



"A Symbol of Trust, Security and Progress"

Tausi Assurance Company Limited

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PRODUCTS LIABILITY INSURANCE PROPOSAL FORM.

The issuing of this form is not to be taken as an admission of liability by the Insurers.

NB: All questions must be answered in full. Dashes are not acceptable. Please use **BLOCK LETTERS** and tick where appropriate.

PARTICULARS OF PROPOSER

Name of proposer (in full):

Postal Address

P.O Box:

Code:

Town:

Email Address:

Telephone/Mobile Number(s):

PIN No.

(Attach copy)

ID/Passport No. (Individual):

(Attach Copy)

Certificate of Incorporation No.
(Corporate)

(Attach Copy)

Description of Business:

How long established:

Period of Insurance:

From:

To:

1.Does your business involve: -

i. Manufacturing

ii. Processing

iii. Packaging

iv. Wholesaling

v. Retailing

vi. Assembling

vii.Importing

2. Does the proposer operate a research and development department?

☐

YES

☐

NO

If Yes, please specify details and qualifications of the personnel including designs terms

3. Give below details of all products: - (use separate sheet if insufficient space below)

A. i) Trade Name

ii) Name of Manufacture

iii) Description of product

iv) Estimated Annual Turnover

v) Limit of Liability on
Estimated Annual Turn over

B. Specify any products which are
inflammable, explosive,
poisonous, radioactive or in any
way dangerous:

C. Are directions for use given?

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YES

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NO

i. By printing on the container
or product?

ii. By separate leaflet or
brochure?

D. What types of containers are
used and are they
manufactured by Proposer?

E. Are the products used as
components?

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YES

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NO

F. Will any new product be
marketed during the next twelve
months?

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YES

☐

NO

If so, give details below:

4. If any of the products are
assembled by any other firm (or
persons) or if your products
incorporate parts manufactured
elsewhere, please give details
below:

5. Are any of your products or
components thereof
manufactured abroad?

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YES

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NO

If so, give details below, including country of manufacture and value of such products
or components:

6. Give the following details regarding products supplied or distributed overseas:

a. To which countries?

b. How are you represented in those countries?

i. Agencies

ii. Concessionaires

iii. Own branches

iv. Others

c. Estimated Annual Turnover for each country:

Limit

Limit

7. Do you keep records of the sources of supply of goods and materials which you handle or use?

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YES

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NO

8. Are any products supplied for use in connection with aircraft or aerial devices of any kind?

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YES

☐

NO

9. Do you enter into any agreement or undertakings to indemnity (or hold harmless) suppliers of materials or components or sub-contractors or processors in respect of any injury or damage?

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YES

☐

NO

If so, please supply wordings

10. Do you issue any written guarantee or conditions of sale with or in in respect of any of your products?

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YES

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NO

If so, please supply wordings

11. How long has the proposer been manufacturing or supplying these different categories of products?

NOTE:

FOR PRODUCTS CONCERNED IN THIS ENQUIRY, IT IS ESSENTIAL DESCRIPTIVE LEAFLETS OR BROCHURES, SPECIMEN, LABELS, GUARANTEE AND CONDITIONS OF SALE ARE ATTACHED TO THIS QUESTIONNAIRE.

12. In respect of products liability insurance:

a. Are you at present Insured?

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YES

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NO

b. Have you ever proposed for such Insurance?

If the answer to either (a) or (b) is YES give name of Insurer below:

c. Has any Insurer:

i. Cancelled?

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YES

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NO

ii. Refused to renew?

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YES

☐

NO

iii. Required either an increased premium or special condition?

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YES

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NO

If so, please give details

13. In respect of the products proposed for this Insurance, please give details of: -

a. Any claims made or pending against you

b. Any case where you have reason to expect a claim

