



Application Form Products Liability

Date:

A. Know Your Client

Confidential Fact Find for	By your Insurance Advisor	
(Client's Name)	(Name of Advisor)	(Account Code)

IMPORTANT NOTES

- Pursuant to Paragraph 4(1) of Schedule 9 of the Financial Services Act 2013, if You are applying for this Insurance for a purpose related to Your trade, business or profession, You have a duty to disclose any matter that You know to be relevant to Our decision in accepting the risks and determining the rates and terms to be applied and any matter a reasonable person in the circumstances could be expected to know to be relevant, otherwise it may result in avoidance of Your contract of insurance, refusal or reduction of Your claim(s), change of terms or termination of Your contract of insurance. The above duty of disclosure shall continue until the time Your contract of insurance is entered into, varied or renewed with Us. You also have a duty to tell Us immediately if at any time after Your contract of insurance has been entered into, varied or renewed with Us any of the information given in the Proposal Form (or when You applied for this insurance) is inaccurate or has changed.
- The personal data submitted by and collected from You may be used by Us and/or any member of the AXA Group of companies and/or any of its associated companies, within or outside of Malaysia, for administration or direct marketing purposes and in this connection, We may transfer or disclose that information to any of those other companies. We will cease to use the Personal Data for direct marketing purposes if You request Us to do so. For further details, please refer to Our "Data Privacy Notice" stipulated in Our website.
- Our liability in respect of this proposal does not commence until acceptance has been communicated by Us to You. Your Policy carries a Premium Warranty Clause, which requires the premium to be paid in full within 60 days from the commencement of the cover. Failing to comply with the above, there would be no liability under the Policy.
- You must answer all the questions in this Application Form. Any questions not answered will be taken as answered in the negative.
- If the space provided is insufficient, please write the details on a separate sheet of paper and attach it to this Application Form.
- Premium charged for this Policy exclude applicable tax(es) that would be imposed in the future and from time to time, We will be entitled to recover from You any taxes that We are required by law to collect.

1. COMPANY DETAILS

Full names of all companies to be insured:	
Locations of all premises and detail activities carried out on such premises:	
Business description:	Website address:
Private Use: <input type="checkbox"/> Yes <input type="checkbox"/> No	Collective Agreement/SOCSO/Workmen Compensation Agreement: <input type="checkbox"/> Yes <input type="checkbox"/> No

2. COVERAGE

Period of insurance: From _____ To _____ both dates inclusive
Limit of indemnity Products Liability: _____ any one occurrence and in the aggregate any one period of insurance)
Basis: Occurrence <input type="checkbox"/> Claims Made <input type="checkbox"/> Retroactive Date: _____

3. GENERAL INFORMATION

1. How many years have you been in business? _____
2. Are you represented in any form in another country? Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes", please provide name(s) and address(es): _____

3. Have you acquired any new entities within the last 5 years? Yes No
 If "Yes", please provide name(s) and address(es):

4. Please state current insurer(s) and basis of liability:

Name of Insurer: _____ Policy Period: _____ To _____

Number of years insured with the above Insurer: _____

Losses Occurring Claims Made Retroactive date: _____

5. Has any insurer cancelled or refused to renew your insurance? Yes No
 If "Yes", please provide details:

6. Details of all claims and uninsured losses, damage or liabilities that have involved your business in the past 5 years (including any claims and/or incidence and/or circumstances whether actual or alleged and whether such claim is paid or not):

Date of notification of loss	Description	Insurer	Amount paid	Amount outstanding	Deductible applicable

B. Product Summary

1. PRODUCT INFORMATION

1. Estimated turnover:

(a) Manufacturer: % (b) Retailer: % (c) Wholesaler/Distributor: %
 (d) Importer: % (e) Other (please specify): %

2. Details of all products, manufactured, sold or distributed by you (Please attach brochures, catalogues and other literature of such products):

(a) USA / Canada - Turnover/Sales

Product	Brand Name	Next 12 months	Pass 12 months	2nd Prior Year	3rd Prior Year

(b) United Kingdom - Turnover/Sales

Product	Brand Name	Next 12 months	Pass 12 months	2nd Prior Year	3rd Prior Year

(c) Australia - Turnover/Sales

Product	Brand Name	Next 12 months	Pass 12 months	2nd Prior Year	3rd Prior Year

(d) Rest of the world (exclude Malaysia) - Turnover/Sales

Product	Brand Name	Next 12 months	Pass 12 months	2nd Prior Year	3rd Prior Year

(e) Malaysia only - Turnover/Sales

Product	Brand Name	Next 12 months	Pass 12 months	2nd Prior Year	3rd Prior Year

3. Are you a wholesaler / distributor / supplier / importer / retailer? Yes No

If yes, please provide the following:

(a) List all manufacturers of the products you wholesale / distribute / supply / import / retail?

