



PROPOSAL FORM

PRplus

libertyinternational.com



# Proposal form



## Important Notice

The information requested and provided in this proposal will form the basis of any contract of insurance entered into. Please read the following notices carefully and ensure you (the Applicant) answer all questions in full and read and sign the Declaration at the end.

### **Your Duty of Disclosure – Hong Kong**

In completing this proposal form you are obliged to disclose material facts that you know, or could reasonably be expected to know, that are relevant to the insurer's assessment and acceptance of this proposal. If you are uncertain whether or not particular information is material, these facts should be disclosed.

### **Non Disclosure**

Should you fail to comply with your disclosure obligations the insurer may void the policy.

### **Your Duty of Disclosure – Singapore**

In accordance with section 23(5) of the Insurance Act 1966, as amended from time to time, you are to disclose in this proposal form, fully and faithfully, all the facts which you know or ought to know that are relevant to the policy.

### **Non Disclosure**

If you do not fully and faithfully give the facts as you know them or ought to know them, the policy issued may be void and you may receive nothing under the policy.

### **Inadequate Space To Answer**

If there is inadequate space to answer any of the questions or make any comment or you need to disclose something to us because of your duty of disclosure, please attach a separate piece of paper to this questionnaire giving full details of additional information.

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## 1. THE APPLICANT

- a. Name of Applicant to be insured under this policy \_\_\_\_\_
- b. Nature of business \_\_\_\_\_
- c. No. of years in business \_\_\_\_\_
- d. Address of Applicant  
Street \_\_\_\_\_  
Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_
- e. List all subsidiary companies to be included under this policy  
\_\_\_\_\_  
\_\_\_\_\_
- f. Applicant's website \_\_\_\_\_

## 2. PARENT COMPANY

- a. Parent company of Applicant \_\_\_\_\_
- b. Address of parent company \_\_\_\_\_

## 3. FINANCIALS

- a. Actual total turnover for the last 12 months US\$ \_\_\_\_\_
- b. Estimated turnover for the next 12 months US\$ \_\_\_\_\_
- c. Actual gross earnings for the last 12 months US\$ \_\_\_\_\_

## 4. LIMIT OF LIABILITY

- a. What is the limit of liability required ? US\$ \_\_\_\_\_

## 5. PRODUCT INFORMATION (Attach additional pages as needed)

- | a. Product(s) | % of total turnover | What is the final application(s) if the product is a component |
|---------------|---------------------|--|
| _____         | _____ %             | _____  |
| _____         | _____ %             | _____  |
| _____         | _____ %             | _____  |
| _____         | _____ %             | _____  |
| _____         | _____ %             | _____  |
- b. What percentage (%) of products are sold as components \_\_\_\_\_ %

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- c. Do products work with rechargeable battery? Yes No
- 
- d. Does the Applicant contract manufacture, bottle or pack for any third parties? Yes No  
 If yes, what is the % and work? % work

e. **Geographical distribution:**

| Region                            | Product(s) | Turnover US\$ |
|-----------------------------------|------------|---------------|
| North America, Europe, ANZ, Japan |            | \$            |
| Asia excluding Japan              |            | \$            |
| Other                             |            | \$            |

f. Top three (3) products (by turnover):

|                              | Product 1 | Product 2 | Product 3 |
|------------------------------|-----------|-----------|-----------|
| Product name                 |           |           |           |
| Annual turnover (US\$)       | \$        | \$        | \$        |
| Top customer                 |           |           |           |
| Failure rate (%)             | %         | %         | %         |
| Manufacturing cost per unit  | \$        | \$        | \$        |
| Batch size (number of units) |           |           |           |
| Batch size (US\$)            | \$        | \$        | \$        |

- g. Does the Applicant import any goods? Yes No  
 If yes, please provide details:

| Country | Goods/use of goods | Value US\$ |
|---------|--------------------|------------|
|         |                    | \$         |
|         |                    | \$         |
|         |                    | \$         |
|         |                    | \$         |

- h. What percentage of your products are manufactured by outside contractors? %

i. Product by plant – daily output in US\$

Total number of plants/facilities

If three (3) or more plants, please attach a schedule with the following information:

| Plant | Max daily output per plant in US\$ | Max daily output any one product line in US\$ |
|-------|------------------------------------|---|
|       | \$                                 | \$  |
|       | \$                                 | \$  |
|       | \$                                 | \$  |

- j. Has the Applicant agreed to indemnify or hold harmless any suppliers of goods or services (e.g. supplier of raw materials/contract packers) or other parties? Yes No
- 
- k. Do products require external power source to operate? Yes No
- 
- l. Do products require installation or assembly after delivery? Yes No
- 
- m. Do you have a written, in-force quality assurance plan? Yes No

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n. Do all products meet registration standards? If yes, please list out all the certification: Yes No

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o. Do all of the products which are the subject of this proposal form conform in all respects with requirements of law or regulation, including applicable industry guidelines? Yes No

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p. Is there a quality control department? Yes No

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q. Are suppliers standards monitored? Yes No

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r. Do you require your suppliers to abide by specified standards? Yes No

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s. What steps are taken to assess the quality standards adhered to by your suppliers? (Application, references, health inspection reports, etc)

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t. How do you collect and monitor customer complaints?

