



নিটল ইন্স্যুরেন্স কোম্পানী লিমিটেড

NITOL INSURANCE COMPANY LIMITED

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PRODUCT LIABILITY- PROPOSAL FORM

LIABILITY OF THE COMPANY DOES NOT COMMENCE UNTIL THE PROPOSAL HAS BEEN ACCEPTED AND THE PREMIUM HAS BEEN RECEIVED IN ACCORDANCE WITH THE PROVISIONS OF THE INSURANCE ACT

1.	Name of Insured (list all subsidiaries to be insured)								
2.	Website address (include all websites)								
3.	Mailing Address and Principal Locations								
4.	Coverage Territory:	(a) Bangladesh Only,		(b) Worldwide,					
		(c) Worldwide excluding USA Canada							
5.	Policy Period:	From :		To:					
6.	Retroactive Date :								
7.	Business of the Insured:	Manufacturer		Distributor		Importer		Other	
8.	How long has Insured been in business?								
9.	Does Applicant have a subsidiary, affiliate or representative in the USA? If yes, please give name(s) and address (es)	Yes		No					
10.	List all products manufactured, sold or distributed by Insured in following territories and sales by product (attach product brochures or other printed material describing products)								
	For Current Year-	Domestic		USA and Canada		Rest of the World			
	Name of products	Units	Amount (Tk.)	Units	Amount (Tk.)	Units	Amount (Tk.)		
	Product 1								
	Product 2								
	For Coming Year-	Domestic		USA and Canada		Rest of the World			
	Name of products	Units	Amount (Tk.)	Units	Amount (Tk.)	Units	Amount (Tk.)		
	Product 1								
	Product 2								
12.	Who are the typical customers or end users of your products?								
13.	Does Insured have a written contract with the manufacturers/ suppliers?								

	If yes, does the contract contain a hold harmless agreement in your favour? (Please provide sample copies of your supply contract)	Yes	No
14.	Does the supplier have its own product liability insurance?	Yes	No
15.	Are you affiliated in any manner with any of your suppliers and distributors?	Yes	No
16.	Does all your manufacturing plants meet with basic Quality Assurance/ Quality Control Program that meets the standard of ISO 9001-2000, QS 9000, ISO/TS 16949 or similar standards?	Yes	No
17.	List any product that has been discontinued or recalled in the last 5 years and give reasons.		
18.	Are any new products proposed for introduction during the coming year? (If yes, list the products)	Yes	No
19.	Do you manufacture the complete product? (If not, what components/parts are purchased by you?)	Yes	No
20.	Do you carry out installation/erection work?	Yes	No
21.	Are any products sold as components for other products? If yes, indicate end product and likely use:	Yes	No
22.	Are any products sold as components for or use on or with any aircraft, missiles, space craft or watercraft ?	Yes	No
23.	Are all products designed by Insured? If not, please state who designs the product:	Yes	No
24.	What warnings, instructions manuals and labels are included with the products?		
25.	Describe Insured quality assurance and quality control procedures?		
26.	Do you have the basic Quality Assurance/Quality Control program covering all aspects including validation and verification of processes & tests, including equipment calibration, to ensure that the products meet the design and performance requirements and are consistently good quality?	Yes	No
27.	Do you adhere to regulatory or voluntary best practice standards in the respective markets?	Yes	No
28.	Do you undertake product safety reviews? Yes No	Yes	No
29.	Do you maintain/have adequate documentation and engineering change management procedures where all base and modified designs are subject to proper checks and sign offs, both in-house and by customers?	Yes	No
30.	For custom-made products (if any), do you take sign-offs by customers on designs and prototypes before mass production?	Yes	No

31.	Does applicant have a written and documented product recall plan?	Yes	No
32.	What are the procedures for record keeping and traceability of products, batches, production records and customers?		
33.	Does your contractual control include hold harmless clauses, limitation of liability and exclusion of consequential losses among others? (Please provide a sample copy of your supply contract)	Yes	No
34.	Does an independent laboratory test your products? If yes, what is the name of the laboratory and what test is being performed?	Yes	No
35.	What are the typical product failures, returns or customer complaints?		
36.	Is your marketing and technical literature subject to proper technical and legal review for accuracy and liability management?	Yes	No
37.	Does your instruction manuals and safety labels adhere to regulatory or voluntary best-practice standards in the respective markets?	Yes	No
38.	What is the failure rate of you product?		
39.	Have your products even 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.	Yes	No
40.	Are you aware of any claims or incidents, conditions, defects, circumstances or suspected defects which can result in a claim under our policy?	Yes	No
41.	Has any insurer cancelled or refused to renew your products liability coverage?	Yes	No
42.	Provide your claims experience for the last 5 years?		
43.	Limit of Insurance desired - Any one occurrence Aggregate		

DECLARATION BY INSURED

I/we desire to effect Product Liability insurance with the insurer 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 the insurer and agree to accept the insurer's policy for insurance along with the terms and conditions prescribed by the insurer. 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.

I/We hereby understand, declare, consent and authorize the Company to use personal health details and financial information, as provided to the Company for underwriting the risk. I/We hereby also understand, declare, consent and authorize the Company that the Company shall have right to retain the aforementioned information and disseminate the same to its service provider(s) for providing services related to insurance.

Place :

Date :

Signature of Proposer