



**PROPOSAL FORM
FOR
PUBLIC & PRODUCTS LIABILITY
INSURANCE**

Trans Pacific Assurance Limited
Level 3, Credit House
Cuthbertson Street
P O Box 170
PORT MORESBY 121, N C D
Papua New Guinea

Telephone: 321 6808
Facsimile: (675) 321 6528
Email: info@transpacific.com.pg
Website: www.transpacific.com.pg

PUBLIC & PRODUCTS LIABILITY PROPOSAL

IMPORTANT FACTS

Your Duty of Disclosure

Before you enter into a contract of general insurance with an insurer, You have a duty, under the P.N.G. Insurance Act, to disclose to us every matter which you know or could reasonably be expected to know, is relevant to our decision whether to accept the risk of the insurance and if so, on what terms. You have that same duty to disclose those matters to us before you renew, extend, vary or reinstate a contract of insurance.

Your duty however does not require disclosure of matter:

- that diminishes the to be undertaken by the insurer;
- that is common knowledge;
- that the insurer knows, or in ordinary course of business as an insurer, ought to know;
- as to which compliances with your duty is waived by the insurer.

Non- Disclosure

If you fail to comply with your duty of disclosure, we may be entitled to reduce our liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, we may also have the option of avoiding the contract from its beginning.

PRIVACY

We are committed to protecting your privacy. We only use the personal information you provide to us to quote on and insure your risks. We only provide personal information to our reinsurers (and all representatives) and those we appoint to assist us with the claims under the policy. We will not trade, rent or sell your information.

If you do not provide us with complete information, we cannot properly quote for your insurance and we cannot insure your proposed risk. You may check the personal information we hold about you at a time suitable to you and us.

If you provide us with your personal information about anyone else, we rely on you to have told them that you will provide their information to us, to whom we may provide it, the purposes for which we will use it and they can access it. The information is sensitive; we rely on you to have obtained their consent on these matters.

Contact details for Trans Pacific Assurance Limited are:

Mail: Compliance Manager,
Trans Pacific Assurance Ltd
PO Box 170
PORT MORESBY 121, NCD
Telephone: 321 6808
Fax: 321 6528
Email: info@transpacific.com.pg

PERIOD OF INSURANCE

Cover commences: / / Cover expires at 4.00 pm: /..... /

ABOUT YOU AND YOUR BUSINESS

Name of all Companies proposed to be insured

- 1. 2.
- 3. 4.

Date first established: / /

Proposer is an: Individual Partnership Corporation Other (Specify):

.....

Principal Address(es) – *If insufficient Space Attach List:*

.....
.....

Indemnity Limit required?

- PUBLIC K any one occurrence
- PRODUCTS K any one period of insurance

Full description of Proposer’s business activities

.....
.....

Type of business: Manufacturer Proposer Property Owner Contractor

Retailer Assembler Producer Wholesaler Other (Specify):

Please give details of:

a) Number & Type of Unregistered vehicles:

b) Lifts, escalators, cranes, hoist or other lifting equipment:

.....
.....

c) Boiler or other pressure vessels:

Do any of the above require certification? Yes No (If 'Yes' please provide details)

Please give details of work performed away from premises including use of welding or oxy-acetylene cutting equipment?

.....
.....

Are you involved in Mining, Processing, Distribution, Removal, Storage and Handling of Asbestos or Asbestos Products?

.....

Please give full details of any chemicals, gases, explosives or radioactive substances used

.....

Do you discharge or dispose of trade wastes into the atmosphere?

Yes No

If 'Yes' is it by agreement with relevant local authorities?

Yes No

Are all wastes treated and made safe before discharge?

Yes No

If 'Yes' please provide full details:

.....

Give details of any agreements you have made under which you have:

(a) Accepted Liability which not normally be your responsibility:

.....

(b) Give away your legal rights of recovery from other parties:

.....

(c) Do you engage any contractors &/or subcontractors? Yes No

(If 'Yes' please provide details)

.....

Do you require cover for goods in your physical or control? Yes No. (If 'Yes'
Please answer the following:

a) Description of goods:

.....

b) Value of Goods K c) Sum insured Required? K

PRODUCT & SALES DATA

Detail the Product or Service

Turnover:

Wage Roll:

Est. Next 12 Mths K K

Past 12 Mths K K

Do you operate a Quality Control Recording System? Yes No. (If 'Yes' please
detail):

.....

Do you supply or distribute products overseas? Yes No. (If 'Yes' please answer
the following):

PRODUCT	COUNTRY EXPORTED TO	% OF TOTAL TURNOVER
List exports %
..... %
..... %

List of countries in which you have registered office or assets or legally authorized
representatives or agents:

.....

Could any of your products or services on or in connection with:

- Aircraft/Missile/Aerospace? Yes No
- Watercraft or Off shore? Yes No
- Transportation? Yes No

If 'Yes' to any of this above please provide details:

Could any of your products be classified as:

-Pharmaceuticals?

Yes No. (If 'Yes' could they be considered 'Prescription')? Yes No

-Cosmetics?

Yes No

-Chemicals of an explosive, toxic or noxious nature?

Yes No

-Fertilisers, pesticides, fungicides?

Yes No

Are any of your products sold under another's name or label?

Yes No

Do you purchase materials or components from others?

Yes No

Do you own or operate a watercraft?

Yes No

If 'Yes' to any of the above please provide details:

.....

CLAIMS INSURANCE HISTORY

Total aggregate losses (from the ground up including legal costs)?

Date	Details	Amount
...../...../.....	K
...../...../.....	K
...../...../.....	K

Are you aware of any other incident which may result in claims against you?

Yes No If 'Yes' give details:

.....

.....

Previous Insurance History

- a) Name of insurer: 1.Years on risk From /.... /.... To/...../.....
- 2.Years on risk From/...../..... To/...../.....
- 3.Years on risk From /..... /..... To...../...../.....

b) Has any insurer cancelled, declined or renew this form of coverage?

Yes No

If 'Yes' Give details?

.....

.....

DECLARATION

As an insurer will collect your personal and other information in order to decide whether to insure a policy, determines the term and conditions of your policy, compile data and handle claims. In certain circumstances, for example in handling claims, we may have to disclose your personal and other information to third parties such as other insurers, loss adjusters, external claims data collectors, investigators and agents, etc or other parties as required by law. If you provide us with personal information about any one else, we rely on you to have told them that you will provide their information to us, to whom we may provide it, the purposes for which we will use it and that they can access it. If the information is sensitive, we rely on you to have obtained their consent on these matters. You have the right to seek access to your personal information and correct it at any time by contacting us during office hours.

I/we declare the answers and information given by me/us in this proposal are true and correct in all respects. I/we also acknowledge having been clearly informed of the following:

- the nature and effect of my/our Duty of Disclosure;
- the only person whose interests are covered; and
- the most I/we can recover under a claim.

I/we further acknowledge that any cover that may be granted by You, Your agents or employees on completion of this Proposal prior to You advising me/us of its acceptance or declination of this offer to insure, is Interim Cover only.

I/we also acknowledge that I/we have read and understood the Privacy Act information referred to above and consent to the collection, storage, use and disclosure of personal and sensitive information of all persons affected by this proposal. I/we acknowledge that if I/we do not agree to the collection of this personal and sensitive information then unfortunately Trans Pacific Assurance Limited will be unable to process my/our proposal.

Signature(s): **On behalf of the Proposers**

Name & Position: **Date:**/...../.....