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Application Form Products Liability

For broker business 經 紀 業 務 適 用

A. Know Your Client

Confidential Fact Find for	By your Insurance Advisor					
Client's Name	Name of Advisor	Account Code				

* Mandatory fields

Important Notes

You are required to tell us (AXA General Insurance Hong Kong Limited) everything you know, or could reasonably be expected to know, that is relevant to our decision to insure you, otherwise the policy issued may be void.

The Proposer shall be deemed to be the policyholder unless otherwise indicated in this proposal form.

Our liability in respect of this application does not commence until acceptance has been communicated by us to you. Your policy carries a Premium Warranty Clause, which requires the premium to be paid in full within sixty (60) days from the commencement of the cover. Failing to comply with the above, there would be no liability under the policy.

If the space provided is insufficient, please write the details on a separate sheet of paper and attach it to this application form.

Company Details*

Full names of all companies to be insured:		
Locations of all premises and details of activ	vities carried out on such pre	mises:
Business description:		Website address:
Coverage*		
Period of insurance: From	to	both dates inclusive
Limit of indemnity: Products liability	_ any one occurrence and in	the aggregate any one period of insurance
Basis: Occurrence Claims Made	Retroactive Date	
General Information		

1) How many years has your company been in business?

2)	Are you represented in any form in another country*? If "Yes", please provide name(s) and address(es):	Yes		No	
3)	Have you acquired any new entities over the last five (5) years? If "Yes", please provide name(s) and address(es):	Yes	Yes 🗌		
4)	Please state current insurer(s) and basis of liability*: Poli				
	Name(s) of insurer(s): Peri	od: to _			
	Number of years with above insurer:				
	How many years have you been insured for Product Liability?				
	Losses Occurring Claims Made Retroactive	Date			
5)	Has any insurer cancelled or refused to renew your insurance*? If "Yes", please provide details:	Yes		No	

6) Details of all claims and uninsured losses, damage or liabilities that have involved your business in the past five (5) years (including any claims and/or incidence and/or circumstances whether actual or alleged and whether such claim is paid or not)

Date of notification of loss	Description	Insurer	Amount paid	Amount outstanding	Deductible applicable

B. Product Summary*

Product Information

1)

Estimated turnover:			
(a) Manufacturer	%	(b) Retailer	%
(c) Wholesaler/Distributor	%	(d) Importer	%
(e) Others (please specify)	%		

2) Details of all products manufactured, sold or distributed by you (Please attach brochures, catalogues and other literature of such products).

(a) USA / Canada - Turnover/Sales

Product	Brand name	2 nd previous year turnover	1 st previous year turnover	Current year turnover	Coming year estimated turnover

(b) United Kingdom - Turnover/Sales

Product	Brand name	2 nd previous year turnover	1 st previous year turnover	Current year turnover	Coming year estimated turnover

(c) Australia / New Zealand - Turnover/Sales

Product	Brand name	2 nd previous year turnover	1 st previous year turnover	Current year turnover	Coming year estimated turnover

(d) Rest of the world - Turnover/Sales

Product	oduct Brand name 2 nd previous yea turnover		1 st previous year turnover	Current year turnover	Coming year estimated turnover

3) Are you a wholesaler/distributor/supplier/importer/retailer? If "Yes", please provide the following:

(a) List all manufacturers of the products you wholesale/distribute/supply/import/retail:

(b)	How many years of experience has the manufacturer(s) had in producing these products?			
(c)	Are there any claims against the manufacturer(s) in the past five (5) years?	Yes	No	
(d)	Are the manufacturers of these products insured for Products Liability?	Yes	No	
	If "Yes", are you named as a "Vendor" or name insured on this policy(s)	Yes	No	
(e)	Do you modify the product(s) in any way? If "Yes", please provide details:	Yes	No	

Please comment on your risk selection process or attach a copy your quality control (f) report.

4) (a) List your top five clients/customers with respect to sales:

	Are your p	products	sold	directly	to	the	public	or	through	wholesalers,	distributors	or
(b)	retailers?											

