

COMMERCIAL GENERAL LIABILITY INSURANCE APPLICATION FORM

1. General Information

(a) Full name of proposed Insured including subsidiaries

Company Name

(b) Postal Address

(c) Full description of your operations and activities

(d) Number of years in continuous business

(e) Coverage trigger

(a) Occurrence (b) Claims Made

(f) Retroactive Date (for claims made form only):

(g) Coverage territory:

(a) KSA only (b) Worldwide excluding USA/Canada (c) Worldwide

2. Period of Insurance:

From: ___/___/___ at _____ Hrs to ___/___/___ at _____ Hrs

3. Limit of Indemnity:

(a) SR _____ any one occurrence

(b) SR _____ in the aggregate for all Injury and/or Damage during
The Period of Insurance

4. Details of Premises (including overseas locations)

Details of premises occupied by you for the purpose of conducting the Business.

	Premises 1	Premises 2	Premises 3
Location			
Occupied as			
Age of premises	years	years	years
Please circle	Owned Leased	Owned Leased	Owned Leased

For any additional premises please attach a schedule supplying details as above.

5. Estimated Payroll

Estimated Annual Payroll (including earnings of principals, directors, partners)

		No. of Staff
Management, Clerical and Sales	SR	
Manufacturing	SR	
Work away from premises	SR	
Payment to contractors and/or sub-contractors	SR	
Other (please specify)	SR	

6. Product Information / Estimated Annual Turnover

(a)

Description of Product	(M) Manufacture (I) Import (D) Distribute	Total Turnover (SR)	Exports (SR)	Destination
Total				

Attach product brochures, Annual Reports or other material if applicable.

8. Care Custody and Control

Do you require cover for property of others in your care, custody or control?

Yes No

(no coverage is afforded unless specifically endorsed to the policy)

If yes,

(a) What limit of indemnity do you require? SR_____

(b) What is the total value of such property at all locations SR_____

(c) What is the maximum value of any one item SR_____

Give brief description of such property

(d) Is coverage afforded by any other Policy of Insurance?

Yes No

If yes, please provide details

9. Contractual Liability

Do you assume liability under contract or hold others harmless (other than lease liability)?

Yes No

If yes, please provide full details and attach copies of all agreements (other than lease liability)

10. Professional Exposure

Do you provide any advice, design or specification to third parties

(a) for a fee

Yes No

(b) for no fee

Yes No

(No coverage is afforded unless specifically endorsed to the policy)

If yes, please provide details

11. Do you currently or have you in the past been involved in the manufacture, distribution or sale of the following:

Aircraft (including component parts)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ethical drugs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Industrial chemicals	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Petrochemicals	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Class 1 dangerous goods or ammunition	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fertilisers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pesticides	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fungicides	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Liquid or gas fuels	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Watercraft (exceeding 15 metres in length)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Spacecraft or Satellites	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Radioactive material or any product containing asbestos	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes, please provide details

12. Claims and/or Loss Experience

(a) After investigation please provide claims experience and/or uninsured loss experience over the last five years for losses and claims that would have been covered under the proposed insurance.

Please show claim amount after the application of any excess.

	No. Claims Reported	Amount paid and outstanding	Applicable excess	Description
___/___/___ to ___/___/___				
___/___/___ to ___/___/___				
___/___/___ to ___/___/___				
___/___/___ to ___/___/___				
___/___/___ to ___/___/___				

(b) After investigations are there any circumstances of which you are aware which could give rise to a claim under the proposed Policy and which are not mentioned above

Yes No

If yes, please provide details

(c) Is there any additional information or detail of which you are aware and which may assist the Underwriter to better assess the nature of the risk?

Yes No

If yes, please provide details

13. Previous Insurance History

After investigation has any proposed Insured ever had any:

- | | | |
|--|------------------------------|-----------------------------|
| (i) Insurance declined or cancelled? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (ii) Renewal refused? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (iii) Special conditions imposed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (iv) Increased excess imposed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (v) Claims denied for this class of insurance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Note: If you need extra space to complete your answers to any question, please attach a separate sheet or continue comments on reverse sides of proposal form.

ADD-ON: (You should also complete cover specific questionnaire if you request any of the following extensions)

Do you require any of these Add-on coverages?

