



PROPOSAL FORM

PRplus

libertyinternational.com



Proposal form



Important Notice

The clauses herein are made pursuant to laws applicable in Hong Kong and pursuant to the Insurance Act 1966 of Singapore.

Before you enter into a contract of general insurance with an insurer, you have a duty to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of general insurance.

Your duty however does not require disclosure of matter:

- that diminishes the risk to be undertaken by the insurer;
- that is of common knowledge;
- that your insurer knows or, in the ordinary course of its business, ought to know;
- as to which compliance with your duty is waived by the insurer.

Non Disclosure

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce their liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.

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.

Proposal form



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 insured
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 _____ %

Proposal form



- 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

Proposal form



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

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

p. Is there a quality control department? Yes No

q. Are suppliers standards monitored? Yes No

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

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

t. How do you collect and monitor customer complaints?

u. Are quality assurance audits performed internally? Yes No

v. How often are these audits performed?

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

x. How often are these audits performed?

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

6. RECALL PREPAREDNESS

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

If yes, please describe:

b. Are mock recalls conducted? Yes No

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

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

If yes, please describe:

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

Proposal form



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

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

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

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

e. Who reviews labels? Technical Legal Other

f. How often are labels reviewed?

g. Is a batch coding system utilised? Yes No

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

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:

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

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:

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:

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:

-
- 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:

10. DECLARATION

(To be signed by a Partner, Principal or Director.)

I, the undersigned understand, declare and acknowledge that:

- I am to disclose in this form, fully and faithfully, all the facts that I know or ought to know, otherwise the Policy may not respond to any claim;
- I am, after enquiry, authorised by all person(s) or entities seeking insurance, to make this proposal;
- After enquiry, all information supplied in this proposal and any supporting documents attached to this proposal or supplied separately, is true and correct and that until a Contract of Insurance is entered into, I am obliged to inform Liberty of any changes to any information supplied or of any new information that is relevant;
- Liberty relies on the accuracy of the information and documentation supplied proposing for this insurance;
- If a Contract is entered into, all information and documentation supplied in proposing for this insurance shall be incorporated into and form part of such Contract of Insurance;
- I have read the Important Notices including the Privacy Notice which form part of this proposal;
- No insurance is in force until a Contract of Insurance is entered into, which is upon the Proposers acceptance of an offer by Liberty, if any.

Signature

Date

Name (please print)

Title

Proposal form



Privacy Notice

Liberty (**Liberty**) is Liberty means Liberty Mutual Insurance Company, Australia Branch (ABN 61 086 083 605) incorporated in Massachusetts, USA (the liability of members is limited) (Liberty Australia); 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.

We collect personal information to provide insurance products and services, manage claims and support related business operations. This may include information collected from insurance brokers, intermediaries, or directly from you. If you do not provide the personal information requested, we may be unable to offer the appropriate type or level of service.

If you provide **Liberty** with personal or sensitive information about another individual, you must ensure they are aware of this notice and have consented to the disclosure. If you have not done so, please inform **Liberty** before sharing their data.

Your personal information may be disclosed to Liberty's related entities, reinsurers, insurance intermediaries, loss adjusters, legal and professional advisors and other service providers. We may also store your information with third party cloud or electronic storage providers.

Some recipients may be located overseas in the United States, Canada, United Kingdom, European Union, India, China, Australia, Hong Kong, Singapore and Malaysia. Where reasonably necessary, your information may be transferred to countries without comparable data protection laws to deliver the services you request. By engaging with **Liberty**, you consent to these cross-border transfers unless you notify us otherwise in writing.

We are committed to protecting your privacy and ensuring transparency in how we use your personal information. As part of this commitment, we confirm **Liberty** does not currently use automated decision-making (ADM).

You may access or seek correction of your personal information, make a privacy complaint, or raise any queries by contacting **Liberty's** Privacy Officer: privacy.officer.ap@libertymutual.com. If you require a physical mailing address, please contact the Privacy Officer via email.

To view the relevant privacy policy for your jurisdiction, visit: [Australia Privacy Policy](#), [Hong Kong Privacy Policy](#), [Singapore Privacy Policy](#)