

Products Liability Questionnaire

This is your proposal for insurance. It will be the basis of any subsequent insurance policy that Raheja QBE may issue to you. You are obliged to provide Raheja QBE with a full and frank disclosure of any and all facts that may be material to Raheja QBE's decision to grant a policy or the terms upon which it should be granted. It is therefore important that on behalf of all proposed insureds you answer fully and accurately all of the questions contained in this proposal, that you provide Raheja QBE with any and all information that may be relevant, and you inform Raheja QBE in writing if there is a change in the information provided in this proposal or otherwise between now and the date the Policy is granted.

Your failure to comply with this obligation may result in the rejection of a claim and/or the avoidance of the Policy. If you are in any doubt about the information to be given, please seek the advice and guidance of your insurance advisor or agent. If there is insufficient space in this proposal for you to provide relevant information, whether as requested or otherwise, please attach a separate sheet to this proposal and return it to Raheja QBE.

Raheja QBE is under no obligation to accept any proposal for insurance. If Raheja QBE accepts a proposal for insurance, it shall be subject to the policy terms, conditions and exclusions.

Proposal / Insured Details			
Full Name of the Proposer/ Insured (all subsidiary companies to be shown)			
Address/es of Premises	Street Address	State	Pin Code
Email id of the Proposed Insured			
Mobile no. of the Proposed Insured			
Bank account details	Account no.		
	Account Type(Saving/Current)		
	Name of the Bank & Branch		
	MICR Code(9 digit)		
	IFSC Code (11 character code)		

Nomination details:

	1 st Nominee	2 nd Nominee	3 rd Nominee	4 th Nominee
Name of Nominee				
Date of Birth of Nominee	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY
Percentage of Nomination	____%	____%	____%	____%
Relation with the Insured				
Mobile No.				
Email ID				
Present Address				
Permanent Address				
Details of authorised person in case if the nominee is a minor-				

Bank account details of the nominee

	1 st Nominee	2 nd Nominee	3 rd Nominee	4 th Nominee
Account no.:				
Account Type-Saving/Current:				
Name of the Bank & Branch:				
MICR code (9 digit)				
IFSC code (11 character code):				

Note: In case of more than 1 nominee, please attach a separate annexure mentioning all the detail of the nominees with their share in %:					
Please provide a full description of your trade or Business					
Length of the time that you have been established in this business					
Limit of Indemnity Required:		INR _____ any one Occurrence INR _____ in the aggregate for all Injury and/or Damage during the Period of Insurance			
Policy Period :		From: ____/____/____ at ____ Hrs to ____/____/____ at ____ Hrs			
Turnover					
(a) Wholesale	%	(b) Retail	%		
(c) Manufacturing	%	(d) Export	%		
(e) Import	%	(f) Other (please specify)			
			%		%
			%		%
The Products					
List the products manufactured or goods sold					
To your knowledge are any of the products used or incorporated in:					
(a) Aircraft or watercraft				<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Atomic reactors or installations				<input type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Petro chemical or chemical installations				<input type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Underground situations				<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes", please provide details including turnover:					
	%		%		
	%		%		
	%		%		
	%		%		
	%		%		
	%		%		

The Products				
Do you expect to manufacture any new products in the next 12 months?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes" please give details:				
Please provide a list of discontinued products manufactured and/or distributed.				
List the types of consumers to whom products or goods are sold and whether sold direct to public or through wholesalers, distributors or retailer				
Type of consumers	Public	Wholesalers	Distributors	Retailers
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Raw materials, components or supplies:				
(a) Describe raw materials, components or supplies used:				
(b) Are raw materials, components or supplies imported				<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", please give full details of manufacturer or supplier and country of origin:				
Full details of manufacturer or supplier			Country of origin	

Do any of your products contain or consist of the following substances?		
(a) Asbestos	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Man-made or synthetic mineral fibres (e.g. Fibreglass)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do any of your suppliers contract out of liability	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes", please give details:		
Are the finished products:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Subject to Bureau of Indian Standards or relevant international codes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Subject to any statutory or other regulations	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes", please give details and also state whether these are being complied with:		
The Products		
Do you -	Impose conditions of sale?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(a) Make any disclaimers of liability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(b) Give any guarantee for you products?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", please give details (please provide copies):		
Have you ever had to withdraw or recall products from use?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", please give details:		
Are any of the products designed or formulated by your own staff?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", please give details:		
Radioactivity:		
Do the products incorporate radioactive materials or give off radioactive ionizing radiation?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", please give details:		

