



Proposal Form
General Liability Insurance

- Please complete the basic 3-page proposal form and the relevant additional Sections as applicable to your business.
- Where relevant, provide additional information such as product brochures, labels/warnings, copies of agreements.

Complete the first three pages and additional Sections as required

1. Name of Insured (include all subsidiary companies to be insured):

Name of company/subsidiary	Occupation	Turnover last year (actual)	Turnover this year (estimated)

2. Financial Details:

Total Actual Turnover for last year: \$ _____

Total Estimated turnover for this year: \$ _____

Total Number of employees: NZ _____ Overseas _____

Total Estimated payroll for this year: \$ _____

How long has the applicant been in business? ____ Years

Web Address: _____

Broker Details: _____



3. Coverage:

Limit of Indemnity: \$ _____ any one occurrence and in the aggregate for products

Deductible: \$ _____ any one occurrence

Policy period desired: From _____ to _____

4. Premises

Address	Country	Owned/Leased/Rented	Car Parking (Yes/No)

NB: If you have any premises overseas, you will need to also complete the Overseas Exports / Operations Section

Are inflammables or explosives handled or stored? Yes / No

(if Yes, please provide a separate listing of these items, plus amounts stored and storage details)

Do any of your processes involve welding or cutting? Yes / No

if Yes, do you have a "Hot Work Permit" system in place? _____

Do you discharge any dangerous, toxic or pollutant substance (air/land/water discharge)? Yes / No

if Yes, please provide details of this discharge plus details of any Resource Consent you have regarding this discharge



5. Contractual

Do you have any agreements where you assume the liability of others or holds others harmless including your suppliers and/or joint ventures partners? Yes / No

if Yes, please attach a copy of these agreements

If you employ subcontractors, do you require them to hold Public Liability insurance? Yes / No

if Yes, what is your minimum limit your require them to hold? \$ _____

6. Work Away

Do you undertake operations away from your premises which includes building and/or plant erection and machinery installation , general contracting, servicing/maintenance? Yes / No

if Yes, please provide details of these operations including any cutting or welding processes

7. Watercraft/Aircraft

Details of watercraft or vessels owned, maintained, operated or used by the applicant Yes / No

if Yes, please provide details of these operations including any cutting or welding processes

Are any products manufactured for or installed in Aircraft or any other aerial device? Yes / No

if Yes, please provide details

8. Motor Vehicles

Number of motor vehicles operated or used by the applicant. _____

Motor Vehicle Third Party Property Damage Limit \$ _____

Insurer _____



9. Products

Do you manufacture, construct, assemble, import, export, sell, distribute or repackage any products or service and repair any products? Yes / No

if Yes, please also complete Section C

Is Asbestos used in the applicant's business or is it an ingredient in any product? Yes / No

if Yes, please provide details

10. Professional Advice

Do you provide any professional services (eg: design, engineering, architectural, technical, consultancy, etc) ? Yes / No

if Yes, please provide details of fees charged and any separate PI insurance in place

11. Claims

Has any entity to be covered by this insurance had any losses complaints or claims made against them in the past five years (whether or not insured)? Yes / No

if Yes, please also complete Section A

12. Prior Insurance

Has any insurer ever declined your proposal, refused to renew or cancelled your policy or imposed special terms or conditions? Yes / No

if Yes, please also complete Section A

Date _____
Signed by Applicant (Authorised Rep) _____
Address _____

The applicant represents that the statements and facts herein are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage. Applicant's acceptance of Company's quotation is required before applicant may be bound and policy issued.



Section A – Claims and Prior Insurance

A1. Please supply details of any incidents that have occurred in the most recent five year period that may or have resulted in claims against the applicant whether the applicant was insured or not. (Details to be supplied should include date of loss, details of loss, loss amount paid and outstanding, measures taken to prevent future loss of the same kind)

If Product Recall cover is required, please include any Recall claims and completed Extensions

Section D

Year of Loss	Description of Loss	No. of Claims	Amount Paid	Amount/Outstanding

A2. If any insurer has ever declined your proposal, refused to renew or cancelled your policy or imposed special terms or conditions, please provide details

Section B – Overseas Exports / Operations

B1. Please provide a split of sales / turnover by country

Country	Product	Turnover Last Year	Estimated Turnover this year
New Zealand			
Australia			
Asia			
Japan			
China			
UK			
Europe			
Canada			
USA			
Rest of World (specify)			
Total turnover			



B2. When was the first year product was exported :

