

# Questionnaire: Products Liability

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## IMPORTANT NOTICE

**Please read the following before proceeding to complete this proposal form**

### Your Duty of Disclosure

Before you enter into an insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, that may affect our decision to insure you and on what terms.

You have this duty until we agree to insure you. You have the same duty before you renew, extend, vary or reinstate an insurance contract.

You do not need to tell us anything that:

- a. reduces the risk we insure you for;
- b. is common knowledge;
- c. we know or should know as an insurance company; or
- d. we waive your duty to tell us about.

### If you do not tell us something

If you do not tell us something you are required to, we may cancel your policy or reduce the amount we shall indemnify you if you make a claim, or both. If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the policy as if it never existed.

### When Completing this Proposal Form

- Any references throughout this Proposal Form to “you” or “your” are to be read as references to “the Applicant”.
- Please answer all questions giving full and complete answers.
- It is the duty of the Applicant to provide all information that is requested in the Proposal Form as well as to add additional relevant facts. A relevant fact is a known fact and/or circumstance that may influence in the evaluation of the risk by the Insurer. If you have any doubts about what a relevant fact is, please do not hesitate to contact your Broker.
- If the space provided on the Proposal Form is insufficient, please use a separate signed and dated sheet in order to provide a complete answer to any question.
- The Proposal Form must be completed, signed and dated by a person who must be of legal capacity and authorised for the purpose of requesting this insurance for the organisation who acts as the Applicant.

### Privacy Collection Statement

At DUAL Australia Pty Ltd, we are committed to compliance with the *Privacy Act 1988* (Cth). We use your personal information to assess the risk of and provide insurance, and assess and manage claims. We may also use your contact details to send you information and offers about products and services that we believe will be of interest to you. If you don't provide us with full information, we may not be able to provide insurance or assess a claim. If you provide us with information about someone else you must obtain their consent to do so.

We provide your personal information to the insurer we represent when we issue and administer your insurance. When providing a quotation or insurance terms, we will tell you if the insurer is overseas and if so, where they are. We are part of the Howden Group Holdings Limited and may provide your information to UK based Group entities who provide us with business support services. We may also provide your information to your broker and our contracted third party service providers (e.g. claims management companies), but will take all reasonable steps to ensure that they comply with the Privacy Act. If a recipient is not regulated by laws which protect your information in a way that is similar to the Privacy Act, we will take reasonable steps to ensure that they protect your information in the same way we do or seek your consent before disclosing your information to them. We do not trade, rent or sell your information.

Our Privacy Policy contains information about how you can access the information we hold about you, ask us to correct it, or make a privacy related complaint. You can obtain a copy from our Privacy Officer by telephone (+61 (0)2 9248 6300), email ([reception@dualaustralia.com.au](mailto:reception@dualaustralia.com.au)) or by visiting our website ([dualinsurance.com](http://dualinsurance.com)).

By providing us with your personal information, you consent to its collection and use as outlined above and in our Privacy Policy.

Broker:

## Section 1 - Questionnaire

1. **Proposer**

- a. Name of all companies proposed to be insured:
  
  
  
  
  
  
  
  
  
  
- b. Address of premises where manufacturing and/or assembly is carried out:

2. **Limit of Indemnity:** \$ \_\_\_\_\_ during any one period of insurance.

3. **Product**

Description of Product	(M) Manufacture (I) Import (D) Distribute	Turnover (\$)	Exports (\$)	Destination
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- a. Please provide website address (if applicable):
  
  
  
  
  
  
  
  
  
  
- b. Average number of units produced over twelve months:
  
  
  
  
  
  
  
  
  
  
- c. Number of units per batch:

- |    |  |     |    |
|----|--|-----|----|
| d. | Any prototype or state of art products?  | Yes | No |
|    | If YES, please provide details:  |     |    |
|    |  |     |    |
| e. | Are you developing / marketing / producing any new products over the next twelve months? | Yes | No |
|    | If YES, please provide details:  |     |    |
|    |  |     |    |
| f. | List the type of customers who use your product:   |     |    |
|    |  |     |    |

**4. Components**

- |      |   |     |    |
|------|---|-----|----|
| a.   | Describe all raw materials and / or components:   |     |    |
|      |   |     |    |
| b.   | Do any of your products become part of another company's products?                        | Yes | No |
|      | If YES, please provide details:   |     |    |
|      |   |     |    |
| c.   | Do you import:  |     |    |
| i.   | Raw materials   | Yes | No |
| ii.  | Components  | Yes | No |
| iii. | Finished Products   | Yes | No |
|      | If YES, please provide details of supplier including country of origin:                   |     |    |
|      |   |     |    |
| d.   | Are there any toxic, explosive, radioactive or flammable materials used in your products? | Yes | No |

