



GRS Insurance Consultants Ltd.

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

Name of Insured (Include all Subsidiary Companies) :

Corr. Address :

Telephone No. :

Fax No. :

Contact Person :

1. Named Insured is: (Please ✓)

- Individual Partnership Corporation Joint Venture

2. Business of Insured is: (Please ✓)

- Manufacturer Distribution Importer Exporter Other

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) 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

In USA/Canada; If Yes, list products:

9. Are all of your 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 upcoming year for each of the following:

a) USA/Canada

Name of Products	Tunover of Next Year	Turnover on 2006	Turnover on 2005	Turnover on 2004	Turnover on 2003



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b) Europe/Australia & NZ

Name of Products	Turnover of Next Year	Turnover on 2006	Turnover on 2005	Turnover on 2004	Turnover on 2003

c) Rest of the World

Name of Products	Turnover 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 or product purchasers that go beyond the typical purchase order agreement? Yes No (If Yes, please attach copies)
If so please describe and provide a copy

b) Do you require Vendors Liability? If Yes, please provide details of vendors. Yes No

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.

b) If no product quality control program is in place, how is product quality determined?

13. Are records being kept to trace all products? Yes No

14. Are appropriate and understandable instructions provided with the product? Yes No (If Yes, please attach copies)

15. Are warnings and labels satisfying applicable standards affixed to the product so that potential users will understand the hazards associated with using the product? Yes No (If Yes, please attach copies)

16. Are any product warranties supplied with the product? If so describe Yes No

17. What is the normal life span of the product(s)?

18. Has any carrier cancelled or refused to renew products liability coverage? Yes No



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19. Loss Experience

Yes No

Have there been any reported incidents or claims filed for any of your products over the last 5 years? Please provide details including no. of incidents, paid outstanding and description of incident(s) for each year. Please give details of any alleged incidents, even if no payments were made:

<u>Year</u>	<u>No. Of Incidents</u>	<u>USA/Canada</u>	<u>Non USA/Canada</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

20. Limit of Liability :

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

- End -