PUBLIC LIABILITY PROPOSAL FORM

Agent: Policy Number: ☐☐ ☐☐☐☐☐☐☐☐ ☐☐☐

YOUR DUTY OF DISCLOSURE

You must tell us of all information you know (or could reasonably be expected to know) which would influence the judgement of a prudent underwriter whether or not to accept your application, and if it is accepted, on what terms and at what cost.

Examples of information you may need to disclose:

* Anything that increases the risk of an insurance claim.
* Any criminal record.
* If another insurer has cancelled or refused to renew insurance or has imposed special terms on your policy.
* Any insurance claim you have made in the past.

Examples of information you do not need to disclose:

* Anything that reduces the risk of an insurance claim.
* Anything we say you do not need to tell us about.
* Anything that is common knowledge.
* Anything you have already told us, or that we should be expected to know in the ordinary course of our business.

These examples are a guide only. If you are unsure whether you should disclose a particular piece of information, please ask.

WHEN IN DOUBT – DISCLOSE. ALL INFORMATION WILL BE TREATED CONFIDENTIALLY

NOTE: The completion of this form is to enable Federal Pacific Insurance Limited (FPI) to establish the nature of the proposers operations, the extent of the cover required, the conditions that are in existence and the rules and the procedures which will apply during the currency of the proposed insurance. The completion and/or signing of this form does not bind the proposer or FPI to the making of a contract of insurance. However, should such a contract be made then the information contained herein shall constitute a part of that contract. Alterations and/or variations of any of the answers given to any of the questions in this proposal form can only be made with the prior advice to, and approval of, FPI.

DETAILS OF APPLICANT(S)

Business Name _____

Business Location/Village_____

Postal Address _____

Phone _____ Mobile _____ Email _____

Contact Person _____ Position _____

Business Activity _____

Period of Insurance From _____ To _____ at 4pm

ABOUT THE BUSINESS

1. Please provide:
   a. Annual turnover $_____ b. Estimated annual wage cost $_____
   c. Year business established _____ d. Number of employees _____
2. Is any work done away from your premises? No ☐ Yes ☐ If "Yes", what percentage?_____%
3. Does the Business ever involve the use of naked or open heat sources, including welding? No ☐ Yes ☐
4. Do any of the operations involve the use, transportation or processing of dangerous goods or hazardous materials? (If "Yes", state: type, quantity, handling methods, etc.) No ☐ Yes ☐
5. Does the Business have any branch or address outside Samoa, or are you represented by a resident employee or agent outside Samoa? No ☐ Yes ☐
6. Does the Business discharge any toxic or dangerous substances into the atmosphere, sewers or elsewhere? No ☐ Yes ☐

7. To your knowledge, has the land on which the Business is situated ever been:

   a. Polluted, or registered by either local or general government as a polluted site? No ☐ Yes ☐

   b. Used for waste disposal, or hazardous processes (e.g. chemical storage or manufacture)? No ☐ Yes ☐

8. Does the Business ever include the excavation of land? No ☐ Yes ☐

9. Does the Business ever store other people's property?
   (If "Yes", state: type, approximate value, location and terms on which you hold the property) No ☐ Yes ☐

10. Does the Business agree to obligations under any contract (including any agreement with others to indemnify or hold harmless) which are greater than those generally imposed by law? No ☐ Yes ☐

11. Does the Business involve product design? No ☐ Yes ☐

12. Have you ever been investigated, issued with an official notice, prosecuted or sued in connection with any Government Acts, or is any action pending?
    (If "Yes", please give full details including the amount of any fine or damages.) No ☐ Yes ☐

13. Do you have any procedures in place to ensure Compliance with Government Acts
    (If "Yes", please attach details.) No ☐ Yes ☐

If you answered "Yes" to any part of questions 2 to 13 above, please give details below and/or on a separate page.

_____

_____

_____

GENERAL LIABILITY

Sums Insured and Optional Extensions. Tick the middle boxes to include the optional extensions.

COVER	STANDARD SUM INSURED	INCLUDE?	IS A SPECIAL LIMIT REQUIRED?
Public Liability	$100,000	included	$
Products Liability	$100,000 aggregate	included	$
Bailees Liability (extn)	$100,000		$
Defective Design Liability (extn)	$100,000		$
Mechanical Plant Liability (extn)	Same as Public Liability		$
Removal of Support Liability (extn)	$100,000		$

Products Liability

1. List all your products (or attach any catalogues, brochures, price lists if issued):

_____

_____

_____

2. Are your products directly or indirectly exported? No ☐ Yes ☐ If "Yes", please complete this page
If "No", please go to Claims section

Give details of products supplied and estimates of gross turnover sold or distributed:

COUNTRY	PRODUCT	ACTUAL TURNOVER LAST YR	EST. TURNOVER THIS YEAR
Samoa		$	$
New Zealand		$	$
North America		$	$
Japan		$	$
Other - specify		$	$

a. If any part of your products are not manufactured by you, please give details of supplier(s):

_____

b. What proportion of your products (or any incorporated components) are manufactured outside Samoa? _____%

c. Do you use radioactive materials in the course of manufacturing your products? No ☐ Yes ☐ Give details below

_____

d. Are any of your products used in the aircraft or automotive industry? No ☐ Yes ☐

e. Is overseas sales, marketing or distribution of your products handled by agents or representatives who are based outside Samoa? No ☐ Yes ☐ If "Yes", please attach a copy of any agreement which exists

f. In respect of your products, is there any agreement in force to indemnify or hold harmless any supplier, contractor, sales or marketing agent, or processor? No ☐ Yes ☐

g. In respect of your products, do you issue any written guarantees or conditions of sale? No ☐ Yes ☐

h. Give details of your procedures for testing and researching for all products, both new and existing, before sale/distribution:

_____

i. Give details of the complaints procedure/claims handling and records kept of such complaints/claims:

_____

j. Does your business have a quality control manual? No ☐ Yes ☐ How long has it been in use? _____

k. Do the products conform to statutory, government or other regulations of the countries to which they are exported?

No ☐ Yes ☐ Give details _____

l. Please attach any product labels, warnings, instructions, warranties, advertising and specifying manuals, and give full details of packaging, including instructions/warnings on handling, transportation and storage.

CLAIMS

Please advise of all claims made by the company against any insurance policy in the past 5 years. Please also include any incidents that may give arise to a claim but which you have not notified to the insurer at this present time:

_____

_____

_____

ON BEHALF OF THE APPLICANTS

I agree that:

1. *Material facts*

(a) All information given to FPI (whether oral or written) is true and correct, and

(b) All material facts have been disclosed (see "Your Duty of Disclosure")

2. *Terms of Policy*

The terms of FPI policy are accepted

3. *Agency*

Anyone who assists me to complete this Application Form is acting as my agent only

Important Information

- We gather information about you (including your claims history) to consider your application for insurance. If you refuse to provide it, your application may be declined.
- This information is held by FPI and you may access it. It may be passed to other insurers you deal with and mortgagees, etc.

Applicants signature _____ Position/Title (if applicable) _____ Date _____

Full Name _____

Applicants signature _____ Position/Title (if applicable) _____ Date _____

Full Name _____