

HDFC ERGO General Insurance Company limited



PRODUCT LIABILITY- PROPOSAL FORM

LIABILITY OF THE COMPANY DOES NOT COMMENCE UNTIL THE PROPOSAL HAS BEEN ACCEPTED AND THE PREMIUM HAS BEEN RECEIVED IN ACCORDANCE WITH THE PROVISIONS OF SECTION 64VB OF THE INSURANCE ACT, 1938

1.	Name of Insured (list all subsidiaries to be insured)	
2.	Website address (include all websites)	
3.	Mailing Address and Principal Locations	
4.	Coverage Territory:	(a) India Only <input type="checkbox"/> (b) Worldwide excluding US Canada <input type="checkbox"/> (c) Worldwide <input type="checkbox"/>
5.	Policy Period:	From : _____ To: _____
6.	Retroactive Date :	
7.	Business of the Insured:	Manufacturer <input type="checkbox"/> Distributor <input type="checkbox"/> Importer <input type="checkbox"/> Other <input type="checkbox"/>
8.	How long has Insured been in business?	
9.	Does Applicant have a subsidiary, affiliate or representative in the USA? If yes, please give name(s) and address(es)	Yes <input type="checkbox"/> No <input type="checkbox"/>

10. List all products manufactured, sold or distributed by Insured in following territories and sales by product (attach product brochures or other printed material describing products)

	For Current Year-	Domestic		USA and Canada		Rest of the World	
	Name of products	Units	Amount (Rs)	Units	Amount (Rs)	Units	Amount (Rs)
Product 1							
Product 2							
	For Coming Year-	Domestic		USA and Canada		Rest of the World	
	Name of products	Units	Amount (Rs)	Units	Amount (Rs)	Units	Amount (Rs)
Product 1							
Product 2							

12.	Who are the typical customers or end users of your products?	
13.	Does Insured have a written contract with the manufacturers/suppliers?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If yes, does the contract contain a hold harmless agreement in your favour? (Please provide sample copies of your supply contract)	Yes <input type="checkbox"/> No <input type="checkbox"/>
14.	Does the supplier have its own product liability insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

15.	Are you affiliated in any manner with any of your suppliers and distributors?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
16.	Does all your manufacturing plants meet with basic Quality Assurance/ Quality Control Program that meets the standard of ISO 9001-2000, QS 9000, ISO/TS 16949 or similar standards?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
17.	List any product that has been discontinued or recalled in the last 5 years and give reasons.		
18.	Are any new products proposed for introduction during the coming year? (If yes, list the products)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
19.	Do you manufacture the complete product? (If not, what components/parts are purchased by you?)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
20.	Do you carry out installation/erection work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
21.	Are any products sold as components for other products? If yes, indicate end product and likely use:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
22.	Are any products sold as components for or use on or with any aircraft, missiles, space craft or watercraft ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
23.	Are all products designed by Insured? If not, please state who designs the product:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
24.	What warnings, instructions manuals and labels are included with the products?		
25.	Describe Insured quality assurance and quality control procedures?		
26.	Do you have the basic Quality Assurance/Quality Control programe covering all aspects including validation and verification of processes & tests, including equipment calibration, to ensure that the products meet the design and performance requirements and are consistently good quality?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
27.	Do you adhere to regulatory or voluntary best practice standards in the respective markets?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
28.	Do you undertake product safety reviews? Yes No	Yes <input type="checkbox"/>	No <input type="checkbox"/>
29.	Do you maintain/have adequate documentation and engineering change management procedures where all base and modified designs are subject to proper checks and sign offs, both in-house and by customers?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
30.	For custom-made products (if any), do you take sign-offs by customers on designs and prototypes before mass production?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

31.	Does applicant have a written and documented product recall plan?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
32.	What are the procedures for record keeping and traceability of products, batches, production records and customers?		
33.	Does your contractual control include hold harmless clauses, limitation of liability and exclusion of consequential losses among others? (Please provide a sample copy of your supply contract)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
34.	Does an independent laboratory test your products? If yes, what is the name of the laboratory and what test is being performed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
35.	What are the typical product failures, returns or customer complaints?		
36.	Is your marketing and technical literature subject to proper technical and legal review for accuracy and liability management?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
37.	Does your instruction manuals and safety labels adhere to regulatory or voluntary best-practise standards in the respective markets?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
38.	What is the failure rate of you product?		
39.	Have your products even been subject to any enquiry or investigation by any Government agency, concerning the efficiency/adequacy or labelling, hazardous contents or safety? If so, please give full details.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
40.	Are you aware of any claims or incidents, conditions, defects, circumstances or suspected defects which can result in a claim under our policy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
41.	Has any insurer cancelled or refused to renew your products liability coverage?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
42.	Provide your claims experience for the last 5 years?		
43.	Limit of Insurance desired - Any one occurrence Aggregate		

If you do not find sufficient space in any of the above columns, please use additional sheets for giving full details

PREMIUM DETAILS

Premium Amount Rs. Rupees : _____

SOURCES OF FUND

Salary Business Others (Please Specify) _____

BANK ACCOUNT DETAILS

Bank Account No.
 Bank Name
 Branch Name & Address

