

PRODUCTS LIABILITY PROPOSAL FORM

Please answer every applicable question and attach supporting documents

HOW TO COMPLETE THIS FORM

1. Complete the form in BLOCK LETTERS.
2. Answer every question fully. Where a question does not apply, enter N/A.
3. Attach supplementary sheets where more space is required and identify the relevant question.
4. Tick the appropriate option wherever applicable.
5. Contact the Company's office or your agent for clarification where required.

Information supplied will be treated in strict confidence. 'You' and 'Your' refer to the proposer.

Period of insurance - From

To

PROPOSER INFORMATION

Name of proposer (in full)

Trade, business or occupation

Postal address

Telephone / mobile number

Email address

Business / trade / occupation - full description

INSURER / UNDERWRITER DECISIONS

Has an insurer ever cancelled your policy?

☐ Yes

☐ No

Has an insurer ever declined to insure you?

☐ Yes

☐ No

Has an insurer ever refused to renew your policy?

☐ Yes

☐ No

Has an insurer ever imposed special terms or an increased premium?

☐ Yes

☐ No

Has an insurer ever repudiated a claim?

☐ Yes

☐ No

PRODUCTS LIABILITY PROPOSAL FORM

Continued

If Yes to any question above, give full details.

BUSINESS ACTIVITIES

Does the business involve manufacturing?

☐ Yes

☐ No

Does the business involve processing?

☐ Yes

☐ No

Does the business involve packaging?

☐ Yes

☐ No

Does the business involve assembling?

☐ Yes

☐ No

Does the business involve wholesaling?

☐ Yes

☐ No

Does the business involve retailing?

☐ Yes

☐ No

Does the business involve importing?

☐ Yes

☐ No

Does the business involve exporting?

☐ Yes

☐ No

Other business activities

PRODUCTS

Describe products by category or range.

Describe the purpose or use of the products. Attach brochures where available.

PRODUCTS LIABILITY PROPOSAL FORM

Continued

Identify components or raw materials made elsewhere and their sources.

Are any products used as components of other products?

☐ Yes

☐ No

If Yes, identify the products and industries involved.

Are any products assembled by another firm or person?

☐ Yes

☐ No

If Yes, give details.

Identify products sourced locally and products sourced abroad.

Are any products exported?

☐ Yes

☐ No

List export countries. Cover excludes exports to the USA and Canada.

TURNOVER BY COUNTRY

Country

Estimated annual turnover (UGX)

PRODUCTS LIABILITY PROPOSAL FORM

Turnover by country - continued

TURNOVER BY COUNTRY - CONTINUED

Country

Estimated annual turnover (UGX)

Are products supplied for use in connection with aircraft, aerospace equipment or aerial devices?

☐ Yes

☐ No

Are products supplied for use in connection with pharmaceuticals?

☐ Yes

☐ No

Are products supplied for use in connection with offshore platforms or rigs?

☐ Yes

☐ No

How long have you manufactured or supplied these products?

CONTRACTS, PACKAGING AND GUARANTEES

Do you agree to indemnify suppliers, subcontractors or processors for injury or damage?

☐ Yes

☐ No

If Yes, provide details and attach the agreement.

What type of packaging is used?

Do you manufacture the packaging materials?

☐ Yes

☐ No

If No, where are packaging materials or containers obtained?

Are written guarantees or conditions of sale printed on the package or product?

☐ Yes

☐ No

Are written guarantees or conditions supplied in a leaflet or brochure?

☐ Yes

☐ No

PRODUCTS LIABILITY PROPOSAL FORM

Continued

If Yes, provide or attach sample wording.

QUALITY, COMPLIANCE AND LIMITS

Are quality-control measures in place?

☐ Yes

☐ No

If Yes, explain the controls.

State the statutes, laws or bylaws governing the proposed products.

Do you operate in compliance with these laws?

☐ Yes

☐ No

If No, explain.

LIMITS AND EXPOSURE

Item	Amount (UGX)

Enter: any one claim; all claims from one event; all claims during the period; and estimated annual turnover.

INSURANCE AND LOSS HISTORY

Are you now, or have you been, insured against these liabilities?

☐ Yes

☐ No

PRODUCTS LIABILITY PROPOSAL FORM

Continued

If Yes, give insurer name and policy number.

In the last five years, has an incident caused injury or property damage connected with the proposed insurance?

☐ Yes

☐ No

INCIDENT DETAILS

Year	Cause	Brief details	Amount paid (UGX)

Are claims pending against you, or do you have reason to expect a claim?

☐ Yes

☐ No

If Yes, give full details.

PRODUCTS LIABILITY PROPOSAL FORM

Declaration and intermediary details

DECLARATION

I/We declare that the answers and statements in this proposal are true and that I/we have not withheld any material information. I/We agree that this declaration, the answers given above, and any proposal, declaration or statement made in writing by me/us or anyone acting on my/our behalf shall form the basis of the contract between me/us and the Company. I/We further agree to accept indemnity subject to the conditions endorsed on the Company's policy.

Date of proposal

Signature and stamp of proposer

THE LIABILITY OF THE COMPANY DOES NOT COMMENCE UNTIL THE PROPOSAL HAS BEEN ACCEPTED AND THE PREMIUM HAS BEEN PAID.

AGENT / BROKER / CONTACT PERSON

Name

Date

Signature

Comments