5)	Are there any products that have been discontinued or recalled in the past five (5) years?		No	
	If "Yes", please provide details including the reason for such discontinuance or recall:			

6)	(a)	Do you import any products or component parts?	Yes	No	
	(b) Could any of your products or services be used on or in connection with:				
		(i) aircraft, other aerial device, watercraft or hovercraft	Yes	No	
		(ii) power stations, chemical plants or petrochemical plants	Yes	No	
		(iii) pharmaceuticals or cosmetics	Yes	No	

Yes 🗌 No 🗌

	(iv) mining or drilling sites	Yes	No	
	(v) safety-related auto parts including but not limited to airbags, restraining and protective gears, seatbelts, braking systems, auto wheels/rims, tires and tubes?	Yes	No	
	(c) Do you make or handle any products that are explosive, flammable, or poisonous eith by itself, or in combination with other materials?		No	
	(d) Are any of your products sold under another's name or label?	Yes	No	
	(e) Do you purchase materials or components from others?	Yes	No	
	If you answered "Yes", to any of the above, please provide details:			
7)	Are all products designed and formulated by you? If "No", please provide details:	Yes	No	
8)	Give details of quality programme control procedures and any laboratory testing used.			
9)	If no product quality control is in place, how is product quality determined?			
10)	Is there a written product recall plan?	Yes	No	
11)	Is each of the product subject to and do they conform with applicable country of export or international manufacturing and safety standards?	Yes	No	
12)	Are sampling techniques employed? If "Yes", please state degree of fault tolerated in %	Yes	No	
13)	Are record keeping procedures being kept for the products?	Yes	No	
14)	Do your products carry labels/packaging and/or information sheets which provide instructions and/or information:			
	(a) Which has been reviewed and approved by a legal firm practicing in each of the export markets where the products are being sold?	Yes	No	
	(b) Regarding the correct use or storage and/or warnings of potential hazards?	Yes	No	
	(c) In relation to medical treatment and/or remedial treatment/action to be taken in the event of an accident, consumption, or misuse of the product?	Yes	No	
15)	Do you install or apply your own product(s) or perform any services? If "Yes", provide details and state whether work is guaranteed:	Yes	No	
16)	Are any product warranties supplied with the product? If "Yes", please provide details:	Yes	No	
17)	Are there or have there been any violations of the consumer product safety act or any other federal or local legislation? If "Yes", please provide details:	Yes	No	
18)	Suppliers and Distributors of your products:	Vac	Me	
	(a) Do you hold them harmless or insure them?(b) Do they hold you harmless or insure you?	Yes Yes	No No	
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(c)	Do you require "Vendors Liabilit	y" endorsement? If "Yes"	, please list vendor(s):
Plea	ase explain all of the above "Yes"	below:	

C. Your Signature and Declaration*

Declaration

I/We HEREBY CONFIRM that I/we am/are not acting on behalf of any other person for this insurance application unless otherwise expressly indicated in this application form or any other documents provided to the Company for this application.

I/We HEREBY DECLARE AND AGREE on behalf of myself/ourselves and other persons referred to in this application (hereinafter referred to as "Relevant Persons", "We", "Our" or "Us") (for the avoidance of doubt, the expressions "Relevant Persons", "We", "Our" or "Us" include myself/ourselves and such other persons) that

- 1. all statements and answers to all questions whether or not written by my/our own hand are to the best of my/our knowledge and belief complete and true;
- 2. all answers to such questions, together with this application, shall form the basis and become a part of the policy;
- 3. I/We have read and fully understood the Proposal for the policy applied for;
- 4. I/We shall disclose to the Company any change and/or material facts of all Relevant Person(s) that occur after signing this application form but before the policy is issued;
- 5. the policy shall effective only following the full payment of premium stated in the policy schedule and all applicable requirements being met;
- 6. the Company is not bound by and is not required to rely on any statement which I/we may have made to any person if not written or printed here.

