

GRS Insurance Consultants Ltd.

PRODUCTS LIABILITY APPLICATION (Include Product Brochures, Testing Reports & User Manuals)

Corr. Address :	Nai	Name of Insured (Include all Subsidiary Companies) :										
Contact Person :	Соі	Corr. Address :										
Contact Person :			_									
1. Named Insured is: (Please 4) □ adividual □artnership □corporation □oint Venture 2. Business of Insured is: (Please 4) □Manufacturer □bitribution □mporter ⊡xporter □bther 3. Do you have a subsidiary, affiliate or representative office in the USA/Canada? □Yes □No If Yes, please give name(s) and address(es) and relationship of company. 4. Have you acquired or merged with any other company in the last 10 years. □Yes □No If so, please provide details and product range of the acquired company? 5. a) Describe all products made/processed or distributed by you. b) b) How many years have you been manufacturing/producing this product(s). 6. Describe any products that are no longer manufactured or distributed by you and when they were discontinued. 7. Are the products end products or component parts of an end product? Please describe? 8. Are any new products proposed for introduction during the ensuring year? □Yes □No 10. List all products designed by you? If No, explain: □Yes □No 10. List all products designed by you? If No, explain: □Yes □No 10. List all products manufactured, sold or distributed with turnover breakdown for the past 4 years as well as for the u	1											
□ Individual □Partnership □Corporation □oint Venture 2. Business of Insured is: (Please 4) □Manufacturer □Distribution □mporter □Exporter □Dther 3. Do you have a subsidiary, affiliate or representative office in the USA/Canada? □Yes □No 1f Yes, please give name(s) and address(es) and relationship of company. □Yes □No □Yes □No 4. Have you acquired or merged with any other company in the last 10 years. □Yes □Yes □No 1f so, please provide details and product range of the acquired company? □Yes □No □ 5. a) Describe all products made/processed or distributed by you. □ □ b) How many years have you been manufacturing/producing this product(s). □ □ 6. Describe any products that are no longer manufactured or distributed by you and when they were discontinued. □ 7. Are the products or component parts of an end product? Please describe? □ 8. Are any new products proposed for introduction during the ensuring year? □Yes □No 10. List all products designed by you? If No, explain: □Yes □No 9. <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td>1</td><td></td><td></td><td></td><td></td><td></td></td<>							1					
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Name of Products Tunover of Next Year Turnover on 2006 Turnover on 2005 Turnover on 2004 Turnover on 2003	10.	following:										
			Name of Produ	ucts	Tunover of Ne	ext Year	Turnover on 2	006	Turnover on 20	005	Turnover on 2004	Turnover on 2003

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	b)	Europe/Australia & NZ						
		Name of Products Tunover of Next Year Turnover on 2006 Turnover on 2005 Turnover on 2004 Turnover on 2						
	c)	Rest of the World						
		Name of Products	Tunover of Next Year	Turnover on 2006	Turnover on 2005	Turnover on 2004	Turnover on 2003	
11.	a)	Are there contractual agreements e.g. hold harmless agreements entered into with importers $rac{1}{2}$ Yes $rac{1}{2}$ No (If Yes, please attach copies) or product purchasers that go beyond the typical purchase order agreement? If so please describe and provide a copy						
	b)	Do you require Vendors Liability? If Yes, please provide details of vendors.						
12.	a)	Describe the Product quality control operations of the Insured including any internal and external testing conducted on the product(s). Include any external testing reports.					l on the product(s).	
	b)	If no product quality control program is in place, how is product quality determined?						
13.	Are	records being kept to the	race all products?			Yes No		
14.	Are	e appropriate and understandable instructions provided with the product? \Box Yes \Box No (If Yes, please attach copies)						
15.		re warnings and labels satisfying applicable standards affixed to the product so that potential \Box Yes \Box No (If Yes, please attach copies) services will understand the hazards associated with using the product?						
16.		re any product warranties supplied with the product? If so describe \Box Yes \Box No						
17.	Wh	hat is the normal life span of the product(s)?						
18.	Has	any carrier cancelled o	r refused to renew prod	ucts liability coverage	?	Yes No		



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19.	5 years? Please	any reported incidents or cl provide details including no	laims filed for any of your products over the last . of incidents, paid outstanding and description of of any alleged incidents, even if no payments were	
	Year	No. Of Incidents	USA/Canada	Non USA/Canada
20.	Limit of Liability	y :		

Company Representative	:	
Title	:	
Signature/Chop	:	
Date	: _	

- End -