

Products Liability

Application Form



Sun Flower Insurance Brokers Limited
Room 1105-08, Hing Yip Commercial Centre, 282 Des Voeux Road Central, Hong Kong
Tel: 2521 1881 Fax: 2521 1919 Email: vip@sunflowergroup.com.hk www.sunflowerVIP.com
Thank you for considering Sun Flower to be one of your selected intermediaries.
We are pleased to get in touch should you have any enquiry regarding the captioned insurance.

CHUBB®

Introduction:

This form must be completed, dated and signed by an authorized representative of your Company (Proposer)

- Type or print clearly.
- Answer ALL questions. If any questions or part thereof do not apply, please indicate "N/A" in the space.
- Provide any supporting information on a separate sheet using your letterhead and reference the applicable question number.
- Check Yes or No answers.
- Include updated products brochures (or products photo), laboratory testing report, user manual and certificate of QC accreditation

Important Notice:

Please refer to **Attachment 1** concerning your **Duty to Disclose** and the consequences of **Non-Disclosure**.

A. Company Details

Name of Proposer:			
Address:			
Website Address:			
Proposer is:	<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	
	<input type="checkbox"/> Corporation	<input type="checkbox"/> Joint Venture	
Business of the Proposer is:	<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Distributor	
	<input type="checkbox"/> Importer	<input type="checkbox"/> Exporter	
	<input type="checkbox"/> Others (please specify):		
How long has the Proposer been in business?			
Do you have a subsidiary, affiliate or representative office in the USA / Canada?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, please provide the below details:			
Name of the Company:			
Address:			
Relationship with the Proposer			
Number of Employees		Business Nature	



B. Risk Details

1. Have you acquired or merged with any other company in the last 10 years? If Yes, please provide details and product range of the acquired company.

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

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

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

4. Please confirm if your products are:

End Products

Components, please advise the application for the end products:

5. (a) Are there any new products proposed for introduction during the ensuring year?

Yes No

(b) If Yes, please provide list of products:

6. (a) Are all of your products designed by you?

Yes No

(b) If No, please explain:

7. 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 coming year for each of the following regions:

(a) USA / Canada:

Products	Upcoming Yr (estimated)	Current Yr	First Prior Yr	Second Prior Yr	Third Prior Yr	Fourth Prior Yr

(b) Australia & New Zealand:

Products	Upcoming Yr (estimated)	Current Yr	First Prior Yr	Second Prior Yr	Third Prior Yr	Fourth Prior Yr



(c) Europe:

Products	Upcoming Yr (estimated)	Current Yr	First Prior Yr	Second Prior Yr	Third Prior Yr	Fourth Prior Yr

(d) Rest of the World:

Products	Upcoming Yr (estimated)	Current Yr	First Prior Yr	Second Prior Yr	Third Prior Yr	Fourth Prior Yr

8. (a) Is the turnover declared in Question (7) the total company sales turnover? Yes No

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

Products Insured	Name of Buyer	Estimated Forthcoming Period (US\$)	Actual Expiring Period (US\$)

9. (a) Are there contractual agreements e.g. hold harmless agreements entered into with importer or product purchasers that go beyond the typical purchase order agreement? Yes No

(b) If Yes, please describe and provide a copy:

(c) Do you require "Vendors Liability" coverage for your buyers? Yes No

(d) If Yes, please provide details of buyers

Name of buyers:	
Address:	

10. (a) Describe your quality control procedures, including any internal and external testing conducted on the product(s). Please include all external testing reports with respect to product safety.

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



11. Do you have any QA / QC accreditations? If yes, please provide copy of certificates:

<input type="checkbox"/> ISO9001	<input type="checkbox"/> Member of ICTI	<input type="checkbox"/> GMP	<input type="checkbox"/> HACCP	<input type="checkbox"/> Others (please specify):
----------------------------------	---	------------------------------	--------------------------------	---

12. Are records being kept to trace all products? Yes No

13. Are there any instructions provided with the product? If Yes, please attach copies. Yes No

14. Are warnings and labels satisfying applicable standards affixed to the product so that potential users will understand the hazards associated with using the product? If Yes, please attach copies. Yes No

15. (a) Are any product warranties supplied with the product? Yes No

(b) If Yes, please describe:

