

# Products Liability Questionnaire

This is your proposal for insurance. It will be the basis of any subsequent insurance policy that Raheja QBE may issue to you. You are obliged to provide Raheja QBE with a full and frank disclosure of any and all facts that may be material to Raheja QBE's decision to grant a policy or the terms upon which it should be granted. It is therefore important that on behalf of all proposed insureds you answer fully and accurately all of the questions contained in this proposal, that you provide Raheja QBE with any and all information that may be relevant, and you inform Raheja QBE in writing if there is a change in the information provided in this proposal or otherwise between now and the date the Policy is granted.

Your failure to comply with this obligation may result in the rejection of a claim and/or the avoidance of the Policy. If you are in any doubt about the information to be given, please seek the advice and guidance of your insurance advisor or agent. If there is insufficient space in this proposal for you to provide relevant information, whether as requested or otherwise, please attach a separate sheet to this proposal and return it to Raheja QBE.

Raheja QBE is under no obligation to accept any proposal for insurance. If Raheja QBE accepts a proposal for insurance, it shall be subject to the policy terms, conditions and exclusions.

Proposal / Insured Details					
Full Name of the Proposer/ Insured (all subsidiary companies to be shown)					
Address/es of Premises	Street Address	State		Pin Code	
Please provide a full description of your trade or Business					
Length of the time that you have been established in this business					
Turnover					
(a) Wholesale	%	(b) Retail	%		
(c) Manufacturing	%	(d) Export	%		
(e) Import	%	(f) Other (please specify)			
			%	%	
			%	%	



<b>Raw materials, components or supplies:</b>		
(a) Describe raw materials, components or supplies used:		
(b) Are raw materials, components or supplies imported	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If "Yes", please give full details of manufacturer or supplier and country of origin:		
<b>Full details of manufacturer or supplier</b>	<b>Country of origin</b>	
Do any of your products contain or consist of the following substances?		
(a) Asbestos	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(b) Man-made or synthetic mineral fibres (e.g. Fibreglass)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do any of your suppliers contract out of liability	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If "Yes", please give details:		
<b>Are the finished products:</b>		
Subject to Bureau of Indian Standards or relevant international codes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Subject to any statutory or other regulations	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If "Yes", please give details and also state whether these are being complied with:		
<b>The Products</b>		
Do you -	Impose conditions of sale?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(a) Make any disclaimers of liability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(b) Give any guarantee for you products?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", please give details (please provide copies):		
Have you ever had to withdraw or recall products from use?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", please give details:		
Are any of the products designed or formulated by your own staff?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", please give details:		

<b>Radioactivity:</b>	
Do the products incorporate radioactive materials or give off radioactive ionizing radiation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", please give details:	
<b>Quality Control:</b>	
What methods of quality control are adopted? i.e.	
Is each and every product (a) Inspected only?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) Tested only?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are sampling techniques employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", state degree of fault tolerated (if any), e.g., 2 per 1000 per hour per batch:	
What tests and/or inspections are made on the samples?	
Are batch samples retained and catalogued?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, for how long are they retained and records kept?	
What is the calculated number of defects in relation to output per product?	
What is the maximum allowed by production manager?	
What features, if any, are incorporated to ensure that defects are eliminated or reduced or specifications are complied with?	
Can all of your products be identified as having been manufactured by yourself?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Containers:</b>	
How are the products packed, e.g. glass, metal, cardboard etc?	
<b>The Products</b>	
<b>Labels:</b>	
Do your products carry labels/packaging and/or information sheets which provide instructions and/or information regarding the correct use or storage and/or warnings of potential hazards?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do your labels/packaging and/or information sheets carry instructions in relation to medical treatment and/or remedial treatment/action to be taken in the event of an accident, consumption, or misuse of the product?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the information or instructions contained on your labels, packaging and/or information sheets been tested and/or checked for accuracy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the information or instructions contained on your labels, packaging and/or information sheets been checked by a lawyer/solicitor?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Export</b>			
List each of the products exported, the countries to which they are exported and the estimated annual value of exports per country:			
Products exported	Countries to which they are exported	Estimated Annual Value	
		INR	
		INR	
		INR	
		INR	
		INR	
		INR	
		INR	
Do you have any overseas representation, office or sales organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If "Yes", please provide details:			
<b>Installation:</b>			
Do you install or apply your own product/s or perform any services?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If "Yes", please provide details:			
What supervision is employed?			
<b>History</b>			
Have any legal proceedings ever been initiated against the proposer in connection with any products or goods sold or services rendered by the proposer		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If "Yes", please give details:			
Have you ever had any:	a) Insurance declined or cancelled?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	b) Renewal refused?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	c) Special conditions imposed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	d) Excess imposed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	e) Claims rejected	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If "Yes", please give details:			
<b>Declaration</b>			
I hereby declare and warrant on my behalf and on behalf of all those persons to be insured and after enquiry that to the best of my knowledge and belief that the answers given above are complete and accurate in all respects and that I have not withheld any information material to this proposal. I agree that this proposal, the declarations and accompanying documents or papers and any information provided hereafter shall form the basis of the contract proposed with the Company.			
Proposer's Signature		Place	Date