SHARJAH INSURANCE COMPANY

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APPLICATIONS FOR PRODUCTS LIABILITY INSURANCE

1. Name _____

2. Address _____
_____

3. Individual, Co-Partnership or Corporation? _____

4. How many years have been in the business? _____
Have you or your principals ever engaged in this or similar enterprises under a different name? If yes, attach details: _____

5. a) Location of factories or stores on where products are manufactured.
_____
b) Location of factories or stores on where you directly distribute the products. _____

6. a) Give complete description of the products to be insured.
_____
_____
b) Of what materials or principal component are each of these products principally made of? _____

7. Do you manufacture the complete product? If not, what component parts you purchase? _____

8. Do you assemble the product? _____

9. Do you maintain and/or service the products? If so, attach full details including copy of your standard written service contract and receipts from this source. _____

10. Do you maintain quality control procedures? If so, attach a brief outline of such procedures. _____

11. a) Do you maintain complete inventory records shipment and/or delivery to consignees and are serial and/or batch numbers shown on the finished product and on shipment invoices? _____
_____

b)Can the date of manufacture of each product be identified by the factory number stamped on it? _____

c) Do you keep samples of products involved in your quality control procedures? If so, how long are samples are retained? _____

12) a) Have you ever recalled any of products for any reason? If so, attach details. _____

b) Do you have a products recall plan? If so, attach description. _____

13) Has your product ever been subject to any inquiry or investigation by any Government Agency concerning the efficiency, adequacy of labeling, hazardous contents or safety? If so, attach full details and result of such inquiry. _____

14) Estimated total payroll _____

15) a) Show sales for 5 years with principal products shown on percentage basis.

	Sales	**Principal Product (Identify)**		
		Name	**Percent**	**Units**
Estimated	_____	_____	_____	_____
Past Year	_____	_____	_____	_____
1st Previous Year	_____	_____	_____	_____
2nd Previous Year	_____	_____	_____	_____
3rd Previous Year	_____	_____	_____	_____
4th Previous Year	_____	_____	_____	_____

b) What percentage of sales is for replacement parts? _____

c) What products have you ceased to manufacture during the past 5 years? Attach description and sales by year. _____

d) Do you plan manufacturing any new products to be marked within the next 12 months? If so, attach description. _____

16.a) Is original installation of such products made by your employees? _____

b) If not, does the installer supply parts not manufactured by you? _____

17. Are any of your products subject to deterioration? If so, over what period of time? _____

18. Are any of your products inflammable or explosive? If so, attach details.

_____

_____

19. Do you issue guarantees and/or warranties? If so, for what period do you guarantee and/or warrant your products? _____

20. a) Do you agree to hold dealers, distributors, or suppliers harmless against claims or suits for personal injuries or property damage in connection with your products? If so, attach copies of your standard forms. _____

b) Are any of the above affiliated with? If yes, explain _____

_____

22. a) Give claims history in following form or equivalent (5 years)
(Amounts shown should be in excess of deductible, if any)

Year	Claims Paid		Reserves		Number Closed	Claims
_____	Number	Amount	Number	Amount	No Payment	Expenses
1. _____	_____		_____		_____	_____
2. _____	_____		_____		_____	_____
3. _____	_____		_____		_____	_____
4. _____	_____		_____		_____	_____
5. _____	_____		_____		_____	_____

b) Are you aware of any incidents, not yet reserved that may result in claims against you? _____

23.Which underwriters or companies have previously carried products liability insurance for you? _____

24. Has any insurance company or underwriter ever refused to issue or cancelled your Products Public Liability Insurance? _____

25. What limits of liability do you desire? _____

26. What past and present deductibles have applied? _____
_____

27. Attach most recent annual Report and D & B. If not available, state reason.
_____

The Proposer warrants and agrees that the above answers, including attachments are in all respect true and shall be deemed material and made to induce the Company to issue a policy; that the Company will rely on the same when issuing a policy and that all pertinent information has been fully disclosed. Proposer understands that submission of this information creates no obligation on the part of the Company to provide insurance either on the basis requested or on any other basis.

Signature : _____
Official Position : _____
Date : _____