



Products and
Advertising Liability
PROPOSAL FORM



Liberty
Specialty Markets



IMPORTANT NOTICE

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 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.

If you do not fully and faithfully provide and/or disclose to Liberty facts you know or ought to know with regard to this insurance placement you may receive nothing from this Policy. If you fail to give appropriate disclosure to the insurer, this may permit the insurer to terminate the contract of insurance effective from its commencement date and to recover any claim amounts previously paid by the insurer under the contract.

PRIVACY NOTICE

Liberty Specialty Markets Hong Kong Limited (No. 2400200) (Liberty) is a company incorporated and authorised to conduct insurance in Hong Kong. It is a member of the United States-based Liberty Mutual Group. Liberty's contact details are:

Address: Suites 2401-04 24/F Cityplaza One, 1111 King's Road Tai Koo Shing, Hong Kong
Phone : +852 3655 2600

Liberty is bound by the Personal Data (Privacy) Ordinance (Cap. 486) and its associated Data Protection Principles when it collects and handles your personal data.

Liberty collects personal data, including from insurance brokers, in order to provide its services and products, manage claims and for purposes ancillary to its business. Liberty passes it to third parties involved in this process such as Liberty's related companies, reinsurers, agents, loss adjusters and other service providers. We may store your information with third party cloud or other types of networked or electronic storage providers. Third parties may be located locally or overseas in the United States, Canada, United Kingdom, Singapore, Australia and Malaysia. Your information may be transferred to countries without comparable data protection laws if it is reasonably necessary to provide you with the products or services you seek from Liberty. If you do not provide the personal data Liberty or other relevant third parties require to offer you specific products or services, Liberty may not be able to provide the appropriate type or level of service.

If you wish to gain access to or correct your personal data, make a personal data complaint, or if you have any query about how Liberty collects or handles your personal data please write to Liberty's Privacy Officer at the address above or by emailing: privacy.officer.ap@libertyglobalgroup.com. To obtain a copy of Liberty's Privacy Policy go to Liberty's website (www.libertyspecialtymarkets.com.hk) or request a copy from Liberty's Privacy Officer.

When you give Liberty personal or sensitive information about other individuals, Liberty relies on you to provide its Privacy Notice to them. If you have not done this, you must tell Liberty before you provide the relevant data.

PRODUCTS AND ADVERTISING LIABILITY PROPOSAL FORM

Important: Please answer all questions fully. If any section does not apply, please indicate with N/A. All questions will be deemed to be answered in respect of all entities & persons to be insured under this policy. If the space provided is insufficient please include attachments on your company letterhead.

Warning: If you do not fully and faithfully provide and/or disclose to Liberty facts you know or ought to know with regard to this insurance placement you may receive nothing from this Policy. If you fail to give appropriate disclosure to the insurer, this may permit the insurer to terminate the contract of insurance effective from its commencement date and to recover any claim amounts previously paid by the insurer

THE INSURED

a) Full name of proposed Insured including subsidiaries

Company Name

b) Postal address

c) Business Nature:

Manufacturer Distributor Trading Company Other

d) What year did your business start?

e) Please advise your website address:

PERIOD OF INSURANCE

From:

To:

both days inclusive

LIMIT OF INDEMNITY

a) \$ _____ in the aggregate for claims during the Period of Insurance

QUALITY CONTROL AND PRODUCT INFORMATION

- | | | |
|--|-----|----|
| a) Does your company hold ISO9001:2000 certification? | Yes | No |
| b) Do you provide or develop written instructions, labels or warnings for your products that are destined for export markets? | Yes | No |
| If Yes, have these warnings, labels or other documents been reviewed and approved by a legal firm practising in each of the export markets where your products are being sold? | Yes | No |

c) USA Products:

List the product(s) manufactured, sold or distributed by your Company in, or exported to USA/Canada and sales by product that you are looking to cover under this Policy for the past 2 years as well as estimated for the upcoming year.

Description of Product	Estimated sales for upcoming 12 months (USD\$)	Actual sales for current year (USD\$)	Actual sales for preceding year from actual (USD\$)	List Domestic or International certification for each product your company obtains, if any e.g. CQC Mark Product certification, UL Listing/certification, CE Mark, CCC
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d) Asia Products:

List the product(s) manufactured, sold or distributed by your Company in, or exported to Asia and sales by product that you are looking to cover under this Policy for the past 2 years as well as estimated for the upcoming year.

