

PROPOSAL FORM

COMPREHENSIVE GENERAL LIABILITY INSURANCE

This Proposal for insurance will be the basis of the Insurance Policy that we issue to you. It is essential that your answers to the questions herein are full and accurately given and that you provide us with all additional information relevant to the risk to be insured /can influence our decision as to the acceptance of the Proposal or the terms upon which it should be accepted. Your failure to comply with this obligation may result in the rejection of your claim and the avoidance of your Policy when a claim is made against the Policy .

SECTION 1 – DESCRIPTION OF TRADE

1. Proposer's name in full: _____
2. Tel. No. _____ Telex No. _____ Fax No. _____
3. Postal Address _____
4. Country of Operations: _____
5. Does Insured have a subsidiary, affiliate or representative entity in the USA?
If yes, please provide Name and Addresses of such affiliate/entity: _____

6. Business Description _____
7. Describe basic process and activities: _____
8. Date of incorporation _____

If you are a new business, give details of experience of promoters/key managers in running a similar business _____
9. Will you, or your employees, handle or have an exposure to any industrial dust of know harmful nature (e.g. asbestos, silica, cotton), radioactive materials, or any other substance harmful to their health?

SECTION 2 – GENERAL QUESTIONS

The following questions must be answered in all cases

1. Have you been prosecuted during the last 5 years under any safety legislation in the territories of your operations /elsewhere? _____

2. Have you or any of your directors or partners ever been charged with a criminal offence other than a motoring offence? _____

3. Has any Insurer ever declined to insure you or refused to renew any of your insurances?

If your answer to any of above is "YES" , please provide full details (including identity of Insurers if responding to Q3).You may attach additional sheets for providing all the information.

4. Give details of any other business/ entity in which you or any of your directors or partners are or have been involved the last 5 years.

Name of Business	Trade	From	To

5. Give name (s) of the insurer (s) of your present Liability Policy and following information

Insurer: _____

Limits under expiring Policy: _____

Policy Period: _____

Retroactive Date: _____

6. PI confirm the Indemnity limits sought for the following: the limits under (b),(c) and (d) shall form a part of the overall/aggregate Limit under (a)

Indemnity Limits(TZS)

- (a) Public/Product Liability Yes/No
- (b) Personal/Advertising Injury Yes/No
- (c) Medical Expenses Cover Yes/No
- (d) Other Coverage Sought Yes/No

7. Coverage Territory

- i. Tanzania Only
- ii. Worldwide excluding US/Canada

iii. Worldwide including US/Canada

SECTION 3 – PRODUCTS AND SERVICES

	<i>Details</i>	<i>Estimated Annual Turnover</i>
A. BROAD OUTLINE		
Please provide a general description of products supplied or manufactured and total Turnover figure in TZS		
B. ANALYSIS OF PRODUCTS		
1. Indicate details of products you do not manufacture		
2. Indicate details of products which you modify, adapt, unitise or change in some way		
3. Give details of imported products including source of origin/suppliers		
4. Give details of any products used : (a) In Aircraft (b) In Marine craft (c) Offshore		
	<i>Details</i>	<i>Estimated Annual Turnover (in TZS)</i>
U.S.A OR CANADA		
1. Give details of any products supplied directly to or in your knowledge supplied indirectly to the U.S.A. or Canada		
2. If products have been supplied in previous years to U.S.A. or Canada indicate Turnover applicable to each in the last 3 years "IN ADDITION" to usual		

information.				
C. SERVICES / TREATMENT				
If you provide any services or treatment other than products provide details of the services, the turnover , companies to whom provided and their nationality				
D. GENERAL QUESTIONS RELATING TO YOUR LIABILITY AS A PRODUCER				
1. Do you retain rights of recovery against manufacturers/suppliers ?				
2. Do any of your products require an accompanying hazard warning ?				
3. Do you design or prepare specifications for the products you supply?				
Give below details relevant to the above questions (including qualifications of design team) :				
4. Provide details of your quality control system including any “early warning” mechanism built into your complaints procedure				
5. Please indicate period of time, in years, that you retain records of stocks(sales and imports/indigenous purchases) :				
<u>Customers :</u>				
<u>Suppliers :</u>				
E. Please quantify product wise sales turnover for the last 3 years and estimates for the next year below:				
Year	US	Europe	Rest of the World	Total

SECTION 4 – Claims Information

1. Please furnish below your claims record(insured/uninsured) over the last 5 years (arising out of the business and where you may be legally liable) – Do not include Automotive Liability Claims

PUBLIC AND PRODUCTS LIABILITY						
	Death, disease, illness or injury to third parties and loss or damage to their property and attendant financial loss					
Year (last 5 years)	Excess	Turnover	Property Damage	No.	Outstanding Claims	No.

DECLARATION

I / We do hereby declare and state that all information given above is true to the best of my / our knowledge. In case such information is found at any time in future to be false or misleading or it is found by the insurer that I / We have not disclosed any fact which is material to the assessment of the risk, the insurance cover granted to me / us shall be deemed to be null and void ab-initio and I / We shall not be entitled to any benefit hereunder

Signature _____ Duly constituted authority of Proposer _____

Date _____