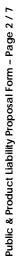


Public and Product Liability Proposal Form

Name of Proposer	
Registered Address	
Name of subsidiaries and associa	ted companies
Registered Address(es)	
Please state, whether cover is req	uired for these subsidiaries and associated companies
	Yes No No
Please state if business of propos	er, subsidiaries and associated companies is
ManufacturingDistributionImportOther	Yes No Yes No Yes No No
Please give full description of active plans of manufacturing units proportion	vities for which cover is required and attach lay-out osed for insurance
Location and address of all premis	ses proposed for insurance
Location and address of all premis	ses proposed for insurance
	ses proposed for insurance rehouses, go downs, tank-farms etc. Yes \(\sum \) No \(\sum \)
	rehouses, go downs, tank-farms etc. Yes \(\sum \) No \(\sum \)
Do you wish to insure depots, war	rehouses, go downs, tank-farms etc. Yes \(\sum \) No \(\sum \)
	Name of subsidiaries and associate Registered Address(es) Please state, whether cover is required Please state if business of proposition - Manufacturing - Distribution - Import - Other





	Do you have any subsidiary and/or affiliate and/or representative and/or assets and/or activities and / or domiciled operations in					
Eu	SA/Canada rope ner foreign countries	Yes Yes Yes		No No No		
lf \	es, please furnish details					
7.	How long have you been in business?					
Please give brief description of surrounding areas for each uni residential)			unit (ii	ndustrial, agricultural,		
	Note: existing survey reports should be atta	ached.				
9.	Do you use or handle (please tick)					
	gases pressure storage explosives hazardous substances asbestos toxic materials radioactive materials hydrocarbons	Yes		No No No No No No No		
	For each Yes, please give details of quantit	ty, storag	je, hand	lling a	nd precautions taken	
10	. Are the premises fenced and/or locked?	Yes		No		
11	. Are customers/visitors permitted unaccomp	anied on Yes	the pre	emises No	s?	
12	. What security arrangements are available?					



13.	3. Please give maintenance schedule for premises, plant and machinery						
14.	Is there a programme for the prevention of fire, explosion incidents etc. Yes No						
	Please indicate						
	a) type of detection and alarm system						
	b) availability of service organisation in case of such incidents						
	rovisions made for supply of energy, water etc. in an emergency						
	e: existing survey-reports should be attached.						
15.	welding Yes No Gas cutting Yes No						
	on your premises For each Yes, please give details of precautions						



16. Please give (unit-wise)

Unit	Total wages	No of staff		Sales turnove	r
			Last year	Current	Estimated
				year	next year

- 18. Please give territorial split of your turnover by product lines for
 - a) last year

Product lines	Domestic	Europe	USA/Can	RoW	Total

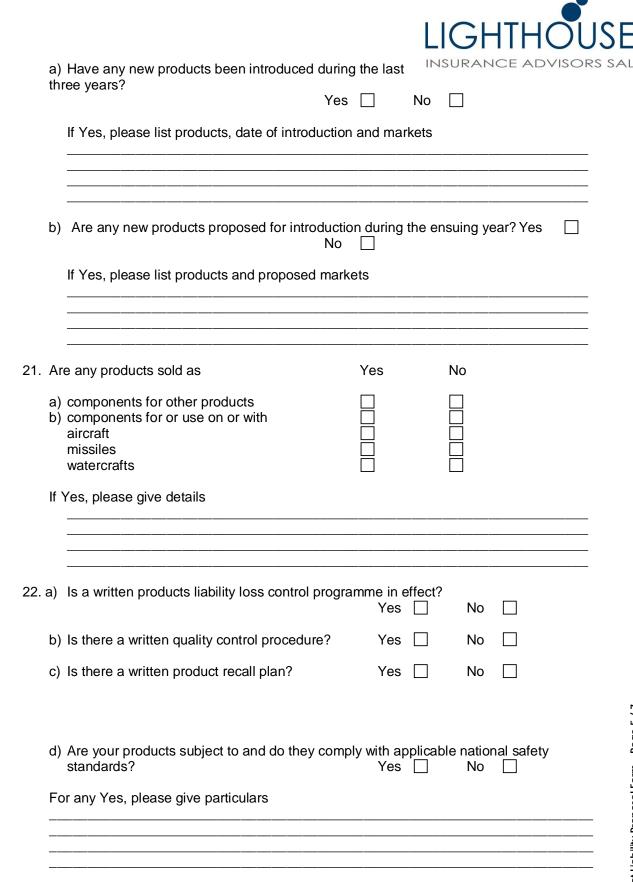
b) current year

Product lines	Domestic	Europe	USA/Can	RoW	Total

c) forthcoming year

Product lines	Domestic	Europe	USA/Can	RoW	Total

9.	List any product that has been discontinued or recalled in the last 5 years and give reasons:				



Note: any printed material relative to this question must be submitted.





23. Please give claims history for the last 5 years

		Public	Liability		
Year					
No. of claims					
Paid					
Outstanding Total					
Total		<u> </u>	<u> </u>		<u> </u>
		Produ	ct Liability		
Year					
No. of claims					
Paid					
Outstanding					
Total		<u> </u>			
	Tota	al Public an	d Product L	iability	
Year					
No. of claims					
Paid					
Outstanding Total					
Total					
USA/Canada					
Are you aware of in a claim?			Yes	No 🗌	
If Yes, please g	ive brief descri	iption of prol	olem, possib	le effects and	estimated claims
. Has your propo	sal or renewal	been declin	ed by any ins Yes	surer? No 🗌	
If Yes, please g	ive particulars				



Dat	e	Sign	ature / Name / Position
Pla		_	
aga prov dec sup dec	inst the limits of visions relating to a lare that the abo pressed, misrepre	Indemnity specific my/our business prove statements and esented or misstate	ed above. I/We hereby declare that all statutory oposed for insurance are complied with. I/We further particulars are true, and I/we have no omitted, ted any material fact and I/we agree that this ontract between me/us and the Company, and be
	·	·	Iditional questionnaire attached. erms of the Public Liability Policy of the Company
		cidental Pollution Co	
	Domestic Europe Rest of World USA/Can	□ □ □	
30.	What territorial lim	its do you require?	
	If Yes, please list	vendor(s) and addre	ess(es)
29.	Do you require "V	endors Liability"?	Yes No No
	From to		
28.	Policy period requ	uired:	
27.	Deductible:		% of Limit of Indemnity minimum per claim maximum per claim
	Product Liability:	any one claim in the aggregate	
	Public Liability:	any one claim in the aggregate	
26.	Required insuran	ce limits:	