Description of Product	Estimated sales for upcoming 12 months (USD\$)	Actual sales for current year (USD\$)	Actual sales for preceding year from actual (USD\$)	List Domestic or International certification for each product your company obtains, if any e.g. CQC Mark Product certification, UL Listing/certification, CE Mark, CCC
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e) Rest of World (ROW) Products (excluding USA/Canada/Asia):

List the product(s) manufactured, sold or distributed outside the USA/Canada/Asia and sales by product that you are looking to cover under this Policy for the past 2 years as well as estimated for the upcoming year.

Description of Product	Estimated sales for upcoming 12 months (USD\$)	Actual sales for current year (USD\$)	Actual sales for preceding year from actual (USD\$)	List Domestic or International certification for each product your company obtains, if any e.g. CQC Mark Product certification, UL Listing/certification, CE Mark, CCC
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f) Does your Company require a "Vendors Liability" Endorsement? Yes No
 If "Yes", please list vendor(s) and address(es).

g) List any products that have been discontinued or recalled in the last 5 years and give reasons:

h) Are any new products proposed for introduction during the upcoming year? Yes No
 If Yes, list products.
 In USA/Canada Yes No
 Asia Yes No
 ROW Yes No

i) Are any products sold as components for other products? Yes No

j) Are all products designed by the Insured? Yes No

If No, please explain

k) How can you identify your products from your competitors eg. Serial number, batch number, etc?

l) Does your company have a documented product recall programme in place? Yes No

CONTRACTUAL LIABILITY

a) Do you assume liability of others under contract or indemnify or hold harmless third parties (other than lease liability for premises)? Yes No

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

b) Do you waive any potential rights of subrogation that you may have from/against third parties (particularly your suppliers)? Yes No

If Yes, please provide full details and attach copies of all agreements.

CLAIMS AND/OR LOSS EXPERIENCE

a) After investigation, are you aware of any claims or uninsured losses over the last five years? Yes No

If Yes, 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 the claim amount after the application of any excess/deductible.

Dates	# Claims Reported	Amount paid & outstanding (USD\$)	Applicable Excess (USD\$)	Description of Claim
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- | | | |
|---|-----|----|
| b) After investigation, are you aware of any circumstances which could give rise to a claim under the proposed Policy and which are not mentioned above?

If Yes, please provide details. | Yes | No |
|---|-----|----|

PREVIOUS INSURANCE HISTORY

Who is your current insurer?

After investigation have you ever had any:

- | | | |
|---|-----|----|
| a) Insurance declined or cancelled? | Yes | No |
| b) Renewal refused? | Yes | No |
| c) Special conditions imposed? | Yes | No |
| d) Increased excess imposed? | Yes | No |
| e) Claims denied for this class of insurance? | Yes | No |

BROKER INFORMATION

Broker name

Address

DECLARATION

(To be signed by a Partner, Principal or Director.)

I, the undersigned understand, declare and acknowledge:

that I am to disclose in this form fully and faithfully, all the facts that I know or ought to know, otherwise the Policy issued hereunder may be void and I may receive nothing from the Policy;

that I am, after enquiry, authorised by all person(s) or entities seeking insurance to make this proposal;

that after enquiry, all information supplied in this proposal and any supporting documents attached to this proposal or supplied separately, is true and correct and that until a Contract of Insurance is entered into I am obliged to inform Liberty of any changes to any information supplied or of any new information that is relevant;

that I understand Liberty relies on the accuracy of the information and documentation supplied proposing for this insurance;

that if a Contract of Insurance is entered into all information and documentation supplied in proposing for this insurance shall be incorporated into and form part of and shall be the basis of such Contract of Insurance;

that I have read and understood the Important Notices which form part of this proposal;

that I understand that no insurance is in force until a Contract of Insurance is entered into, which is upon the Proposers acceptance of an offer by Liberty , if any.

Signed

Print Name

Title

Dated

CHECKLIST

Have you:

Answered all questions on this Proposal Form?

Provided all required attachments?

Signed and dated this Proposal Form?