If YES, please provide details:

**5. Design / Manufacturing**

- |    |  |     |    |
|----|--|-----|----|
| a. | Are any of your products designed or formulated by your own staff? | Yes | No |
| b. | Do you design any parts or components for others?                  | Yes | No |
| c. | Is there a separate design team / department?                      | Yes | No |

If YES, please provide staff numbers, qualifications and experience:

- |    |   |     |    |
|----|---|-----|----|
| d. | Is there a formal product design / safety review process?                       | Yes | No |
| e. | Do you manufacture to the designs, formulas, plans or specifications of others? | Yes | No |

**6. Labelling / Guarantees**

- |    |   |     |    |
|----|---|-----|----|
| a. | Do you issue any written guarantee or special conditions of sale in connection with any of your products? | Yes | No |
| b. | Do you sell any of the products subject to a disclaimer of liability?                                     | Yes | No |
| c. | Do you enter into any agreement to maintain or service any of the products after sale?                    | Yes | No |
| d. | Do you prepare the product labels, brochures, manuals and other literature?                               | Yes | No |

If NO, please provide details:

- |    |  |     |    |
|----|--|-----|----|
| e. | Has a legal opinion been obtained on the material prepared?  | Yes | No |
|    | If YES, was it internal or external?   |     |    |
| f. | Is all material reviewed regularly to ensure compliance with all relevant statutory regulations / obligations? | Yes | No |

**7. Quality Control**

- |    |   |     |    |
|----|---|-----|----|
| a. | Do you have ISO9000 / AS3900 accreditation? | Yes | No |
|----|---|-----|----|

If you have answered YES to the above, please go to Question 8.

If you have answered NO to the above, please complete this Section in full.

- b. Do you operate a quality control / recording system? Yes No
- c. When was this programme last reviewed and/or updated?
- d. Is there a Quality Assurance department in the company? Yes No  
If YES, who is the head of the department and what are their qualifications and experience?
- e. Do Products undergo a formal testing / evaluation process either in-house or by external testing authorities? Yes No  
If YES, please provide details:
- f. Does Design undergo a formal testing / evaluation process either in-house or by external testing authorities? Yes No  
If YES, please provide details:
- g. Are all products subject to quality control procedures? Yes No
- h. Is there a formal product design / manufacture / safety review process? Yes No  
If YES, please provide details:
- i. What are the Quality Control procedures that the company utilises to ensure that correct designs / advice / representations / warranties are used?
- j. What inspections and/or tests are made on Product samples?

**8. Contractual Liability**

- a. Do you assume liability under contract or hold others harmless (other than lease liability)? Yes      No

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

**9. Do you currently or have you in the past been involved in the manufacture, distribution or sale of the following: (YES or NO)**

Aircraft (including component parts)	Pesticides
Ethical Drugs	Fungicides
Industrial chemicals	Liquid or gas fuels
Petrochemicals	Watercraft (exceeding 15 metres in length)
Class 1 dangerous goods or ammunition	Spacecraft or satellites
Fertilisers	Radioactive material or any product containing asbestos

If YES, please provide details:

**10. USA / Canada Exports**

- a. Are you represented or have you assets within USA / Canada? Yes      No

b. Give full details (including copies of contract etc) of all contractual agreements, terms and conditions existing between you and any US / Canadian importer, distributor, agent or purchaser of the products exported thereto:

- c. Is the importer, distributor, agent or purchaser insured for products liability? Yes      No

d. How long have you been exporting such products to USA or Canada?

# Declaration

The undersigned declares that the statement and particulars in this questionnaire are true and that no material facts have been misstated or suppressed after enquiry. We agree that should any of the information given by us alter between the date of this questionnaire and the inception date of the insurance to which this questionnaire relates, we will give immediate notice thereof. We agree that the insurers may use and disclose our personal information in accordance with the "Privacy Statement" at the beginning of this questionnaire. The undersigned acknowledges that they have read this questionnaire, including all Important Notices, as well as the policy wording and associated endorsements and are satisfied with the coverage provided, including the limitations and restrictions on coverage. We agree that this questionnaire, together with any other information supplied by us shall form the basis of any contract of insurance effected thereon.

## TO BE SIGNED BY THE INSURED FOR WHOM THIS INSURANCE IS INTENDED FOR

Full name:

Position:

Signature:

Date:

**It is important the undersigned of the declaration above is fully aware of the scope of this insurance so that these questions can be answered correctly. If in doubt please speak with your insurance broker, agent or advisor, as non-disclosure or miss-representation in this proposal may affect an insured's right of recovery under the policy.**

We recommend that you keep a record of all information supplied for the purpose of entering into an insurance contract (including copies of this proposal form and correspondence).

## Helping you do more

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