



सानिमा जिआईसी इन्स्योरिन्स लि.  
**Sanima GIC Insurance Ltd.**

**Head Office:** 205 Tangal Marg, P.O. Box 1622, Kathmandu, Nepal  
Tel. +977-1-4427170, 44427171, 4427172, 4427101  
E-mail: [info@sgic.com.np](mailto:info@sgic.com.np), Web: [www.sgic.com.np](http://www.sgic.com.np)

## Sanima GIC Insurance Ltd.

### PRODUCT LIABILITY INSURANCE- 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 SECTION 64VB OF THE INSURANCE ACT, 1938

Name of the Proposer (in full): \_\_\_\_\_

Names of the Subsidiaries & Associate Cos. (in full): \_\_\_\_\_

Registered Address of the \_\_\_\_\_

Proposer: \_\_\_\_\_

Location from where distribution is effected \_\_\_\_\_

How long have you been in the business? \_\_\_\_\_

Do you manufacture the complete product? If not, what components/parts are purchased by you? \_\_\_\_\_

\_\_\_\_\_

Can the date of manufacture of each product be identified by the factory number stamped on it? \_\_\_\_\_

\_\_\_\_\_

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.

\_\_\_\_\_

\_\_\_\_\_

Are you affiliated in any manner with any of your suppliers and distributors? \_\_\_\_\_

\_\_\_\_\_

Please give full description of the following for the last three years

Year	20__	20__	20__
Goods manufactured -actual turnover			
Goods sold/supplied-actual turnover			
Goods repaired, serviced, tested and processed-actual turnover			

**For the above, please give the projected turnover for the proposed period of insurance as under:**

Goods manufactured	
Goods sold or supplied	
Goods repaired, serviced, tested and processed	

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

Please furnish details of products to be considered for insurance which are manufactured and/or designed

Name of the product: \_\_\_\_\_

Principal component: \_\_\_\_\_

Annual Units produced: \_\_\_\_\_

Annual turnover: \_\_\_\_\_

How long has it been in the market? \_\_\_\_\_

Expected life of use: \_\_\_\_\_

Intended customer/ultimate user: \_\_\_\_\_

Warranties as to use: \_\_\_\_\_

Technical know-how/collaboration: \_\_\_\_\_

Do you have a Research & Development Dept.? \_\_\_\_\_

Please specify any products which are inflammable/explosive, dangerous, radioactive and harmful to health, poisonous by themselves or any combination with others. If so, please give full details and state what precautions are taken.

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Please state whether goods sold or supplied are subject to a disclaimer notice, and if so, please give full text, particulars of such disclaimer notice.

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Please furnish particulars of new products to be marketed during the next 12 months

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Please furnish details and list of products discontinued or recalled or withdrawn during the last five years.

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Please elaborate complaints, incident/accident reporting system in your organization.

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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

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Do your products comply with standards like ISI or any other Standards?

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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.

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What is the failure rate of each product after hand over?

Do you issue guarantees and/or warranties to purchasers? If so, for what period do you guarantee and/or warrant your product?

Particulars regarding directions for use:

Is it by printing on container or product? \_\_\_\_\_

Is it by separate leaflet or brochure? \_\_\_\_\_

Is the hazard warning clearly shown? \_\_\_\_\_

Year	20__	20__	20__
No. of claims:			
Total amount paid:			
Bodily injury:			
Property Damage:			
Cost of defence action:			
Total amount of pending claims:			
Bodily injury:			
Property Damage:			
Cost of defence action:			

Are you aware of any incidents, conditions, defects, circumstances or suspected defects which may result in claim?

Have your proposal or renewal been declined or premium increased, special terms imposed by any Insurer? If so, please give particulars:

Please indicate the Insurance Limit required

Any one accident: \_\_\_\_\_

Aggregate during the policy period \_\_\_\_\_

Please indicate the Voluntary U.S.A./ Canada Countries All other countries incl.  
India Excess for each claim you are willing to bear  
(in addition to Compulsory Excess)

Please quantify sales turnover product wise for the last 3 years as under:

Domestic (to list) \_\_\_\_\_

USA/Canada (to list) \_\_\_\_\_

Other Countries (Except Nepal) \_\_\_\_\_

Other countries (to list) \_\_\_\_\_

Do you wish to insure :

Domestic sales

only OR

Domestic sales and exports. \_\_\_\_\_ If yes, specify the countries to be covered

i. USA and Canada \_\_\_\_\_

ii. OECD countries \_\_\_\_\_

iii. Other countries \_\_\_\_\_

(Cover for exports will be granted only if domestic sales are also covered).

How long have you been exporting to these countries?

USA/Canada \_\_\_\_\_

OECD countries \_\_\_\_\_

Other countries \_\_\_\_\_

Do you require "Limited Vendor's Endorsement"?

\_\_\_\_\_

(Please enclose a copy of the contract with the Vendor/s and give the names to each product of export to such countries)

Do you comply with USA/Canadian State/Federal Laws/Standards applicable to each product of export to such countries?

\_\_\_\_\_

Please give details of any power of attorney on Assets in USA/Canada.

\_\_\_\_\_

Policy period: From 12.00 midnight of \_\_\_\_ to 12.00 midnight of \_\_\_\_\_

We hereby declare that the statements made by us in this Questionnaire and Proposal are, to the best of our knowledge and belief, complete and true, and we hereby agree that this Questionnaire and Proposal forms the basis and is part of any policy issued in connection with the above risk. It is agreed that the insurers are liable in accordance with the terms of the Policy only and that the insured will not lodge any other claims of whatever nature. The Insurers undertake to deal with this information in strict confidence.

Proposer's Name:

Signature:

Stamp:

Date:

