Product Liability (Worldwide) Application Form

IMPORTANT NOTICE :
Statement Pursuant to Schedule 9 if the Financial Services Act 2014: You are to disclose in this proposal form, fully & faithfully, all the facts which you know or ought to know, which are relevant to our decision in accepting the risk and terms to be applied, otherwise the policy issued hereunder may be void or we could refuse your claim. Please note that this duty of disclosure shall continue until the time the policy is issued, varied or renewed.

[Annual Report and Products Brochures must accompany Application]

1. a) Name of Proposer [include all subsidiary companies] :

_____

_____

b) Post Office Address and Principal Locations:

_____

_____

_____

2. Business of Named Proposer:

_____

3. a) How long has the Proposer been in business? :

_____

b) Does the Proposer have a subsidiary, affiliate or representative in the USA/Canada?
_____ **Yes** _____ **No** If yes, please give name(s) and address(es) :

_____

4. Policy Period desired :
From _____ to _____

5. List all products manufactured, sold or distributed by the Proposer for the last 2 years as well as estimated sales for the upcoming year [attach products brochures or other printed material describing products]:

USA / CANADA	Product	2026 (RM)	2025 (RM)	2024 (RM)

AUSTRALIA	Product	2026 (RM)	2025 (RM)	2024 (RM)

EEC/ EUROPE	Product	2026 (RM)	2025 (RM)	2024 (RM)

Rest of the World	Product	2026 (RM)	2025 (RM)	2024 (RM)

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6. Are any products manufactured by the Proposer not sold under the Proposer's label?
_____ **Yes** _____ **No**
[If yes, please give details of product(s) and sales for the last 3 years as well as estimated sales for the upcoming year using separate attachment.]

7. In respect of sales to USA/Canada,
   a) Does the Proposer require Vendors Liability Extensions? : **Yes** _____ **No** _____
   b) If yes, please supply the name(s) and address(es) of the Vendors :

   c) Does the Proposer enter into any hold harmless or other similar contractual agreement(s)? :
   _____ **Yes** _____ **No**
   If yes, please attach copy of such contracts.☐

8. a) List the products that are discontinued, date the products were discontinued and reasons for discontinuing [please use separate attachment]

   b) Has any new products been introduced in the last 3 years?
   _____ **Yes** _____ **No**

   c) Are any products proposed for introduction during the ensuing year?
   _____ **Yes** _____ **No**

   d) Are any products sold as component for other products?
   _____ **Yes** _____ **No**

   e) Are any products sold as components or use on or with any aircraft, missiles or watercraft?
   _____ **Yes** _____ **No**
   [If yes to any question, please supply full details using separate attachment]

9. If the products are not designed by the Proposer, please advise who designed the products and please attach copies of test reports.

10. Are there or have there been any violations of the consumer product safety act or any other federal or local legislation?
   _____ **Yes** _____ **No**
   [If yes, please provide full details by separate attachment.]

11. a) Is a written products liability loss control program in effect?
   _____ **Yes** _____ **No**

   b) Is there a written quality control procedure?
   _____ **Yes** _____ **No**
   If your answer is no, then how does the Proposer determine the quality of the products that are manufactured?

   c) Is there a written product recall plan?
   _____ **Yes** _____ **No**

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d) Is each product subject to and do they conform with applicable national safety standards?
_____ **Yes** _____ **No**

e) Do you use the services of an external testing laboratory?
_____ **Yes** _____ **No**
[If yes, please provide copies of test reports]

f) Are record keeping procedures being kept on the products?
_____ **Yes** _____ **No**

g) Are your products subject to batch control and bar codes?
_____ **Yes** _____ **No**

h) Do all products have clear written instructions on use and warnings where applicable?
_____ **Yes** _____ **No**
Note: Any printed material relative to question 11 must be submitted.

12. Is the Proposer aware of any product which, because of known defects or inherent hazards, is likely to cause bodily injury or property damage?
_____ **Yes** _____ **No**
[If yes, please supply details by separate attachment]

13. Have any claims been made against the Proposer during the last 5 years in respect of bodily injury on property damage because of products you manufacture or the operation of your business?
_____ **Yes** _____ **No**

14. Loss Experience :
_____ **Yes** _____ **No**

Valuation Date : _____

Total incurred losses last 5 years:

Year	USA/Canada	Rest of the World	Malaysia	Insured

15. a) Has any carrier cancelled or refused to renew products liability coverage?
_____ **Yes** _____ **No**
If yes, please furnish details.

_____
_____
_____

b) Who is current carrier?

_____
_____
_____

16. Please state limit required :

		Minimum Limits	Requested Limit
Please state limit required :			
a)	Products Liability	RM500,000	_____
b)	Public Liability	RM500,000	_____

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DECLARATION BY PROPOSER

I/We to the best of my/our knowledge hereby confirm that the statements contained in this proposal form are true and correct and I/we have not concealed, misrepresented or misstated any material fact.

I/We agree that the statements and declaration contained in this proposal form shall be the basis of the contract of insurance with the AIG Malaysia Insurance Berhad ("Company") and are deemed to be incorporated in the contract.

IMPORTANT NOTICE

1. Your attention is drawn to the 60-days premium warranty attaching to this contract of insurance.
2. By this warranty, the Company has the option to automatically cancel the insurance policy unless the full premium is paid to the Company within 60 days from the commencement date of cover. Any premiums paid to your insurance broker is not deemed to be payment to the Company for the purpose of the premium warranty. Please note that if this insurance is transacted through your insurance broker, the broker is acting on your behalf for the purpose of formation of this contract of insurance. It is important that you ensure your insurance broker remits your premiums to the Company in strict compliance with the provisions of the premium warranty.

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DECLARATION AND AUTHORISATION

I/We hereby declare and agree that:

a. All written information provided by me/us for this insurance or any formal questionnaire or other documents signed by me/us in conjunction with this application, and statements and answers so made to AIG Malaysia Insurance Berhad (795492-W) ("Company") are full, complete, true/correct and to the best of my/our knowledge and belief and that I/we have not withheld or omitted any information, and I/we understand and agree that the Company, believing them to be such, will rely and act on them, otherwise any policy and endorsements (if applicable) issued (including renewals) or coverage granted may be void at the Company's option.

b. I/We will notify the Company of any material change to my/our risk profile, failing which, the Company reserves the right to either continue cover, impose additional terms or discontinue cover. I/We understand that failure to notify the Company of any material change to my/our risk profile may affect my/our rights during a claim.

c. Any personal information collected or held by the Company (whether contained in this application or otherwise obtained) is provided to the Company and may be held, used and disclosed by the Company to individuals, service providers and organizations associated with the Company or any other selected third parties (within or outside of Malaysia, including reinsurance and claims investigation companies and industry associations) for the purpose of storing and processing this application and providing subsequent service(s) for this purpose, the Company's financial products and services and data matching, surveys, and to communicate with me/us for such purposes. I//We understand that I/We have the right to obtain access to and to request correction of any personal information held by the Company concerning me/us. Such request can be made by writing to the Company at Level 18, Menara Worldwide, 198, Jalan Bukit Bintang, 55100 Kuala Lumpur, Malaysia, or phone:1 800 88 8811; fax:03-2118 0288; e-mail: *AIGCare@aig.com*

d. By submitting your personal information, you are indicating your consent to allow the Company to keep you posted on the Company's latest products, services and upcoming events. If you do not wish to be contacted by the Company, you can opt out anytime by notifying the Company at any of the channels above.

e. I hereby confirm that the Proposer/Insured* has expressly authorized me to act on his/their behalf in respect of the information and/or changes relating to the renewal/endorsement of this insurance policy. I agree to undertake any loss, cost or damages incurred by the said Proposer/Insured* and/or Company in relation to this representation. I declare that I have sighted the original NRIC/Certificate of Incorporation of the Proposer/Insured* and have done the necessary Anti Money Laundering check(s) which I have been trained to do and verify that the transaction is not prohibited by virtue of the Anti-Money Laundering & Anti-Terrorism Financing Act 2001.

f. For all intents and purposes where there is a conflict or ambiguity as to the meaning in the English provisions or the Bahasa Malaysia provisions of any part of this application, it is hereby agreed that the English version of this application shall prevail.

_____ _____

Signed by Proposer/Insured* Date:
Name:

* Delete where appropriate

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Date _____ Signature _____

Broker _____ Designation :
[Please insert Proposer's company seal/stamp]

Address _____
_____
_____

NOTE:
COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE.

Declaration by Agent/Officer
Pengisytiharan oleh Ejen/Pengawai

I I hereby declare that sighted the original NRIC of the Proposer's authorized signatory / Business Registration Certification of the proposer and thereby verify his/her/its identity.
Saya dengan in mengesahkan bahawa saya telah meneliti Kad Pengenalan wakil pemohon/ Sijil Pendaftaran Perniagaan asal pemohon dan dengan itu, mengesahkan identiti beliau.

Signature (Agent/Officer)
Tandatangan (Ejen/Pengawai)

Name / *Nama* : .....

Date / *Tarikh :* .....

IMPORTANT NOTICE

1. Please provide brochures or write up on the proposer.
2. Attach brochures or other printed materials describing the product to be insured.
3. For vendors extension, provide a list of vendor and address.
4. Attach any hold harmless or other similar contractual agreements.
   (A copy of such contract must be attached)
5. Loss experience if any details must be provided with full description on circumstances and estimated loss.

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