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u. Are quality assurance audits performed internally? Yes No

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v. How often are these audits performed?

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w. Are quality assurance audits performed by an independent third party? Yes No

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x. How often are these audits performed?

Please attach a copy of the most recent audit performed by an independent third party.

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## 6. RECALL PREPAREDNESS

a. Does the Applicant have an in-force recall plan? Yes No

If yes, please describe:

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b. Are mock recalls conducted? Yes No

If yes, provide the date of your last mock recall:

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c. Does the Applicant have an in-force crisis management plan? Yes No

If yes, please describe:

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d. Estimate the cost to recall your leading brand \$

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## 7. PRODUCT TESTING

- a. Is product testing utilised? Yes    No  
At what point in the manufacturing process is testing performed?  
In line      End product      Raw materials      Other

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b. Do you have an in-house testing laboratory? Yes    No

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c. Do you retain an outside testing laboratory? Yes    No

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d. Are labels routinely inspected for accuracy and content? Yes    No

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e. Who reviews labels?    Technical      Legal      Other

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f. How often are labels reviewed?

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g. Is a batch coding system utilised? Yes    No

Details of coding (ex. – by date, shift line, operator):

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h. Can all products be tracked so that the source and destination of individual batches can be identified? Yes    No

If no, please provide details:

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i. What is the maximum batch size in US\$ \$

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## 8. WORKPLACE

a. Has the Applicant had strikes/riots/work stoppages/plant closings in the past three (3) years? Yes    No

If yes, please describe:

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b. Has the Applicant been the subject of or been threatened with a wrongful termination legal action? Yes    No

If yes, please describe below or attach details:

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## 9. HISTORY

- |   |     |    |
|---|-----|----|
| a. Have any products or any of Applicant's premises been the subject of comment or complaint by any government agency or department in the past five (5) years? | Yes | No |
| b. Have any products been recalled due to actual, threatened or suspected malicious alteration in the past five (5) years?                                      | Yes | No |
| c. Have any products been recalled in the past five (5) years?  | Yes | No |
| d. Has the Applicant had any product liability claims in the past five (5) years?   | Yes | No |

If yes, please describe below or attach details:

- 
- |   |     |    |
|---|-----|----|
| e. Does the Applicant, its directors, officers or any other person to the knowledge of the Applicant have knowledge of or information about any fact or circumstance which may reasonably give rise to a claim under the proposed policy? | Yes | No |
|---|-----|----|

If yes, please provide details:

- 
- |  |     |    |
|--|-----|----|
| f. Has any insurer:  |     |    |
| 1. declined to insure the Applicant in respect of any coverage(s) proposed for herein? | Yes | No |
| 2. cancelled or refused to renew the Applicant's insurance?                            | Yes | No |
| 3. imposed special terms to insure the Applicant?                                      | Yes | No |

If yes to any of the above, please provide details including name of insurer:

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- g. The answers you have provided to the above questions usually provide sufficient information for a proper consideration of your application, however, if there are any matters which are material to the risk to which this application relates, you must disclose those fact to us in the space provided below:

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## 10. DECLARATION

(To be signed by a partner, principal or director.)

I, the undersigned, declare and acknowledge that:

- having made all necessary enquiries, I am authorised to submit this proposal on behalf of all persons or entities seeking insurance.
- having made all necessary enquiries, all information and supporting documents provided in, with or separately to this proposal are true and accurate, and I have not withheld any relevant information.
- this proposal and any accompanying documents will form the basis, or part of the basis, of the insurance contract.
- until an insurance contract is entered into, I will notify Liberty of any changes to the information provided or any new relevant information that arises.
- I understand Liberty relies on the accuracy of all information and documents submitted in connection with this insurance proposal.
- I have read and understood the Important Notices, including the Privacy Notice, which form part of this proposal.
- I understand no insurance cover is in force until a contract of insurance is entered into, which occurs upon my acceptance of any offer made by Liberty.

Signature

Date

Name (please print)

Title

# Proposal form



## Privacy Notice

**Liberty** means Liberty International Insurance Limited (UBI 03967394) (**Liberty Hong Kong**); Liberty Pte. Limited (UEN 201538069C) (**Liberty Singapore**). **Liberty** is part of the Liberty Mutual Group headquartered in the United States.

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