



# LONPAC INSURANCE BHD (307414-T)

## PROPOSAL FORM FOR PRODUCTS LIABILITY INSURANCE

*Pursuant to Section 149(4) subsection of the Insurance Act, 1996 of Malaysia, you are to disclose in this proposal form fully and faithfully, all facts which you know or ought to know, otherwise, the policy issued hereunder may be void.*

1.
  - a) Name of Proposer : \_\_\_\_\_
  - b) Address : \_\_\_\_\_
  - c) Name of subsidiaries and associated companies : \_\_\_\_\_
  - d) Address : \_\_\_\_\_
  - e) Please state, whether cover is required for these subsidiaries & associated Companies: If yes, provide name and address : \_\_\_\_\_

2. Business of Proposer : (Please tick)

- a) Manufacturer ( )
- b) Distributor ( )
- c) Importer ( )
- d) Exporter ( )
- e) Retailer ( )

Business of subsidiary & associated companies : \_\_\_\_\_

3. How long has the Proposer been in business : \_\_\_\_\_

4. Does the Applicant have a subsidiary, affiliate, representative or assets in the USA/ Canada?

Yes ( ) No ( )

If yes, please give name(s) and address(es) : \_\_\_\_\_

5. List the products for which cover is required and tick :

A) Products that have been introduced during the last three years : \_\_\_\_\_

B) Products proposed for introduction during the ensuing year : \_\_\_\_\_

Note : Any additional product will be covered only from the date on which it was reported to the company :

No.	Products	Marketed In	A	B



**Page 2 : Products Liability Application**

6. Details on each Product Liability cover required :

a) List all products manufactured, sold or distributed by you in the last three years as well as estimated sales for the upcoming year :

List of Product:	Year:	Year:
_____		
_____		

b) Years in the market : \_\_\_\_\_

c) Expected lifetime : \_\_\_\_\_

d) Intended use : \_\_\_\_\_

e) Principal's components : \_\_\_\_\_

7. Estimated sales in Ringgit Malaysia : \_\_\_\_\_

Item	Territory	Previous Year : 20__	Current Year : 20__	Next Year : 20__
a)	Malaysia			
b)	Australia			
c)	Europe			
d)	USA/ Canada			
e)	Rest of the World			

8. a) Are any products manufactured by you not sold under your label? Yes ( ) No ( )

b) If the products are not designed by you, please advise who designed the products (attach copies of test report). Yes ( ) No ( )

c) Do you have any rights of recovery available? Yes ( ) No ( )

9. a) Are products sold as components to other products? Yes ( ) No ( )  
If yes, please provide details. \_\_\_\_\_

b) Are any products sold as components or use on or with any Aircraft, Missiles, Watercrafts? Yes ( ) No ( )  
If yes, please provide full details. \_\_\_\_\_

10. Are there any products that are inflammable, explosive, poisonous and radioactive? Yes ( ) No ( )  
If yes, please provide details. \_\_\_\_\_

11. In respect of sales to USA/ Canada :

a) Does Applicant require Vendors Liability Extension? Yes ( ) No ( )

b) If yes, please supply name and address of vendors : \_\_\_\_\_  
\_\_\_\_\_

c) Does Applicant enter into any hold harmless or other similar contractual agreement(s)? Yes ( ) No ( )  
If yes, please attach copy of such contracts.

**Page 3 : Products Liability Application**

12. Are there or have there been any violations of the consumer product safety act or any other Federal or local legislation? Yes ( ) No ( )  
 If yes, please provide details. \_\_\_\_\_
13. a) Is there a written Product Liability loss control program in effect? Yes ( ) No ( )  
 b) Is each product subject to and do they conform with applicable national safety standards or equivalent standards? Yes ( ) No ( )  
 c) Do you use the services of an external testing laboratory? Yes ( ) No ( )  
 If yes, please provide copies of test reports.  
 d) Are record-keeping procedures maintained on products? Yes ( ) No ( )  
 e) Are your products subject to batch control and bar codes? Yes ( ) No ( )  
 f) Do all products have clear written instruction on use and warnings where applicable? Yes ( ) No ( )  
 g) Do you issue any written guarantee or warranties or conditions of sale with respect to your product? Yes ( ) No ( )  
 h) Is research conducted on product , design, plan or formula or is specification provided? If yes, please provide details. Yes ( ) No ( )  
 i) Has any product been recalled or discontinued? Yes ( ) No ( )  
 If yes, please provide details.  
 j) Is Quality Control maintained? If yes, describe the system of Quality control you operate and how frequently the system is reviewed and up dated Yes ( ) No ( )
14. Are you aware of any incidents, known defects or inherent that may result in a claim? If yes, please provide details by separate attachments. Yes ( ) No ( )
15. Have any claims been made against you during the last five years in respect of Bodily Injury or Property Damage? Yes ( ) No ( )  
 If yes, please provide details : \_\_\_\_\_  
 \_\_\_\_\_

16. Loss experience – Total incurred losses for the last five years : RM \_\_\_\_\_

Describe all losses over RM 5,000 (paid or reserve) :

Territory	Year	Description of Loss	Loss Amount (RM)



**Page 4: Products Liability Application**

- 17. a) Has any Insurer declined cancelled or imposed special terms? Yes ( ) No ( )  
If yes, please provide details : \_\_\_\_\_
- b) Who is your current Insurer? \_\_\_\_\_
- 18. a) Please state limits required : \_\_\_\_\_
- b) What amount of excess are you prepared to carry? \_\_\_\_\_
- 19. Policy Period desired : From: \_\_\_\_\_ To: \_\_\_\_\_

**DECLARATION BY PROPOSER**

I/We to the best of my/our knowledge hereby confirm that the statements contained in this Proposal Form are true and correct and I/We have not concealed, misrepresented or misstated any material fact.

I/We agree that the statements and declarations contained in this Proposal Form shall be the basis of the contract of insurance with the Company and are deemed to be incorporated in the contract.

If any untrue or incorrect averment has been made, the Policy shall be absolutely null and void.

Date : \_\_\_\_\_ Signature of Proposer : \_\_\_\_\_

Designation : \_\_\_\_\_  
*Please insert company seal/stamp.*

**Important Notice:**

- 1. Please provide brochures or other printed materials or information on the product to be insured.
- 2. Completion of this form does not bind coverage. Applicant's acceptance of the Company's quotation is required prior to binding coverage and policy issuance.