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PUBLIC AND PRODUCT LIABILITY PROPOSAL FORM

PT INDOSURANCE BROKER UTAMA

Public and Product Liability Proposal Form

1. Name of Applicant

Registered Address

2. Name of subsidiaries and associated companies

Registered Address(es)

Please state, whether cover is required for these subsidiaries and associated companies

Yes No

3. Please state if business of Applicant, subsidiaries and associated companies is

- Manufacturing	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
- Distribution	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
- Import	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
- Other				

4. Please give full description of activities for which cover is required and attach lay-out plans of manufacturing units proposed for insurance

5. Location and address of all proposed for insurance

6. Do you wish to insure depots, warehouses, go downs, tank-farm etc.

Yes No

If Yes, please give their address (es)

7. Do you have any subsidiary and/or affiliate and/or representative and/or assets and/or activities and/or domiciled operations in

USA/Canada

Yes

No

Europe

Yes

Other foreign countries

Yes

If Yes, please furnish details

8. How long have you been in business ?

9. Please give brief description of surrounding areas for each unit (industrial, agricultural, residential)

Note : existing survey reports should be attached

10. Do you use or handle (please tick)

Gases

Yes

No

pressure storage

Yes

explosives

Yes

hazardous substances

Yes

asbestos

Yes

toxic materials

Yes

radioactive materials

Yes

hydrocarbons

Yes

For each Yes, please give details of quantity, storage, handling and precautions taken

11. Are the premises fenced and/or locked? Yes No

12. Are customer/visitors permitted unaccompanied on the premises ?
Yes No

13. What security arrangements are available?

14. Please give maintenance schedule for premises, plant and machinery

15. Is there a program for the prevention of fire, explosion incidents etc.

Yes No

Please indicate

a) type of detection and alarm system

b) availability of service organization in case of such incidents

c) provisions made for supply of energy, water etc. an emergency

16. Is there any

welding	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
gas cutting	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
hot work	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
vibration from heavy machinery	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
pipelines	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
gas tanks	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
chemical tanks	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

on your premises

for each Yes, please give details of precautions

17. Please give (unit-wise)

Unit	Total wages	No of staff	Sales Turnover		
			Last year	Current Year to Date	Forecasted Full Year

18. please give territorial split of your turnover by product lines for

a) last year

Product lines	Domestic	Europe	USA/Can	Rest of World	Total

b) current year

Product lines	Domestic	Europe	USA/Can	Rest of World	Total

c) forthcoming year

Product lines	Domestic	Europe	USA/Can	Rest of World	Total

19. List any product that has been discontinued or recalled in the last 5 years and give reasons :

20. a) Have any new products been introduced during the last three years ?

Yes No

If Yes, please list products and proposed markets

b) Are any new products proposed for introduction during the ensuing year?

Yes
No

If Yes, please list products and proposed markets

21. Are any product sold as

- a) components for other products
- b) components for or use on or with
 - aircraft
 - missiles
 - watercrafts

Yes

No

If Yes, please give details

22. a) Is a written products liability loss control program in effect?

Yes No

b) Is there a written quality control procedure ?

Yes No

c) Is there any written product recall plan ?

Yes No

d) Are your products subject to and do they comply with applicable national safety standards?

Yes No

For any Yes, please give particulars

Note : any printed material relative this question must be submitted

23. Please give claims history for the last 5 years

Public Liability

Year	4 years ago	3 years ago	2 years ago	1 year ago	Current year
No. of claims					
Outstanding					
Total					

Product Liability

Year	4 years ago	3 years ago	2 years ago	1 year ago	Current year
No. of claims					
Outstanding					
Total					

Total Public and Product Liability

Year	4 years ago	3 years ago	2 years ago	1 year ago	Current year
No. of claims					
Outstanding					

Please give brief description of all claims exceeding or involving bodily injury in USA/Canada

24. Are you aware of any incidents, known defects or inherent hazards which may result in a claim?

Yes No

If Yes, please give brief description of problem, possible effects and estimated claims

25. Has your proposal or renewal been declined by any insurer ?

Yes No

If Yes, please give particulars

26. Required insurance limits:

Public Liability : any one claim in the aggregate

Product Liability : any one claim in the aggregate

27. Deductible

% of Limit of Indemnity minimum per claim maximum per claim:

28. Policy period required :

From :

To:

29. Do you require "Vendors Liability"?

Yes No

If Yes, please list vendor(s) and address(es)

30. What territorial limits do you require?

Domestic	<input type="checkbox"/>
Europe	<input type="checkbox"/>
Rest of World	<input type="checkbox"/>
USA/Canada	<input type="checkbox"/>

31. Do you require Accidental Pollution Cover? Yes No

If Yes, please submit details as per additional questionnaire attached.

I/We desire to effect an insurance in terms of the Public Liability Policy of the Company against the limits of Indemnity specified above. I/We hereby declare that all statutory provisions relating to my/our business proposed for insurance are complied with. I/We further declare that the above statements and particulars are true, and I/We have no omitted, suppressed, misrepresented or misstated any material fact and I/We agree this declaration shall be the basis of the contract between me/us and the Company, and be incorporated therein

Signature of Applicant

Date: