

PRODUCTS' LIABILITY INSURANCE PROPOSAL FORM

This proposal form should be completed and signed by the proposer. All questions must be answered. Use BLOCK letters or tick as appropriate.

Agency _____ Account Number: _____

1. Particulars of Proposer:

Name of Proposer (In full) _____

Postal Address:-

P.O Box _____ Code _____ Town _____

E-mail Address: _____ Fax Number _____

Contact Telephone: _____ Mobile Number _____

Physical Location/s: _____

PIN Certificate Number: _____

Period of Insurance: From _____ To _____

2. Business/Trade/ Occupation (Give full description)

3. Explain what your business entails:

Manufacturing Yes/No

Processing Yes/No

Packaging Yes/No

Assembling Yes/No

Wholesaling Yes/No

Retailing Yes/No

Importing Yes/No

Exporting Yes/No

Any other _____

4. Give details of products subdivided into different categories (range) if more than one type of product is involved _____

5. Describe the purpose or use of the product (s) . _____

Note: Brochures or leaflets describing the products can be enclosed if available.

6. If you incorporate parts manufactured elsewhere for any of the above listed products, wholly or partly, including raw materials, state the part or component and from where they are sourced _____

7. Are the products used as a component? _____ Yes/No

If so, with what type of products and by which industry?

8. Are any of your products assembled by another firm (or persons)?

If so, give details: _____

9. Are any of your products sourced locally or abroad? Please give details.

10. Are any of your products exported? If so please list the countries to which you export:

Note: This cover excludes exports to the USA and Canada.

11. State the estimated turnover for each country. _____

12. Are any of the products supplied for use in connection with: Aircraft, aerospace equipment or aerial devices of any kind? Yes/No

Pharmaceuticals? Yes/No

Offshore platforms and rigs? Yes/No

13. How long you have engaged in manufacturing/supplying these products?

14. Do you enter into any agreement or undertaking to indemnify or compensate suppliers of materials or components or subcontractors or processors in respect of any injury or damage? _____
Yes/No

15. If Yes, please provide a copy of such agreement or undertaking.

16. What type of packaging do you use? __

17. Do you manufacture the packaging materials?
Yes/No

If not, where are the packaging/containers acquired? _____

18. Do you give any written guarantee or conditions of sale with or in respect of any of your products by:

i) Printing on the package /product; ____ or

ii) By a separate leaflet or brochure?

If so, please supply sample wordings.

19. Are there any quality control measures in place with regard to the product(s)?

If Yes, please explain. __

20. State the Statutes, Laws or Bylaws that govern your operations with regard to the product proposed for insurance?

21. Do you operate in compliance with these Laws? Yes/No

If No, please explain.

22. Limits of liability required:

Any one claim TZS.

All claims arising out of one event TZS.

All claims arising during the Period of Insurance TZS.

Estimated Annual Turnover TZS.

Insurance and Loss History

1. Are you now or have you been Insured against liabilities for which this proposal relates?.....Yes/No

If Yes, please give name of Insurer and Policy Number

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2. Have any incidents occurred during the last 5 years resulting to injury to any person or damage to property in connection with the type of

Insurance now proposed? Yes/No

If Yes, please give details here below:-

Year

Cause of Accident

Brief details of each incident

Amount Paid

3. Are there any claims pending against you or do you have reason to expect any? Yes/No

If so, give details:

4. Has any insurance Company

- a) Cancelled your Policy? Yes/No
- b) Declined to insure you?... Yes/No
- c) Declined to renew your Policy? Yes/No
- d) Imposed any special terms? Yes/No
- e) Repudiated any claim? Yes/No

If the answer to any of the above is Yes, please give details.

Declaration

I/We hereby declare that the above answers are true to the best of my/our knowledge and that I/We have not withheld any material information whatsoever regarding the proposal. I/We also agree that this proposal shall be the basis of the contract between me/us and the GA Insurance Tanzania Ltd.

Name of Proposer:

Signature: _____ Date:

The liability of the Company does not commence until the proposal has been accepted and the premium paid to the Company.