



PRODUCT LIABILITY INSURANCE QUOTATION

1 **Named Insured (include all Subsidiary Companies)**

Principal Address

Web Site Address :

2 **Named Insured is:**

Individual **Partnership** **Limited Liability Company**

Business:

Manufacturer **Distributor** **Trading Company** **Others**

3 **Does the Named Insured have operations in USA/Canada? (Please Provide Details)**

4 **Describe all products made / processed or distributed by you.**

5 **How many years have the Name Insured been manufacturing/handling this product?**

6 **Are the products end products or component parts of an end product?**

7 **Are products designed by the Name Insured or are they OEM?**

8 **Do you require Vendors Liability? (Please provide details of the Vendors)**

9 **Describe the product quality control operation of the Insured? If applicable, please attach reports from any third-party laboratories/testing center.**

10 **Does the Name Insured has any QA/QC Accreditation (e.g. ISO, GMP, ICTI etc) ? If yes, please attach the certificate copy.**



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11 Does the Insured’s products meet / exceed any mandatory or voluntary standards? (Examples – EN71, ASTM, CSA, CE, UL etc.) If yes, pls. attach the certificate copy.

12 Please provide the expected/previous sales for each of your products:

USA/Canada (IN US\$)

Products	Current Year (est.)	Year	Last Year	Year before last
Total:				

Europe/Australia & NZ (IN US\$)

Products	Current Year (est.)	Year	Last Year	Year before last
Total:				

Rest of the World (IN US\$)

Products	Current Year (est.)	Last Year	Year before last
Total:			

**** Does the above figure reflects your TOTAL company sales? ___ Yes ___ No**

If No, please provide the following details about the declared turnover.

Name of Vendor	Current Year (est.)	Last Year

13 Are records being kept to trace all products? ___ Yes ___ No

14 Are there any instructions provided with the product? ___ Yes ___ No



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15 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

16 What is the Expected Life of your products?

17 Has any carrier cancelled or refused to renew Products Liability Coverage?

18 In the past 5 (FIVE) years, have there been any Government-mandated or **Voluntary Recall, Safety Problems, Reported Incidents or Claims Filed** against any of your products in any part of the world? (Please provide details)

Limit of Liability Requested:

Per Occurrence and Aggregate during Policy Period

******* IMPORTANT NOTE *******

Please provide copies of Test Report, Instructions and Warning/Labels. Samples of your product might be required by the Insurance Company

Date:

Company Representative:

Title:

Signature or Chop

Contact Number: Tel: **Fax:**

**** For any questions regarding the Product Liability Insurance and the quotation form, please call Mr. James Ho and Mr. Raymond Chan at:(852)2526-6674 or**