



ace insurance

ACE Insurance Limited
25th Floor, Shui On Centre
No 6-8 Harbour Road
Wanchai, Hong Kong
P.O.Box 28583
Gloucester Road Post Office

852.3191 6800 tel
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www.aceinsurance.com.hk

PRODUCTS LIABILITY APPLICATION FORM

(Please include Product Brochures, Testing Reports, User Manuals and Product Photo)

1. Name of Proposer

Address

Web Site Address

2. Proposer is: (Please tick)

Individual _____ Partnership _____ Corporation _____ Joint Venture _____

3. Business of Proposer is: (Please tick)

Manufacturer _____ Distributor _____ Importer _____ Exporter _____

Others (please specify) _____

4. a) Do you have a subsidiary, affiliate or representative office in the USA/Canada?

Yes _____ No _____

If Yes, please give following details.

Name of the company: _____

Address: _____

No. of Employees: _____

Relationship with the Proposer and Business Nature: _____

5. Have you acquired or merged with any other company in the last 10 years.

If so, please provide details and product range of the acquired company?



6. a) Describe all products made/processed or distributed by you.

b) How many years have you been manufacturing/producing this product(s).

7. Describe any products that are no longer manufactured or distributed by you and when they were discontinued.

8. Are the products end products or component parts of an end product? Please describe?

9. Are any new products proposed for introduction during the ensuring year?
In USA/Canada Yes____ No____ If Yes, list products:

10. Are all of your products designed by you? If No, explain:



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11 Please give details of **products for which this insurance is required** with the respective annual turnover (**in US\$**) for the past 5 years as well as for the upcoming year for each of the following regions:-expiring policy period as well as for the upcoming policy period for each of the following:-

a) USA/Canada

b) Australia & New Zealand

c) Europe

d) Rest of the World



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12 Is the turnover declared in question (11) the total company sales turnover?

Yes _____ No _____

If No, please provide following details about the declared turnover. (please continue on a separate sheet of paper, if insufficient space).

Table with 4 columns: Product Insured, Name of Vendor, Estimated Forthcoming Period, Actual Expiring Period. Includes dollar signs in the last two columns.

13 a) Are there contractual agreements e.g. hold harmless agreements entered into with importers or product purchasers that go beyond the typical purchase order agreement? If so please describe and provide a copy

Two horizontal lines for providing details and a copy.

b) Do you require Vendors Liability? If Yes, please provide details of vendors. Yes _____ No _____

Name and Address of Vendors: (Please give details on additional sheet if necessary)

Two horizontal lines for providing vendor details.

14. a) Describe the Product quality control operations of the Proposer including any internal and external testing conducted on the product(s). Include all external testing reports.

Two horizontal lines for describing quality control operations.



b) If no product quality control program is in place, how is product quality determined?

15. Is the Proposal any QA / QC Accreditations (e.g. ISO, GMP, etc.)? If yes, please provide details.

16 Are records being kept to trace all products?

Yes _____ No _____

17. Are appropriate and understandable instructions provided with the product?

Yes _____ No _____ If Yes, please attach copies.

18. Are warnings and labels satisfying applicable standards affixed to the product so that potential users will understand the hazards associated with using the product?

Yes _____ No _____ If Yes, please attach copies.

19. Are any product warranties supplied with the product? If so describe.

20. What is the normal life span of the product(s)?

21. Has any carrier cancelled or refused to renew products liability coverage?

Yes _____ No _____

If yes, please provide details



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22. Loss Experience

Have there been any reported incidents or claims filed for any of your products over the last 5 years? Please provide details including number of incidents, paid outstanding and description of incident(s) for each year. Please give details of any alleged incidents, even if no payments were made:

Year	Claims Amount	Incident Details
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

23 Please advise if there is any voluntary or mandatory recall of any products by the company.

Yes _____ No _____

If Yes, please provide details

24 Limit of Liability required for insurance coverage

I/We undersigned, declare that to the best of my/our knowledge and belief the statements set forth herein are true and correct, and agree that these statements shall form the basis of and be incorporated into any contract of insurance which may be conducted between the Proposer and ACE.

Name of Company Representative: _____

Position: _____

Signature with Company Chop: _____

Date: _____