

PRODUCTS

Please give details of all products in respect of which insurance is required. Please attach any product brochure(s) and other descriptive documents.

Description of Products	Function / Use of Product	(M) Manufacture (I) Import (D) Distribute	Turnover (\$) Manufacturer	Turnover (\$) Import / Distribute	Imported From (Country)

DESIGN & MANUFACTURING

Are any of your products designed or formulated by your own staff?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you design any parts or components for others?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there a separate design team / department?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide staff numbers, qualifications and experience:	
Is there a formal product design / safety review process?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you manufacture to the designs, formulas, plans or specifications of others?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please give full details of quality control procedures and laboratory testing used:	
Can you identify the source of supply of every item in the manufacture of the products?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, details are:	
With any imported products, do they all meet Australian Standards?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, details are:	
<i>Please note that this insurance does not apply to claims made within the USA or Canada or other countries to which the laws of the USA or Canada apply unless granted by Underwriters and specifically endorsed onto the policy.</i>	
Are you represented or do you have assets within the USA or Canada?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Give full details (including copies of contracts etc) of all contractual agreements, terms and conditions existing between you and any USA or Canadian importer, distributor, agent or purchaser of the products exported thereto:	
Is the importer, distributor, agent or purchaser insured for Products Liability for these products?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, is the Applicant of this Proposal included as a named insured on that Policy?	Yes <input type="checkbox"/> No <input type="checkbox"/>
How are the products exported? (eg F.O.B)	
How long have such products been exported to the USA or Canada?	

SIGNATURE OF INSURED

Name		Signature	
Position		Date	