemed to be one that would be likely to influence an Underwriter's judgment and acceptance of your Proposal.
- Upon acceptance of the Underwriters' terms and conditions and payment of the premium, all information provided by the Proposer together with the guidance notes will be deemed to be incorporated in the contract between Underwriters and the Insured.

**Copies of the Proposal Forms should be retained for your own records.**

1. Company name:  
 (Note: Cover will automatically apply to all subsidiary companies provided details are included in all Questions)

2. Trading name (if different from the above):

3. Have you ever engaged in a similar activity under a different name?  
 YES  NO

If 'YES' please give full details:

  


4. Principal address of the Company:

  
  
  
 Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_  
 Facsimile Number: \_\_\_\_\_  
 Name of risk manager: \_\_\_\_\_

5. Please advise whether you hold ISO accreditation or similar:

  


6. When was the Company established / commenced trading?

  


**SIGNING OF THIS PROPOSAL FORM DOES NOT BIND THE PROPOSER OR UNDERWRITERS TO COMPLETE A CONTRACT OF INSURANCE**

**Notice to Proposers resident in the EU**  
 The parties completing this Contract are free to choose the law applicable to this Contract. However, unless it is specifically agreed to the contrary, the Contract shall be subject to the law of the Country stipulated in the applicable EC Insurances pre-contractually required in accordance with the Third EU Non-Life Directive.

7. Please detail all Associated Companies to be included:

Name of Associated Company	Reason for inclusion e.g. management control etc.

8. Please provide a description of Activities (Past and Present). This breakdown will give Underwriters a broad understanding of the risk. The list will not be considered definitive, as it is appreciated that ancillary activities will be undertaken. Any major variation from the overall pattern would, however, be considered material information requiring disclosure. It is important that all past activities are detailed if the Company seeks indemnification of such activities from Underwriters.

Activity	Date commenced	Percentage of Turnover

Has there been any major change in the above division (%) of activities over recent years or is any anticipated in the near future?

YES  NO

If 'YES' Please give full details:


9. Please state your Turnover / Gross Receipts for the past 5 financial years:

year 5
year 4
year 3
year 2
last year
Estimate for the current financial year
Forecast for the next financial year
Please state the commencement date of your Financial year

10. Please provide a breakdown of Activity by Territory:

Activity	Territory	Approximate Percentage of overall Turnover

11. Please provide the Product distribution by Territory:

Product	Territory	Approximate Percentage of overall Turnover

12. Are there any known or unusual potential hazards associated with your product/activity?

YES  NO

If 'YES' please give full details of warnings given to users of these hazards:


13. How and where do you dispose of manufacturing waste and effluent?


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

YES  NO

If 'YES' please give full details:


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?

YES  NO

If 'YES' please give full details:


16. Do you manufacture and/or assemble the complete Product?

YES  NO

If 'NO' are rights of recourse always retained against the Subcontractor?

YES  NO

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

YES  NO

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

YES  NO

If 'YES' are rights of recourse always retained against such dealers or distributors?

YES  NO

19. Are any of your Products incorporated into other manufacturers Products?

YES  NO

If 'YES' please give full details:


20. Please advise whether your products carry:

The company name YES  NO

The company trade mark YES  NO

A part number YES  NO

A production batch number YES  NO

How long are records kept?

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21. Do you provide a Guarantee with your product?

YES  NO

If 'YES' please give full details:


22. Do you:

own, lease or charter aircraft or watercraft?

YES  NO

own or operate an airstrip?

YES  NO

provide any aviation/marine refuelling facilities?

YES  NO

If the answer to any of the above is 'YES' please give full details:


**PREVIOUS INSURANCE HISTORY**

PLEASE REFER TO YOUR BROKER/INSURANCE AGENT IF YOU ARE IN ANY DOUBT AS TO THE INFORMATION REQUIRED IN THIS SECTION

23. Has any application for this type of insurance ever been:

Declined? YES  NO

Cancelled? YES  NO

Required special terms? YES  NO

If the answer to any of the above is 'YES' please give full details:


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

YES  NO

If 'YES' please give full details:


## PREVIOUS CLAIMS HISTORY

25. Please give full details of all Public/Products (including pollution) and other claims that would be covered by the proposed insurance in the last five years (please indicate currency used), and advise the total for each year:

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

26. Please give full details of any claim (paid or outstanding) reported in the above table that exceeds £25,000 pounds or currency equivalent:


27. Please give full details of any other claims of significance prior to the dates already requested of which Underwriters should be aware:


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 that this Declaration shall be the basis of the contract between both parties if entered into.

FOR AND ON BEHALF OF (Name of Company)

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SIGNATURE

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Dated

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NAME OF SIGNATORY

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Position

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**PLEASE USE THIS SPACE TO RECORD THE ANSWERS TO ANY QUESTIONS  
FOR WHICH YOU REQUIRE ADDITIONAL SPACE, NOTING THE  
APPROPRIATE QUESTION NUMBER.**



**Marketform**

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