Personal Information Collection Statement

AXA General Insurance Hong Kong Limited (referred to hereinafter as the "Company") recognises its responsibilities in relation to the collection, holding, processing, use and/or transfer of personal data under the Personal Data (Privacy) Ordinance (Cap. 486) ("PDPO"). Personal data will be collected only for lawful and relevant purposes and all practicable steps will be taken to ensure that personal data held by the Company is accurate. The Company will take all practicable steps to ensure security of the personal data and to avoid unauthorised or accidental access, erasure or other use.

Please note that if you do not provide us with your personal data, we may not be able to provide the information, products or services you need or process your request.

Purpose: From time to time it is necessary for the Company to collect your personal data (including credit information and claims history) which may be used, stored, processed, transferred, disclosed or shared by us for purposes ("Purposes"), including:

- 1. offering, providing and marketing to you the products/services of the Company, other companies of the AXA Group ("our affiliates") or our business partners (see "Use and provision of personal data in direct marketing" below), and administering, maintaining, managing and operating such products/services;
- 2. processing and evaluating any applications or requests made by you for products/services offered by the Company and our affiliates;
- 3. providing subsequent services to you, including but not limited to administering the policies issued;
- 4. any purposes in connection with any claims made by or against or otherwise involving you in respect of any products/services provided by the Company and/or our affiliates, including investigation of claims;
- 5. detecting and preventing fraud (whether or not relating to the products/services provided by the Company and/or our affiliates);
- 6. evaluating your financial needs;
- 7. designing products/services for customers;
- 8. conducting market research for statistical or other purposes;
- 9. matching any data held which relates to you from time to time for any of the purposes listed herein;
- 10. making disclosure as required by any applicable law, rules, regulations, codes of practice or guidelines or to assist in law enforcement purposes, investigations by police or other government or regulatory authorities in Hong Kong or elsewhere;
- 11. conducting identity and/or credit checks and/or debt collection;

- 12. complying with the laws of any applicable jurisdiction;
- 13. carrying out other services in connection with the operation of the Company's business; and
- 14. other purposes directly relating to any of the above.

Transfer of personal data: Personal data will be kept confidential but, subject to the provisions of any applicable law, may be provided to:

- 1. any of our affiliates, any person associated with the Company, any reinsurance company, claims investigation company, your broker, industry association or federation, fund management company or financial institution in Hong Kong or elsewhere and in this regard you consent to the transfer of your data outside of Hong Kong;
- 2. any person (including private investigators) in connection with any claims made by or against or otherwise involving you in respect of any products/services provided by the Company and/or our affiliates;
- 3. any agent, contractor or third party who provides administrative, technology or other services (including direct marketing services) to the Company and/or our affiliates in Hong Kong or elsewhere and who has a duty of confidentiality to the same;
- 4. credit reference agencies or, in the event of default, debt collection agencies;
- 5. any actual or proposed assignee, transferee, participant or sub-participant of our rights or business;
- 6. any government department or other appropriate governmental or regulatory authority in Hong Kong or elsewhere; and
- 7. the following persons who may collect and use the data only as reasonably necessary to carry out any of the purposes described in paragraphs nos. 2, 3, 4 and 5 of the Purposes specified above: insurance adjusters, agents and brokers, employers, health care professionals, hospitals, accountants, financial advisors, solicitors, organisations that consolidate claims and underwriting information for the insurance industry, fraud prevention organisations, other insurance companies (whether directly or through fraud prevention organisation or other persons named in this paragraph), the police and databases or registers (and their operators) used by the insurance industry to analyse and check data provided against existing data.

For our policy on using your personal data for marketing purposes, please see the section below "Use and provision of personal data in direct marketing".

Transfer of your personal data will only be made for one or more of the Purposes specified above.