- | | | |
|--|------------------------------|-----------------------------|
| (A) Products-Completed Operations | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (B) Advertising Injury / Personal Injury Liability | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (C) Liability arising out of traveling executives on business visits | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

(A) Products-Completed Operations

1. Provide detailed description of each product manufactured, supplied, distributed or serviced by you.	
2. Do you manufacture the complete product? If not, what components/parts are purchased by you?	
3. Annual units produced (each product separately)	
4. Do you carry out installation work?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. How long has your products been in the market?	
6. Are you affiliated in any manner with any of your suppliers and distributors?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Who are your customers and what are the primary industries or applications for the products?	<input type="checkbox"/> <input type="checkbox"/>
8. Does all your manufacturing plants meet with basic Quality Assurance/ Quality Control program that meets the standard of ISO 9001-200, QS 9000, ISO/TS 16949 or similar standards?	Yes <input type="checkbox"/> No <input type="checkbox"/>
9. Do you have the basic Quality Assurance /Quality Control programme covering	<input type="checkbox"/> <input type="checkbox"/>

all aspects including validation and verification of processes & tests, including equipment calibration, to ensure that the products meet the design and performance requirements and are of consistently good quality?	Yes <input type="checkbox"/> No <input type="checkbox"/>
10. Do you adhere to regulatory or voluntary best-practice standards in the respective markets.	Yes <input type="checkbox"/> No <input type="checkbox"/>
11. Do you carry out product safety reviews.	Yes <input type="checkbox"/> No <input type="checkbox"/>
12. Do you maintain/have adequate documentation and engineering change management procedures where all base and modified designs are subject to proper checks and sign offs, both in-house and by customers?	Yes <input type="checkbox"/> No <input type="checkbox"/>
13. For custom-made products (if any), do you take sign-offs by customers on designs and prototypes before mass production?	Yes <input type="checkbox"/> No <input type="checkbox"/>
14. What are the procedures for record keeping and traceability of products, batches, production records and customers?	
15. Do you have documented recall plan in place?	Yes <input type="checkbox"/> No <input type="checkbox"/>
16. Does your contractual controls include hold harmless clauses, limitation of liability and exclusion of consequential losses, among others? Please provide sample copies of your supply contract.	Yes <input type="checkbox"/> No <input type="checkbox"/>
17. In your contracts with sub-contractors and suppliers, do you have hold harmless/indemnification clauses in your favor?	Yes <input type="checkbox"/> No <input type="checkbox"/>
18. Is your marketing and technical literature subject to proper technical (e.g. pressure/temperature ratings etc.) and legal review for accuracy and liability management?	Yes <input type="checkbox"/> No <input type="checkbox"/>
19. Does your sales staff receive training in product knowledge as well as in liability matters?	Yes <input type="checkbox"/> No <input type="checkbox"/>
20. Does your instruction manuals and safety labels adhere to regulatory or voluntary best-practice standards in the respective markets? Examples include ANSI Z535.6, ANSI Z 535.6 or CPSC Manufacturer's guide to Developing consumer product instructions, among others.	Yes <input type="checkbox"/> No <input type="checkbox"/>
21. Furnish details and list of products discontinued or recalled or withdrawn during the last five years.	
22. Have your products ever been subject to any enquiry or investigation by any Government agency, concerning the efficiency/adequacy or labeling, hazardous contents or safety? If so, please give full details.	
23. What is the failure rate of each product after hand over?	

(B) Advertising Injury / Personal Injury Liability

1. What percentage of your annual sales are derived directly from your website?	
2. Do you use comparative advertising in your advertisements? If "Yes", was an independent organization consulted on how such comparisons were made?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Is music used in your advertisements? If "Yes", were all the rights secured prior to use?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Is the likeness of famous people used in your advertisements?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Have you ever been sued, or have you sued anyone, for copyright or trademark infringement?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Besides the information related to your goods, products or services, do you produce any other publications for external use?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Does your legal counsel review your product brochures, promotional and website materials prior to release?	Yes <input type="checkbox"/> No <input type="checkbox"/>

(C) Liability arising out of traveling executives on business visits

a. Average number of executives that Travel Overseas annually
b. Average Number of employee/days of travel per year
c.
d. Destinations

DECLARATION:

I/We hereby declare that to the best of my/our knowledge and belief the answers given by me/us in this form are true and correct and that no material fact** has been withheld, misstated or misrepresented.

Submitting this form does not bind you to complete the insurance Co. to accept, but it is agreed that this form shall be the basis of the contract should a policy be issued.

*(** A Material Fact is information which would influence the mind of a prudent Underwriter in deciding whether to accept a risk and what terms to apply).*

Signature of Proposer
& Company stamp: _____

Date : _____