



UEN: T15FC0029B
 GST REG. NO.: M90370081T
 3 Temasek Ave., #16-01 Centennial Tower
 Singapore 039190
 Tel: +65 6804 6000
 Fax: +65 6235 2616

Comprehensive General Liability Insurance Proposal Form

Important Notice

Statement pursuant to Section 25(5) of the Insurance Act (Cap 142) or any amendments thereof. If you, the Applicant do not fully and faithfully give the facts as you know them or ought to know them, you may receive nothing from the **Policy**.

Further, Applicant understands and acknowledges that:

1. If a policy is issued, the Company will have relied upon, as representations, this application, any supplemental applications, and any other statements furnished to the Company in conjunction with this application, all of which are hereby incorporated by reference into this application and made a part thereof; and
2. This application will be the basis of the contract and will be incorporated by references into and made part of such policy.

Instructions to the Applicant

- a. You must answer **ALL** the questions in this form. Please state **NA** when not applicable.
- b. If there is insufficient space in this form for you to complete any of your answers, please attach a separate **SIGNED** and **DATED** sheet with your complete answer(s) and identify the question number(s) concerned.

1. General Information

Name of Applicant _____

Postal Address _____

Description of the nature of business _____

Period of Insurance From _____ To _____

Please provide details on the location(s) of the premises and the activities carried out on such premises:

	Address	Activities
1.		
2.		
3.		
4.		

Coverage and Limit of Indemnity Request:

Public Liability: S\$ _____ Completed Operations: S\$ _____
 Product Liability: S\$ _____ Advertising Liability: S\$ _____
 Estimated Turnover: S\$ _____ Years in Business: _____
 Territorial Coverage: _____

2. Product Information (fill in if require product liability)

a. Details of all products manufactured, sold or distributed by you:

	USA/Canada	Europe	Singapore	Rest of the world
Products				
Turnover				

b. List your top five clients/customers with respect to sales.

c. Are your products sold directly to the public or through wholesalers, distributors or retailers?

2. Product Information Continued

Yes No

d.	Are there any products that have been discontinued or recalled in the past five years? If yes , please provide details including the reason for discontinuation or recall.	<input type="checkbox"/>	<input type="checkbox"/>

e.	Give details of the quality of the program control procedures and any laboratory testing used.		

f.	If no product quality control is in place, how is the product quality determined?		

g.	Are sampling techniques employed? If yes , please state the degree of fault tolerated in a percentage.	<input type="checkbox"/>	<input type="checkbox"/>

h.	Do your products carry labels/packaging and/or information sheets which provide instructions and/or information:		
i.	Which have been reviewed and approved by a legal firm practicing in each of the export markets where products are being sold?	<input type="checkbox"/>	<input type="checkbox"/>
ii.	Regarding the correct use or storage and/or warnings of potential hazards?	<input type="checkbox"/>	<input type="checkbox"/>
iii.	In relation to medical treatment and/or remedial treatment/action to be taken in the event of an accident, consumption or misuse of the product?	<input type="checkbox"/>	<input type="checkbox"/>
i.	Are there or have there been any violations of the consumer product safety act or any other federal or local legislation? If yes , please provide details. _____	<input type="checkbox"/>	<input type="checkbox"/>

j.	Are any product warranties supplied with the product? If yes , please provide details. _____	<input type="checkbox"/>	<input type="checkbox"/>

k.	In relation to the suppliers and distributors of your products:		
i.	Do you hold them harmless or insure them?	<input type="checkbox"/>	<input type="checkbox"/>
ii.	Do they hold you harmless or insure you?	<input type="checkbox"/>	<input type="checkbox"/>
l.	Do you install or apply your own products or perform any services? If yes , please provide details. _____	<input type="checkbox"/>	<input type="checkbox"/>

m.	Are all your products designed and formulated by you? If no , please provide details. _____	<input type="checkbox"/>	<input type="checkbox"/>

3. General Liability Information

Yes No

a.	Are any workers involved in manual work in connection with installation, erection, repair, maintenance, testing, demolition or construction outside the insured's premises?	<input type="checkbox"/>	<input type="checkbox"/>
b.	Are any workers involved in work done at a height of more than one meter above the floor or ground level? If yes , please provide details on the work and the average height. _____	<input type="checkbox"/>	<input type="checkbox"/>

3. General Liability Information <i>Continued</i>		Yes	No
c.	Are any workers involved in work involving explosives or dangerous/toxic chemicals? If yes , please provide detail on the procedure. _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
d.	i. Are any workers involved in using heavy industrial machines that involve cutting, pressing, grinding, etc.? ii. Are any of your workers involved in lifting or hoisting operations especially in public areas?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
e.	Are any workers required to work onboard vessels, oil rigs, etc.? If yes , please provide detail on the following: i. Maximum number of workers at any one time: _____ ii. Average duration onboard: _____	<input type="checkbox"/>	<input type="checkbox"/>
f.	Please give a brief description of surrounding third party properties. _____ _____		
g.	Do you hire the services of contractors, sub-contractors, labour hires or other people engaged on your premises? If yes , please provide detail on the following: i. Do you strictly maintain a program to ensure control over contractors/subcontractors/labour hire? ii. Do you insist that all contractors/subcontractors have liability insurance?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
h.	Do you engage an advertising agency? If yes , please provide detail on the following: i. Name of agency: _____ ii. Limit of indemnity for agency (if known): _____	<input type="checkbox"/>	<input type="checkbox"/>
i.	Do your trade processes produce toxic waste or pollutants that have potential to cause injury, damage to property, or otherwise harm the environment? If yes , please provide details on storage and disposal methodology. _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
j.	Does your use and storage of all toxic substances comply with all the Statutory Regulations and By-Law? If yes , please provide details. _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
k.	Do you have your own fuel supply? If yes , please provide details on the types of fuel, how they are stored, capacity and if banded, including capacity of bund. _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
l.	During the last five years, have you been cited or prosecuted for violating any standards or laws, which relate to the release of a substance into the environment? If yes , please provide details. _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
m.	Have there been any environmental incident(s) (spills or releases), which have occurred within the last five years? If yes , please provide details. _____ _____	<input type="checkbox"/>	<input type="checkbox"/>

4. Declaration

We have read and understood the Important Notices in this application.

We agree that this Proposal, together with any other information or documents supplied, will form the basis of any Contract of Insurance.

We acknowledge that if this application is accepted, the Contract of Insurance will be subject to the terms and conditions as set out in the Policy Wording as issued or as otherwise specifically varied in writing by Great American Insurance Company.

We declare, **after inquiry**, that the statements, particulars and information contained in this Application, and in any documents accompanying this Application, are true and correct in every detail and that no other material facts have been misstated, suppressed or omitted.

We undertake to inform Great American Insurance Company of any material alteration to those facts before completion of the Contract of Insurance.

This form **MUST** be reviewed, signed and dated by a duly authorised Personnel.

Name of Signatory

Signed, Authorised Personnel

Date