Overseas _____
USA/Canada _____
Australia _____

Are you required to erect/install/maintain or service your products overseas? If yes provide details

B3. Do you have any overseas vendors or distributors that contractually require you to include them on your policy? If so, please list these entities below:

Vendor	Country	Product Sold	Sales Revenue	Vendor's Insurer/Limit

Australian Contractors – please complete only if you have Australian Operations/Premises

B4. Do you engage the services of contractors, sub-contractors or labour hire companies? Yes / No
if Yes, please answer the remaining questions

Details Of Activities Performed By Contractors	Annual Value Of Contract	% Of Time Contractor Spends On Insured's Premises	# of Contractors

B5. Are contractors required to show evidence of Public Liability insurance prior to starting work? Yes / No
if Yes, what minimum limit are they required to carry? \$ _____

B6. Are contractors required to sign an agreement indemnifying you for any liability arising from their activities? Yes / No

B7. Do the contractors work under the direct supervision of you or any of your staff? Yes/ No



Section C – Products Hazard / Quality Control

C1. Please list all of your “Products”

(manufactured, constructed, erected, installed, repaired, serviced, treated, sold, supplied or distributed by you)

C2. Are any of your products sold/distributed only (not manufactured) by you? Yes / No

if Yes, please provide details, including any indemnity provided by the manufacturer and any repackaging or alternation of the product you undertake

C3. Are products designed by you? Yes / No

if Yes, please provide details

C4. Have any new products been introduced in the last five years or are any new products proposed for introduction in the coming year Yes / No

If yes, please give details:

C5. List any product that has been discontinued, recalled or made subject to investigation or inquiry in the last five years and give reasons:

C6. Is there a written product recall plan? Yes / No

(If you require a quotation for Product Recall Expense, please complete the Extensions Section)

C7. Do you employ the services of a testing laboratory? Yes / No



C8. What Quality Control procedures do you have (eg: ISO, HACCP)

C9. What standards do your products comply with? (eg: NZS, AS, Underwriter's Laboratories)

C10. Are any of your products required to be registered / approved / controlled / distributed by a regulatory body?

Yes / No

if Yes, please provide details

Please attach a copy of the literature supplied with your products for use by the end consumer (e.g. Products brochures, instruction manuals) should a copy not be found on your web site

Please attach a copy of any warnings provided with / attached to your products. Please specify where warnings are sited on the product.

Section D – Extensions

Please only complete the relevant section/s if you require these extensions

Care Custody and Control – please note, if you are a Bailee for reward, a separate proposal should be completed

D1. Please list all property other than real property in your Care Custody or Control including merchandise, goods or equipment being leased, repaired, serviced, tested or on consignment – by type of property and value

D2. Maximum value of goods in your Care Custody and Control at any one location \$ _____

D3. Is there another insurance policy in place covering this property? Please provide details.



Product Recall

NOTE: Cover in respect of this extension applies to occurrences arising and reported to the insurer after the retroactive date stated in the Schedule and before the policy period expires.

D4. Please attach a copy of your recall plan established to deal with a recall if one becomes necessary.

D5. Manufacturing Facilities:

Name of Division/Subsidiary	Location	Products	Turnover

D6. Please supply details of all imported products including any alteration, assembly, repacking or labelling before distribution:

D7. If any of your products have ever been recalled, please advise:

Products involved _____

Reason for recall _____

Date recall initiated _____

Date recall closed _____

Methods used to effect recall _____

Total expenses incurred \$ _____

D8. Are your products:

batch produced If batch produced, what is your average batch size? _____

continuing process If continuing process is used, what is your average size run? _____

D9. If any of your products become part of another Company's product, please supply details of such, and to whom sold.



D10. If any of your products are sold to be repackaged under another name, to whom are they sold and what is their eventual name?

D11. Advise method of distribution of your products:

How transported (truck, rail, mail, etc.) _____

Type of packaging (drums, bulk, etc.) _____

Steps to end-user (in-house vs. wholesale) _____

D12. Do you maintain any form of data processing inventory control system?

Product Inventory	Yes / No
Sales to and identity of wholesalers	Yes / No
Distributors	Yes / No
Retailers	Yes / No

D13. To your knowledge do your wholesalers and/or distributors maintain records of the final retail outlet of your products? State, as far as possible, how long each of the above records are kept.



DECLARATION

Date _____
Signed by Applicant _____
Position _____

The applicant represents that the statements and facts herein are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage. Applicant's acceptance of Company's quotation is required before applicant may be bound and policy issued.



Bring on tomorrow

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