Use and provision of personal data in direct marketing: The Company intends to:

- 1. use your name, contact details, products and services portfolio information, transaction pattern and behaviour, financial background and demographic data held by the Company from time to time for direct marketing;
- 2. conduct direct marketing (including but not limited to providing reward, loyalty or privileges programmes) in relation to the following classes of products and services that the Company, our affiliates, our co-branding partners and our business partners may offer:
 - a) insurance, banking, provident fund or scheme, financial services, securities and related products and services;
 - b) products and services on health, wellness and medical, food and beverage, sporting activities and membership, entertainment, spa and similar relaxation activities, travel and transportation, household, apparel, education, social networking, media and high-end consumer products;
- 3. the above products and services may be provided by the Company and/or:
 - a) any of our affiliates;
 - b) third party financial institutions;
 - c) the business partners or co-branding partners of the Company and/or affiliates providing the products and services set out in 2. above;
 - d) third party reward, loyalty or privileges programme providers supporting the Company or any of the above listed entities
- 4. in addition to marketing the above products and services, the Company also intends to provide the data described in 1. above to all or any of the persons described in 3. above for use by them in marketing those products and services, and the Company requires your written consent (which includes an indication of no objection) for that purpose;

Before using your personal data for the purposes and providing to the transferees set out above, the Company must obtain your written consent, and only after having obtained such written consent, may use and provide your personal data for any promotional or marketing purpose.

You may in future withdraw your consent to the use and provision of your personal data for direct marketing.

If you wish to withdraw your consent, please inform us in writing to the address in the section on "Access and correction of personal data". The Company shall, without charge to you, ensure that you are not included in future direct marketing activities.

Access and correction of personal data: Under the PDPO, you have the right to ascertain whether the Company holds your personal data, to obtain a copy of the data, and to correct any data that is inaccurate. You may also request the Company to inform you of the type of personal data held by it.

Requests for access and correction or for information regarding policies and practices and kinds of data held by the Company should be addressed in writing to:

Data Privacy Officer

AXA General Insurance Hong Kong Limited

5/F, AXA Southside, 38 Wong Chuk Hang Road, Wong Chuk Hang, Hong Kong

A reasonable fee may be charged to offset the Company's administrative and actual costs incurred in complying with your data access requests.

I/WE ACKNOWLEDGE AND CONFIRM that I/we have read and understood the Personal Information Collection Statement ("PICS"). I/We confirm that I/we have been advised to read carefully the PICS, and I/we have read it carefully its effect and impact in respect of my/our personal data collected or held by the Company (whether contained in this application or otherwise). Based on the foregoing, I/we hereby give my/our acknowledgement and agree to the use and transfer of my/our personal data by AXA General Insurance Hong Kong Limited in accordance with the PICS, including the use and provision of my/our personal data for the purpose of direct marketing.

[Important: If you do not agree to the use and provision of your personal data for direct marketing as set out in the section "Use and provision of personal data in direct marketing", please tick the box below and we will not use your personal data for direct marketing.]

I/We do not agree with the use and provision of my/our personal data for direct marketing purposes as set out above in the Personal Information Collection Statement (see "Use and provision of personal data in direct marketing") and do not wish to receive any promotional and direct marketing materials.

Commission Disclosure Declaration 佣金披露聲明

I/We understand, acknowledge and agree that, as a result of my/our purchasing and taking up the policy to be issued by AXA General Insurance Hong Kong Limited (the "Company"), the Company will pay the authorized insurance broker commission during the continuance of the policy including renewals and/or paying additional premium, for arranging the said policy. Where I/We am/are a body corporate, the authorized person who signs on my/our behalf further confirms to the Company that he or she is authorized to do so.

I/We further understand that the above agreement is necessary for the Company to proceed with the application.

本人/我們明白、確知及同意,安盛保險有限公司("貴公司")會就本人/我們購買及接受貴公司簽發的保單,於保單有效 期內(包括續保期及/或支付額外的保費)向負責安排有關保單的獲授權保險經紀支付佣金。假如本人/我們為法人團體, 代表本人/我們簽署的獲授權人員並向貴公司確認他/她已獲該法人團體授權。

本人/我們亦明白貴公司必須取得本人/我們以上的同意,才可以處理有關保險申請。

Name

Signature and Company Stamp

Levy collected by the Insurance Authority has been imposed on this policy at the applicable rate. For further information, please visit www.axa.com.hk/ia-levy or contact AXA at (852) 2523 3061.

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