

PRODUCTS' LIABILITY INSURANCE PROPOSAL FORM

Agency Account Number:

SECTION 1 - PERSONAL DETAILS

- a. Full Name of Proposer
- b. Contact Details: (tel): (fax):
 (mobile): (web):
 (email):
 (postal): (code): (town/ city):
- c. Proposer Pin Number :

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SECTION 2

2. Period Of Insurance : (From): (To):

3. Business/Trade/ Occupation (Give full description)

4. Explain what your business entails :

- | | | | | | |
|---------------|------------------------------|-----------------------------|-------------|------------------------------|-----------------------------|
| Manufacturing | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Wholesaling | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Processing | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Retailing | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Packaging | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Exporting | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Assembling | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Importing | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Any Other :

5. Give details of products subdivided into different categories (range) if more than one type of product is involved

6. Describe the purpose or use of the product (s)

Note: Brochures or leaflets describing the products can be enclosed if available.

7. If you incorporate parts manufactured elsewhere for any of the above listed products, wholly or partly, including raw materials, state the part or component and from where they are sourced

8. Are the products used as a component? Yes No

If so, with what type of products and by which industry?

9. Are any of your products assembled by another firm (or persons)? Yes No

If so, give details:

10. Are any of your products sourced locally or abroad? Yes No

Please give details.

11. Are any of your products exported? If so please list the countries to which you export: Yes No

Note: This cover excludes exports to the USA and Canada.

12. State the estimated turnover for each country

13. Are any of the products supplied for use in connection with:
Aircraft, aerospace equipment or aerial devices of any kind? Yes No
Pharmaceuticals? Yes No
Offshore platforms and rigs? Yes No

14. How long have you engaged in manufacturing/supplying these products?

15. Do you enter into any agreement or undertaking to indemnify or compensate suppliers of materials or components or subcontractors or processors in respect of any injury or damage? Yes No

If so, please provide a copy of such agreement or undertaking.

16. What type of packaging do you use?

17. Do you manufacture the packaging materials? Yes No

If not, where are the packaging/containers acquired?

18. Do you give any written guarantee or conditions of sale with or in respect of any of your products by:

i) Printing on the package /product; Yes No

ii) By a separate leaflet or brochure? Yes No

If so, please supply sample wordings.

19. Are there any quality control measures in place with regard to the product (s)? Yes No

If yes, please explain

20. State the Statutes, Laws or Bylaws that govern your operations with regard to the product proposed for insurance?

[Redacted area for question 20]

21. Do you operate in compliance with these Laws? Yes No

If No, please explain

[Redacted area for question 21]

22. Limits of liability required:

| | | |
|---|------|------------|
| Any one claim | KES. | [Redacted] |
| All claims arising out of one event | KES. | [Redacted] |
| All claims arising during the Period of Insurance | KES. | [Redacted] |
| Estimated Annual Turnover | KES. | [Redacted] |

INSURANCE AND LOSS HISTORY

1. Are you now or have you been Insured against liabilities for which this proposal relates? Yes No

If yes, please give name of Insurer and Policy Number

[Redacted area for question 1]

2. Have any incidents occurred during the last 5 years resulting to injury to any person or damage to property in connection with the type of Insurance now proposed? Yes No

If yes, please give details here below:-

Year :

Cause of Accident :

Brief details of each incident :

Amount Paid :

3. Are there any claims pending against you or do you have reason to expect any? Yes No

If so, give details:

[Redacted area for question 3]

4. Has any insurance Company :

- a) Cancelled your Policy? Yes No
- b) Declined to insure you? Yes No
- c) Declined to renew your Policy? Yes No
- d) Imposed any special terms? Yes No
- e) Repudiated any claim? Yes No

If the answer to any of the above is yes, please give details.

[Redacted area for question 4]

DECLARATION :

I/We hereby declare that the above answers are true to the best of my/our knowledge and that I/We have not withheld any material information whatsoever regarding the proposal. I/We also agree that this proposal shall be the basis of the contract between me/us and The Heritage Insurance Company Kenya Limited

Name of Proposer: _____ Signature: _____ Date: _____

The liability of the Company does not commence until the proposal has been accepted and the premium paid to the Company.