CIN No. U66010RJ2006PLC029979 IRDA Registration Number: 137



Shriram General Insurance Co. Ltd.

IN PARTNERSHIP WITH THE Sanlam GROUP

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ISO/IEC 27001:2013 certified

PRODUCT LIABILITY INSURANCE PROPOSAL FORM

Liability of the Company does not commence until the proposal has been accepted and the Premium paid.

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 the last three years:
- (a) Information for all goods:

| | Actual years | Turnover | for | last | three | Projected turnover for the proposed period of insurance |
|--|-----------------|----------|-----|------|-------|---|
| | 19 | 19 | | 19 | _ | 20 |

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

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

- 11.A. Please furnish details of <u>products to be considered for insurance</u> which are manufactured and/or designed:-
 - (a) Name of the product:
 - (b) principal component/s:
 - (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:
 - (h) Warranties as to use:
 - (i) Technical know-how/collaboration:
- 11.B. Additional information for goods to be covered under insurance:

| | | Actual Tu years | rnover for | last three | Projected turnover for the proposed period of insurance |
|-------|--|--------------------|------------|------------|---|
| | | 19 | 19 | 19 | 20 |
| (i) | Goods manufactured | | | | |
| (ii) | Goods sold/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 in combination with others. If so, please give full details and State what precautions are taken.
- 14. Please state whether good 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 organisation.
- 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 labeling, 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. Previous Insurance &/Claim Details (excluding the immediately expired policy):

| Year | Claims Paid | Claims Outstanding | Premium (excl. |
|---------|-------------|--------------------|----------------|
| | | | Service Tax) |
| Year 20 | | | |
| Year 20 | | | |
| Year 20 | | | |

- 25. Are you aware of any incidents, conditions, defects, circumstances or suspected defects which may result in claim?
- 26. Has 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 for domestic sales.
 - (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. <u>Canada</u> | All other countries including India. | | |
|---|--|-------------------------|--------------------------------------|---------------|--|
| 29. | Please quantify sales turnover product wise for the last 3 years as under: | | | | |
| | (a) Domestic (b) USA/Canada (c) OECD countries (to list) (d) Other countries including non-OECD countries. | | | | |
| 30. | How long have you been exporting to the following countries and do you require cover for exports to these countries? | | | | |
| | (a) USA and Canada:(b) OECD countries:(c) Other countries including nor | n-OECD countries | | | |
| | (Cover for exports will be granted only | y if domestic turnov | er is covered). | | |
| 31. | Do you require the following add on o | covers: | | | |
| Sl. No. | Add-on Covers | No. of Named Vendors | No. of Unnamed Vendors | | |
| 1. | Vendor's Liability Extension | | | | |
| 2. | Technical Collaborators' Extension | Yes 📙 | No | | |
| 3. | North American Jurisdiction Extension for covering exports to USA/Canada | Yes | No 🗌 | | |
| | Please enclose a copy of the contract of export to such countries. Do you comply with USA/Canadian State/Federal Laws/Standards Applicable to each product of export to such countries? | et with the Vendor/ | s and give the names | s to each | |
| 33. | Please give details of any power of attorney on Assets in USA/Canada. | | | | |
| 34. Policy period: From 12.00 midnight of to 12.00 midnight of Tyou do not find sufficient space in any of the above columns, please use additional sheets or space given below | | | | | |
| | not find sufficient space in any of the above full details : | e columns, please use a | additional sheets or space | e given below | |
| PAYMENT DETAILS: | | | | | |
| Cheque | DD Pay Order | Cash 🗌 | Others | | |
| If Othe | If Other (Please Specify) | | | | |
| | | | | | |

| Amount (Rs.) | |
|-----------------|----------------|
| Amount in Words | Rupees |
| Bank Name | Cheque/DD Date |

INSURED'S DECLARATION

I/we desire to effect Product Liability insurance with SHRIRAM General Insurance Company Limited for the limits of insurance specified above and agree that the statements contained in this application are to my/our belief complete, true and accurate representations. I/we agree that this application shall be promissory and shall be the basis of the contract between me/us and SHRIRAM General Insurance Company Limited and agree to accept the Company's policy for insurance along with the terms and conditions prescribed by the Company. I/ We understand that any misrepresentation, omission, concealment or incorrect statement of a material fact in this Proposal may render the policy void.

I/we also agree that if any additions/alterations are carried out after the submission of this application to the Company, then the same will be communicated to the Company immediately in writing.

I/we understand the terms of cover of this insurance and agree that the insurance would be effective only on acceptance of this application by the Company and the payment of the premium by me/us in advance.

| Signature of the Proposer & Stamp: | |
|------------------------------------|-------|
| Place: | Date: |

Notice

The rebate of premiums shall be allowed only in accordance with the details given in the prospectus or table of premium rates [or, as the case may be, the relevant document]. An offer or acceptance of any other rebate shall be an offence under section 41 of the Act.

Section 41 of the Insurance Act 1938:

Prohibition of Rebates

- "(1) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person 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 tables of the Insurer.
- (2) Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to ten lakh Rupees."