(b) How many years of experience has the manufacturer(s) had in producing these products? _____

(c) Are there any claims against the manufacturer(s) in the past 5 years? Yes No

(d) Are the manufacturers of these products insured for Products Liability? Yes No

If yes, are you named as a "Vendor" or name insured on this policy(s) Yes No

(e) Do you modify the product(s) in any way? Yes No

If yes, please provide details:

(f) Please comment on your risk selection process or attach a copy your quality control report.

4 (a) List your top five (5) clients/customers with respect to sales:

(b) Are your products sold direct to the public or through wholesalers, distributors or retailers?

5 Are there any products that has been discontinued or recalled in the past 5 years? Yes No

If "Yes", please provide details including the reason for such discontinuance or recall:

6 (a) Do you import products or component parts? Yes No

(b) Could any of your products or services be used on or in connection with:

(i) aircraft, other aerial device, watercraft or hovercraft Yes No

(ii) power stations, chemical plants or petrochemical plants Yes No

(iii) pharmaceuticals or cosmetics Yes No

(iv) mining or drilling sites Yes No

(v) safety-related auto parts including but not limited to airbags, restraining and protective gears, seatbelts, braking systems, auto wheels/rims, tires and tubes? Yes No

(c) Do you make or handle any product that is explosive, flammable, or poisonous either by itself or in combination with other materials? Yes No

(d) Are any of your product sold under another's name or label? Yes No

(e) Do you purchase materials or components from others? Yes No

If you answered, "Yes", to any of the above, please provide details:

7. Are all products designed and formulated by you? Yes No

If "No", please provide details:

8. Give details of quality programme control procedures and any laboratory testing used.

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

10. Is there a written product recall plan?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11. Are each and every product inspected and tested? If "Yes", please provide a copy of the testing report	Yes <input type="checkbox"/>	No <input type="checkbox"/>
12. Are sampling techniques employed? If "Yes", please state degree of fault tolerated %:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
13. Are record keeping procedures being kept on the products?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
14. Do your products carry labels/packaging and/or information sheets which provide instructions and/or information: (a) Which has been reviewed and approved by a legal firm practicing in each of the export markets where the products are being sold? (b) Regarding the correct use or storage and/or warnings of potential hazards? (c) 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?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
15. Do you install or apply your own product/s or perform any services? If "Yes" provide details and state whether work is guaranteed:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
16. Are any product warranties supplied with the product? If "Yes", please provide details:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
17. 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:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
18. Suppliers and Distributors of your products (a) Do you hold them harmless or insure them? (b) Do they hold you harmless or insure you? (c) Do you require "Vendors Liability" endorsement? If "Yes", please list vendor(s) and address(es): Please explain all of the above "Yes" below:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

C. Your Signature and Declaration

DECLARATION

I/We hereby declare that the above answers and statements are true, and that I/we have withheld no information whatever regarding this application.

I/We understand that it is my/our duty to take reasonable care not to make a misrepresentation in answering the questions in this Proposal Form and I/we hereby declare that I/we have fully and accurately answered the questions above.

Name: _____

Signature and Company's stamp: _____

Date: _____

D. Verify and Sign

VERIFICATION OF IDENTITY

In compliance with Section 16(2) of the Anti-Money Laundering Act 2001.

I hereby certify that the Proposer's details had been verified against the following original documents.

Please tick (✓) as appropriate:

National Registration Identity Card (NRIC)

Passport

Certificate of registration

Others (please specify)

Signature:

Date:

Name:

Important notes:

The following persons are authorised to verify the above details:

- Staff of AXA Affin General Insurance Berhad, as authorised by the company
- Registered agents of AXA Affin General Insurance Berhad

Copies of documents verified for the following insurance policies must be retained:

- Policies with premiums exceeding RM50,000 per annum in respect of single policies issued to individuals and institutions
- Policies with premiums exceeding RM100,000 per annum in respect of group policies