



Universal Sampo General Insurance Co. Ltd.

(A joint venture of Allahabad Bank, Indian Overseas Bank, Karnataka Ban Ltd., Dabur Investment Corp. and Sampo Japan Nipponkoa Insurance Inc.)

Regd. Office : Unit No 401, 4th Floor, Sangam Complex, 127, Andheri Kurta Road, Andheri (E),
Mumbai - 400059, Maharashtra. Toll free Fax No. 1800-200-9134. Email: contactus@universalsampo.com

Proposal Form Product Liability Insurance Policy

| | | | | |
|---|--------------------------------------|---|--------------------|---|
| Name of the Proposer | | | | |
| Registered Address of the Proposer | | | | |
| Name of Person to whom the policy has to be dispatched | | Telephone No. | Fax No. | |
| Agent /Broker Name | | E Mail ID | Bank Account No. | |
| Period of Insurance | | From | Agent /Broker Code | To |
| Occupation/ Business Activity | | | | |
| Paid Up Capital | | | | |
| Proposer's Business Operations & Related Information | | | | |
| Name of any Subsidiary and Associated Companies of the Proposer | | | | |
| Business Address of the Proposer | | | | |
| Locations from where distribution is effected | | | | |
| How long have you been in the business? | | | | |
| Do you manufacture the complete product? | | | | |
| Can the date of manufacture of each product be identified by the factory number stamped on it? | | | | |
| Are you affiliated in any manner with any of your suppliers and distributors? | | | | |
| (If the space provided is not sufficient separate sheet to be attached) | | | | |
| Please furnish full details of turnover for all goods. | | | | |
| Actual Turnover for Last 3 Years | | Projected Turnover (for proposed period of Insurance) | | |
| | Year | Year | Year | Year |
| | Goods Manufactured | | | |
| | Goods Sold/Supplied | | | |
| | Goods Repaired, Serviced & Processed | | | |
| (Please attach leaflets, brochures and/or any other literature if available) | | | | |
| Please furnish details of products to be considered for insurance which are manufactured and/or designed. | | | | |
| Name of Product | | | | |
| Principal Component(s) | | | | |
| Annual Units Produced | | | | |
| Annual Turnover | | | | |
| How long has it been in the market? | | | | |
| Expected Life of Use | | | | |
| Intended Customer/Ultimate User | | | | |
| Warranties as to Use | | | | |
| Technical Know-How/Collaboration: | | | | |
| Actual Turnover for Last 3 Years | | | | Projected Turnover (for proposed period of Insurance) |
| | Year | Year | Year | Year |
| | Goods Manufactured | | | |
| | Goods Sold/Supplied | | | |
| | Goods Repaired, Serviced & Processed | | | |
| (Please attach leaflets, brochures and/or any other literature if available) | | | | |

Do you have Research & Development Department?

Yes No
If Yes, please furnish details below:

Are there any products which are inflammable, explosive, dangerous, radioactive, harmful to health, poisonous by themselves or in combination with others?

(If the space provided is not sufficient separate sheet to be attached)

Are goods sold or supplied subject to disclaimer notice?

Yes No

Please furnish details of new products to be marketed during the next 12 months.

If Yes, please furnish full description/details of such disclaimer notice below:
Product/Details
Projected Turnover

Please furnish details of products discontinued or recalled or withdrawn during the last 5 years.

Product

Date

Reason for
Discontinuation/Recall/Withdrawal

Do you have a system in your organization for Complaints & Incident/Accident Reporting?

Yes No
If Yes, please furnish details below:

Please furnish details of checks or examinations or controls including batch control and testing carried out or detected to discover possible defects or errors in products.

Do your products comply with standards like ISI or any other standards?

Yes No
If Yes, please furnish details below:

Have your products ever been subject to any enquiry or investigation by any Government agency, concerning the efficiency/ Adequacy or labeling, hazardous contents or safety?

(If the space provided is not sufficient separate sheet to be attached)

What is the failure rate of each product after handover?

Do you issue guarantees and/or warranties to purchasers?

Yes No
If Yes, please furnish full details below:
Product

Period of
Guarantee/Warranty

Please furnish details regarding direction for use.

Is it by printing on container or product?

Yes No

Please give claims history for the last 3 years.

Is the hazard warning clearly shown?

Yes No

| No of Claims | Year | Year | Year |
|------------------------|------|------|------|
| Total Amount Paid | | | |
| Bodily Injury | | | |
| Property Damage | | | |
| Cost of Defence Action | | | |
| Total Outstanding | | | |
| Bodily Injury | | | |
| Property Damage | | | |
| Cost of Defence Action | | | |

Are you aware of any incidents, conditions, defects, circumstances or suspected defects which may result in claim?

Yes No
If Yes, please furnish full details below:

Has your proposal or renewal been declined or premium been increased or special terms imposed by any insurer?

Yes No
If Yes, please furnish full details below:

| Please quantify the sales turnover for all products for the last 3 years. | Sales Turnover | | |
|---|---|------|------|
| | India/Domestic | Year | Year |
| | USA/Canada | | |
| | OECD Countries (Please provide list) | | |
| | Other Countries including Non-OECD Countries (Please provide list) | | |

| Please furnish details for export to other countries. | Countries | How long have you been exporting to these countries? | Do you require cover for these countries? | |
|---|--|--|---|-----------------------------|
| | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | USA/Canada | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | OECD Countries | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | Other countries including non-OECD countries | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Do you comply with USA/Canadian State/Federal Laws/ Standards applicable to each product of export for such countries?

Please furnish details of any power of attorney on assets in USA/Canada.

Proposer's Insurance Requirements

What is the Policy Period required?
From : _____
To : _____

What is the Limit of Indemnity required?
Any one accident : _____
Aggregate during the Policy Period : _____

Do you require cover for Export?
Yes No
If Yes, please indicate the countries of export below:

What is the Voluntary Excess you wish to bear? (in addition to Compulsory Excess)
India : _____
USA/Canada : _____
Other Countries : _____
(This Excess will apply to each and every claim)

Do you require "limited Vendor's Endorsement"?
Yes No
If Yes, please enclose a copy of the contract with the Vendor(s) and state the names of each product of export to such countries.

| Premium Summary | |
|------------------------|--|
| Total Premium Rs | |
| Sectional Discount | |
| Premium After Discount | |
| Service Tax Rs | |
| Total Amount Rs | |

DECLARATION

I/We hereby declare and warrant that the above statements are true and complete in all respects and that there is no other information which is relevant to my application for insurance that has not been disclosed to you. I/We agree that this proposal and the declarations shall be the basis of the contract between me/us and Universal Sompo General Insurance Co. Ltd and I/We agree to accept a policy in the standard form of and, subject to the conditions prescribed by Universal Sompo General Insurance Co. and to pay premium on the amount estimated above at the end of each policy period. I/We undertake to exercise all ordinary and reasonable precautions for safety of the property as if it were uninsured.

Date :
Place :

Signature of Proposer

SECTION 41 OF INSURANCE ACT, 1938

PROHIBITION OF REBATES

No person shall allow or offer to allow either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate except such rebate as may be allowed in accordance with the published prospectuses or tables of the Insurer.

Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to Ten Lakh Rupees.

Universal Sompo General Insurance Co. Ltd.

KLS Tower, Plot No EL 94, MIDC, Mahape, Navi Mumbai - 400710

Toll Free Nos: 1800224030(MTNL)/18002004030(Reliance) Direct Nos: 022 27639800(MTNL) 39133700(Reliance)

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