

CRESCENT STAR INSURANCE LTD

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PRODUCT LIABILITY QUESTIONNAIRE AND PROPOSAL FORM

(Please use a separate sheet wherever necessary)

Name of the Proposer:	
Address	
Description of the business:	
Business established since:	

Does your business involve:

NATURE OF BUSINESS

Manufacturing Processing Packaging Wholesaling Retailing

Give below the details of all products: (use separate sheet if the space below is insufficient).

Trade Name	Name of the Manufacturer	Description of the Product	Estimated Annual Turnover

How long have your products been in the Market?	
Specify any product which is inflammable, explosive, poisonous, radioactive or in any way dangerous:	
Are directions for use given? a) By printing on the container or product? b) By separating leaflet or Boucher	a. b.
Describe the container	
Are the products used as component? If so, with what type of products and by what industries.	
If any of your products are assembled by another firm (or persons) or if your products incorporate parts manufactured elsewhere? Please provide full details.	
Are any of your products or components thereof manufactured abroad? If so, please provide full details, including country of manufacture and value of such products or components:	

Give the following details regarding products supplied or distributed abroad: a) To which countries: b) How are you represented in those countries? (e.g. through agencies, concessionaries or your own branched i.e. direct)	a. b.
Estimated Annual Turnover?	
Do you keep records of the sources of supply of goods and materials which you handle or use?	
Do you enter into any agreements or undertaking to indemnify (or hold harmless) suppliers of materials or components or subcontractors or processors in respect of any injury or damage? If so, please supply wordings.	
Do you issue any written guarantee or conditions of sale with or in respect of any of your products? If so, please supply wordings.	
In respect of Product Liability Takaful Policy: a. Are you at present covered under any Takaful/Insurance Policy?	
b. Have you ever proposed for such Takaful/Insurance Policy?	
c. Has such proposal been declined?	
d. Has any Insurer / Takaful Operator cancelled, refused or renew or required either an increased contribution or imposed special conditions? If so, please provide details.	
In respect of the products proposed for this Policy, please give details of: a. Any claims made or pending against your?	
b. Any cases where you have reason to expect a claim ?	
Limit of indemnity required in respect of a) Any one accident	
b) Any one period of Policy	
Desired period of coverage: From: <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> To: <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	
Excess (deductible) to be borne by the proposer for each & every loss.	

DECLARATION

I/We hereby confirm that the details contained in this proposal form are true and correct to the best of my/our knowledge and belief and I/We have not concealed, misrepresented or misstated any material fact. I/We further undertake to inform the Company of any material alterations to these facts occurring during the currency of this Policy.

Signed at: _____

Signature of the Proposer _____

Dated:-