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

17. (a) Has any insurance company cancelled or refused to renew your products liability coverage? Yes No

(b) If Yes, please provide details:

18. (a) Have there been any reported incidents or claims filed for any of your products over the last five years? Yes No

(b) If Yes, please provide the following details including the number of incidents, claims amount and description of incident(s) for each year. Please also provide details of any alleged incidents, even if no payments were made:

Year	Claims Amount (US\$)	Incident Details

19. (a) Please advise if there has ever been any voluntary or mandatory recall of any of your products? Yes No

(b) If Yes, please provide details:

20. Please provide the Limit of Liability required for insurance coverage:



C. Declaration

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 Chubb Insurance Hong Kong Limited.

D. Disclosure Statement

The following disclosure statement is only applicable in situations where an insurance broker is used to purchase/place a policy.

The applicant understands, acknowledges and agrees that, as a result of the applicant purchasing and taking up the policy to be issued by Chubb Insurance Hong Kong Limited (Chubb), Chubb will pay the authorized insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where the applicant is a body corporate, the authorized person who signs on behalf of the applicant further confirms to Chubb that he or she is authorized to do so.

The applicant further understands that the above agreement is necessary for Chubb to proceed with the application.

以下公開聲明僅適用於透過保險經紀購買 / 遞交保單的情況下使用。

申請人明白、確知及同意，安達保險香港有限公司(安達)會就申請人購買及接受其簽發的保單，於保單有效期內(包括續保期)向負責安排有關保單的獲授權保險經紀支付佣金。假如申請人為法人團體，代表申請人簽署的獲授權人員須向安達確認他 / 她已獲該法人團體授權。

申請人亦明白安達必須取得申請人以上的同意，才可以處理其保險申請。

E. Signature

Signature with Company Chop:	Name of Company Representative:	
	Title:	
	Date:	

Attachment 1

Your Duty of Disclosure:

Before you enter into a contract of general insurance with an insurer, you have a duty to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of general insurance.

Your duty however does not require disclosure of any matter:

- that diminishes the risk to be undertaken by the insurer;
- that is of common knowledge;
- that your insurer knows or, in the ordinary course of its business, ought to know;
- as to which compliance with your duty is waived by the insurer.

It is important that all information provided in support of your application for insurance is understood by you and is correct, as you will be bound by your answers and by the information provided by you. If you do not understand any part of this notice, you should obtain independent advice.

Your duty of disclosure continues after your application for insurance has been completed up until the contract of insurance is entered into.

Consequences of Non-Disclosure:

If you fail to comply with your duty of disclosure, Chubb may be entitled to reduce its liability under the contract in respect of a claim or may cancel the contract.

If your non-disclosure is fraudulent, Chubb may also have the option of avoiding the contract from its beginning.

Change of Risk or Circumstances:

You should advise Chubb as soon as practicable of any change to your normal business as disclosed to Chubb prior to entering into the contract of insurance. This includes every change materially affecting the facts or circumstances existing at the commencement of this insurance, or at any subsequent renewal date.

Subrogation:

Where you have agreed with another person or company, who would otherwise be liable to compensate you for or contribute towards any loss or damage which is covered by the Policy, that you will not seek to recover such loss or damage or contribution from that person, Chubb will not cover you, to the extent permitted by law, for such loss or damage or contribution.

About Chubb in Hong Kong

Chubb is the world's largest publicly traded property and casualty insurer. With both general and life insurance operations, Chubb has been present in Hong Kong for more than 90 years via acquisitions by its predecessor companies. Its general insurance operation in Hong Kong (Chubb Insurance Hong Kong Limited) is a niche and specialist general insurer. The company's product offerings include Property, Casualty, Marine, as well as Accident & Health programmes for large corporates, mid-sized commercial and small business customers. Over the years, it has established strong client relationships by offering responsive service, developing innovative products and providing market leadership built on financial strength.

More information can be found at www.chubb.com/hk.

Contact Us

Chubb Insurance Hong Kong Limited
39/F, One Taikoo Place,
979 King's Road,
Quarry Bay, Hong Kong
O +852 3191 6800
F +852 2560 3565
E Casualty.HK@Chubb.com
www.chubb.com/hk

Chubb. Insured.SM