

Allianz Insurance Company Lanka Limited

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PRODUCTS LIABILITY INSURANCE – SUPPLEMENTARY PROPOSAL

Intermediary Name:

Code :

Your VAT No:.....

Please use BLOCK LETTERS

Proposer's full name:.....

Postal address:.....Phone no:.....

All business and professions:.....
.....

Are you a manufacture or a wholesaler or a retailer ? When did you commence this business?.....

Limits of Indemnity required for any one occurrence:..... And any Period of Insurance:.....

Have any claims and/or incidents occurred in the last 5 years giving rise or which may give rise to losses? Yes No

If yes, please give details:.....

If you are a manufacturer:

a) Are products manufactured in accordance with your own design or formula? Yes No
If yes please give the qualifications and experience of the design personnel:.....

b) If products are NOT manufactured in accordance with your own design or formula are rights of recovery retained? Yes No

If you are NOT a manufacture:

a) Are products modified, altered, repaired, treated or handled? Yes No
If yes, please give details:.....

b) Is there any contract between you and the manufacturers which debars claims being made against the manufactures? Yes No

Please describe below the raw materials & input goods used	From which countries are they obtained?	Details of their storage arrangements prior to their use

Please describe below the products you supply	What is your gross annual turnover of each type of product you supply?	How long has each type of product been on the market?

Please describe the uses to which the products are put, and attach descriptive literature including instructions for use, and a copy of your conditions of sale:.....
.....
.....

Are any products you supply used in the aviation, motor, marine or nuclear industries? Yes No
If yes, please give details:.....

Are there any hazardous features in the nature of the products you supply? Yes No
If yes, please give details:.....

Are quality control measures applied (a) to all products Yes No or (b) to samples only
Yes No

Are the results of quality control tests known before the products leave your premises? Yes No

Are records kept of batch code numbers and/or destinations of products sold? Yes No

Do you hire out products? Yes No
If yes, please give details:.....

What are the storage arrangements for your finished products prior to:
a) dispatch:.....
b) retail:.....

Please describe the general supervision of cleaning, and machinery maintenance:.....
.....
.....

Please describe staff hygiene arrangements, and their training in carrying out their duties:.....
.....

Please describe briefly your security arrangements:.....
.....

Are products imported for re-sale? Yes No

If yes, please state:
a) countries from which the products are imported
b) your gross annual turnover of such products

(a) Countries	(b) Gross annual turnover

Are products exported? Yes No

If yes, please state:

- a) countries to which the products are exported
- b) your gross annual turnover of such products

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Do you have any premises abroad? Yes No

If yes, please state countries

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If products are exported to the USA or Canada how long has each type been exported?.....
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I/We hereby confirmed and agree that :

- a) all information and particulars given are true and complete, and that no information has been withheld which might influence the Company's decision regarding this insurance, and that I/we will accept insurance subject to the terms and conditions agreed with the Company,
- b) this Proposal will form the basis of our contract, and that no insurance will be in force until this Proposal has been accepted and the full premium paid,
- c) I/we will keep an accurate record of our turnover, payments to employees or other information upon which the premium may be based, and at the expiry of each Period of Insurance will provide such details as the Company may require, and the premium will be adjusted appropriately.

Signed:.....

Date:.....