

Public and Product Liability

1. Name of proposer

Registered Address:

2. Name of subsidiaries and associated companies

Registered Addresses:

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

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

3. Please state if business of proposer, 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	YES <input type="checkbox"/>	NO <input type="checkbox"/>

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 premises proposed for insurance:

.....

.....

.....

.....

.....

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

NO

other foreign countries

YES

NO

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

NO

Explosives

YES

NO

Hazardous substances

YES

NO

Asbestos

YES

NO

Toxic materials

YES

NO

Radioactive materials

YES

NO

Hydrocarbons

YES

NO

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 customers/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 programme for the prevention of fire, explosion incidents etc:

Please indicate:

a) type of detection and alarm system:

YES

NO

.....
.....

b) availability of service organisation in case of such incidents:

.....
.....

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

.....
.....

Note: existing survey-reports should be attached.

16. Is there any:

Welding

YES

NO

Gas cutting

YES

NO

Hot work

YES

NO

Vibration from heavy machinery

YES

NO

Pipelines

YES

NO

Gas tanks

YES

NO

Cemical tanks

YES

NO

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	Estimated

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

a) last year

Product Lines	Domestic	Europe	USA	RoW	Total

b) current year

Product Lines	Domestic	Europe	USA	RoW	Total

c) forthcoming year

Product Lines	Domestic	Europe	USA	RoW	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, date of introduction and markets:

.....

b) Are any new products proposed for introduction during the ensuing year? YES NO

.....

	YES	NO
21. Are any products sold as:	<input type="checkbox"/>	<input type="checkbox"/>
a) Components for other products	<input type="checkbox"/>	<input type="checkbox"/>
b) Components for or use on or with	<input type="checkbox"/>	<input type="checkbox"/>
Aircraft	<input type="checkbox"/>	<input type="checkbox"/>
Missiles	<input type="checkbox"/>	<input type="checkbox"/>
Watercrafts	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, please give details		

.....

.....

	YES	NO
22. a) Is a written products liability loss control programme in effect?	<input type="checkbox"/>	<input type="checkbox"/>
b) Is there a written quality control procedure?	<input type="checkbox"/>	<input type="checkbox"/>
c) Is there a written product recall plan?	<input type="checkbox"/>	<input type="checkbox"/>
d) Are your products subject to and do they comply with applicable national safety standards?	<input type="checkbox"/>	<input type="checkbox"/>

For any Yes, please give particulars:

.....

.....

Note: any printed material relative to this question must be submitted.

23. Please give claims history for the last 5 years:

Public Liability					
Year					
No. of Claims					
Paid					
Outstanding					
Total					

Product Liability					
Year					
No. of Claims					
Paid					
Outstanding					
Total					

Total Public and Product Liability					
Year					
No. of Claims					
Paid					
Outstanding					
Total					

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?

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"?

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

.....
.....
.....

30. What territorial limits do you require?

YES

NO

Domestic

Europe

Rest of the world

USA/Can

31. Do you require Accidental Pollution Cover?

YES

NO

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

PAYMENT OF PREMIUMS

I intend to pay the premium to be notified to me according to the dates mentioned in the relevant premium payment clause as follows:

- Through Direct Debit from my Bank Account No.
with the Bank
- Debit Card No. Expiry Date:/...../.....
- Cash-Cheque
- with Automatic Standing Order (Direct Debit) from my Account Number
with the Bank
- Through our website www.progressiveic.com

DECLARATION

I declare that the above information and answers are true and accurate and that no material information has been concealed, altered or presented inaccurately or omitted any essential elements that may affect the precise risk assessment undertaken by PROGRESSIVE INSURANCE COMPANY LTD. I also agree that this proposal shall be fully binding for me and shall be the basis for my insurance policy between me and PROGRESSIVE INSURANCE COMPANY LTD

.....
Signature

.....
Date

The General Data Protection Regulation (GDPR) sets out the principles followed by Progressive Insurance Company Ltd. ("Progressive") when processing your personal data, as it pertains to all services rendered by Progressive, including your insurance.

The intent for which Progressive collects, processes and retains your personal data throughout the term of your relationship with us as a customer or prospect customer correlates with insurance policies issued for you, and you as a prospective customer.

Our records may include both sensitive and non-sensitive personal data of yours.

We obtained content of our records either directly from you, or via relevant documents, agents, and interviews submitted or executed during the insurance application process with your conveyed consent. The records will be periodically updated in the same manner as they have been collected.

Your personal data is stored on our servers located in Cyprus, controlled by our staff. We have security measures in place which ensure the confidentiality of the information contained in the database and these security measures are subject to continuous review and upgrade.

CONSENT

Having read the above information I confirm that the above information is clear to me and that:
I voluntarily consent to Progressive for the collection, processing, and retention of my personal data as a prospective customer or insured customer or for processing of claims related to my insurance;

I consent that Progressive may transfer my personal data without restriction to process my policy and/or to process related claims, if any; and

I confirm that I have been informed and understand my rights to: access and adjust personal data, file a written, motivated request to cease processing or objection against processing of personal data, and withdraw a consent at any time by submitting written withdrawal to the Data Protection Officer or by email to customercare@progressiveic.com

I would like to be informed about services offered by Progressive either by email or text (sms) to my mobile phone.

.....
Signature

.....
Date

INSURANCE AGENT / INTERMEDIARY / EMPLOYEE DECLARATION

I (Insurance Agent / Intermediary / Employee) from I declare that I have not failed to provide the person concerned with any essential information regarding the insurance contract and that:

a. I am the holder or authorized employee of an Insurance Agent / Intermediary with a Certificate of Registration No issued by the Superintendent of Insurance Office

b. I am an authorized employee of the Insurance Company.

.....
Signature

.....
Date