



## **The Oriental Insurance Company Limited**

Head Office: A 25/27, Asaf Ali Road, New Delhi -110002

PROPOSAL FORM FOR PRODUCT LIABILITY INSURANCE

1. Name of the Proposer (in full):  
  
Names of the Subsidiaries &  
Associate Cos. (in full):
2. Registered Address of the  
Proposer:
3. Business address of the proposer:
4. Location from where distribution  
is effected:
5. How long have you been in the  
business?
6. Do you manufacture the complete  
product? If not, what components/  
parts are purchased by you?
7. Can the date of manufacture of each  
product be identified by the factory  
number stamped on it ?
8. Do you have any assets and/or  
representation and/or any domiciled  
operation and/or activities and/or  
association (Financial, Technical  
or otherwise) in USA/Canada and other  
foreign countries? If so, please  
furnish details of association.

9. Are you affiliated in any manner with any of your suppliers and distributors?

10. Please give full description of the following for **all goods** for the last three years:

10.A. Year	(All Goods)	20..	20..	20..
(i)	goods manufactured -actual turnover	....	....	....
(ii)	goods sold/supplied-actual turnover	....	....	....
(iii)	goods repaired, serviced, tested and processed -actual turnover	....	....	....

10.B. For the above, please give the projected turnover for the proposed period of insurance as under :

- (i) Goods manufactured
- (ii) Goods sold or supplied
- (iii) Goods repaired, serviced, tested and processed

(Please attach leaflets, brochures and/or any other literature).

11.A Please furnish details of products to be considered for insurance which are manufactured and/or designed -

- (a) Name of the product:
- (b) Principal component:
- (c) Annual Units produced:
- (d) Annual turnover:
- (e) How long has it been in the market?
- (f) Expected life of use:
- (g) Intended customer/ultimate user:
- (i) Warranties as to use:
- (j) Technical know-how/collaboration:

11.B Additional information for goods to be covered under insurance :

(Goods to be covered) 3Years 20.. 20.. 20..

- (i) goods manufactured -actual turnover .... .... ....
- (ii) goods sold/supplied-actual turnover .... .... ....
- (iii) goods repaired, serviced, tested and processed -actual turnover .... .... ....

11.C For the above, please give the projected turnover for the proposed period of insurance as under for Goods to be covered:

- (i) Goods manufactured
- (ii) Goods sold or supplied
- (iii) Goods repaired, serviced, tested and processed

(Please attach leaflets, brochures and/or any other literature).

12. Do you have Research & Development Dept.?
13. Please specify any products which are inflammable/explosive, dangerous, radioactive, harmful to health, poisonous by themselves or any combination with others  
If so, please give full details and state what precautions are taken.
14. Please state whether goods sold or supplied subject to disclaimer notice, and if so, please give full text, particulars of such disclaimer notice.
15. Please furnish particulars of new products to be marketed during the next 12 months.
16. Please furnish details and list of products discontinued or recalled or withdrawn during the last five years.
17. Please elaborate complaints, incident/accident reporting system in your organization:
18. Please give details of checks or examinations or controls including batch control and testing carried out or effected to discover possible defects or errors in products.
19. Do your products comply with standards like ISI or any other Standards?

20. Have your products ever 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.
21. What is the failure rate of each product after hand over ?
22. Do you issue guarantees and/or warranties to purchasers? If so, for what period do you guarantee and/or warrant your product?
23. Particulars regarding directions for use:  
 (a) Is it by printing on container or product?  
 (b) Is it by separate leaflet or brochure?  
 (c) Is the hazard warning clearly shown?
24. Please furnish claims history (country wise) for the last three years in the following format:  
 (a) Year 20.. 20.. 20..  
 (b) No. of claims:  
 (c) Total amount paid:  
     Bodily injury: Rs.  
     Property Damage: Rs.  
     Cost of defence action: Rs.  
     Total amt. of pending claims:  
         Bodily injury: Rs.  
         Property Damage: Rs.  
         Cost of defence action: Rs.
25. Are you aware of any incidents, conditions, defects, circumstances or suspected defects which may result in claim?
26. Have your proposal or renewal been declined or premium increased, special terms imposed by any Insurer? If so, please give particulars:

27. Please indicate the limit of indemnity required

- (i) Any one accident:
- (ii) Aggregate during the policy period:

28. Please indicate the Voluntary excess for each claim (in addition to Compulsory Excess) you are willing to bear.

U.S.A.  
Canada

All other countries including India

29. Please quantify sales turnover Product wise for the last 3 years as under:

- (a) Domestic (to list)
- (b) USA/Canada (to list)
- (c) OECD countries (to list)
- (d) Other countries (to list).

30. Do you wish to insure :

- (a) Domestic sales only  
or
- (b) Domestic sales and exports.  
If yes, specify the countries to be covered
  - i) USA and Canada
  - ii) OECD countries
  - iii) Other countries

(Cover for exports will be granted only if domestic sales is also covered).

31. How long have you been exporting to these countries ?

- (a) USA and Canada:
- (b) OECD countries:
- (c) Other countries:

32. Do you require "Limited Vendor's Endorsement"?

(Please enclose a copy of the contract with the Vendor/s and give the names to each product of export to such countries)

33. Please give details of any power of attorney on Assets in USA/Canada.

35. Policy period: From 12.00 midnight of \_\_\_\_\_  
to 12.00 midnight of \_\_\_\_\_

I/We desire to effect an Insurance in terms of the Product Liability of THE ORIENTAL INSURANCE CO LTD against the limits of indemnity specified above and I/We hereby declare that all statutory provisions relating to my/our business proposed for Insurance are complied with. I/We further declare that all the above statements and particulars are true, and I/We have not omitted, suppressed, misrepresented or misstated any material fact and I/We agree that this declaration shall be the basis of the contract between me/us and the Company and be incorporated therein.

Place:

Date:

Signature of the Proposer

### **PROHIBITION OF REBATE**

#### **Section 41 of the Insurance Act, 1938**

1. "No person shall allow, or offer to allow, either directly or indirectly as inducement to any persons 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 the 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 table of the insurer.
2. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

Note 1. The liability of the company does not commence until the proposal has been accepted by the Company and full premium paid.

2. If space is found insufficient, please attach separate sheets for details.
3. Insurance is the subject matter of solicitation.