Quality Control:		
What methods of quality control are adopted? i.e.		
Is each and every product	(a) Inspected only?	<input type="checkbox"/> Yes <input type="checkbox"/> No

(b) Tested only?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are sampling techniques employed?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", state degree of fault tolerated (if any), e.g., 2 per 1000 per hour per batch:		
What tests and/or inspections are made on the samples?		
Are batch samples retained and catalogued?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, for how long are they retained and records kept?		
What is the calculated number of defects in relation to output per product?		
What is the maximum allowed by production manager?		
What features, if any, are incorporated to ensure that defects are eliminated or reduced or specifications are complied with?		
Can all of your products be identified as having been manufactured by yourself?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Containers:		
How are the products packed, e.g. glass, metal, cardboard etc?		
The Products		
Labels:		
Do your products carry labels/packaging and/or information sheets which provide instructions and/or information regarding the correct use or storage and/or warnings of potential hazards?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do your labels/packaging and/or information sheets carry instructions in relation to medical treatment and/or remedial treatment/action to be taken in the event of an accident, consumption, or misuse of the product?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the information or instructions contained on your labels, packaging and/or information sheets been tested and/or checked for accuracy?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the information or instructions contained on your labels, packaging and/or information sheets been checked by a lawyer/solicitor?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Export		
List each of the products exported, the countries to which they are exported and the estimated annual value of exports per country:		
Products exported	Countries to which they are exported	Estimated Annual Value
		INR
		INR

		INR
		INR
		INR
		INR
		INR
		INR
Do you have any overseas representation, office or sales organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", please provide details:		
Installation:		
Do you install or apply your own product/s or perform any services?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", please provide details:		
What supervision is employed?		
History		
Have any legal proceedings ever been initiated against the proposer in connection with any products or goods sold or services rendered by the proposer		<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", please give details:		
Have you ever had any:	a) Insurance declined or cancelled?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b) Renewal refused?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c) Special conditions imposed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	d) Excess imposed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	e) Claims rejected	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", please give details:		

DECLARATION FOR COMPLIANCE WITH ANTI MONEY LAUNDERING REGULATIONS

I/We hereby give my/our consent to Raheja QBE General Insurance Company Limited ('the Company') to verify and obtain my/our identity/address proof as well as the identity /address proof of the insured through Central KYC Registry or UIDAI or through any other modes for the purpose of undertaking KYC.

I/We hereby declare and confirm that the premium has been paid out of legally acquired sources of income and the subsequent premiums if any, will continue to be paid out of legally declared and assessed source of income.

I/We agree that the Policy shall become voidable at the option of the Company, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particular in the personal statement, declaration and connected documents, or if any material information has been withheld by me/us or anyone acting on my/our behalf to obtain any benefit under this Policy.

I hereby declare and warrant that to the best of my knowledge and belief the answers given above and documentation submitted are true, complete and accurate and that I have not withheld any information material to this proposal. I agree that the information in this form and the accompanying documentation submitted shall form the basis of the contract proposed between me and the Company.

Are you or any of the proposed applicants/beneficial owner a PEP* or a close relative of a PEP*? YES / NO

If yes, please give details:

**Politically Exposed Persons (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States/ Governments, senior politicians, senior government/judicial/military officers, senior executives of state-owned corporations, important political party officials, etc.*

Declaration when the proposal form is filled by a person other than the proposer/ the proposer signs in a vernacular language/ proposer is illiterate:

I hereby declare that I have read out and explained the content of this proposal form and all other connected documents incidental to availing the insurance policy from Raheja QBE GIC Ltd. to the proposer and that he/ she confirmed that he/ she has understood the same and that he/ she agrees to abide by all the terms & conditions of the same.

I hereby declare that I have fully explained to the proposer the answers to the questions that form the basis of the contract of insurance have also explained the contents in this form to the proposer in _____ language, that I have truly and correctly recorded the answers give by the proposer and that the proposer has affixed his/ her thumb impression on the proposal form in my presence, after fully understanding the contents thereof. Further, this declaration does not confirm issuance of policy or assumption of risk thereof.

I hereby state that the contents of the form and documents have been fully explained to me and that I have fully understood the significance of the proposed contract

Name of Proposer _____ Name of Witness _____

Signature of Proposer _____ Signature of Witness _____

Date: _____ Place: _____

Relationship with Proposer: _____

Address of Witness: _____

Proposer's Signature		Place		Date	
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