



Application Form
Combined General Liability

Table with 2 columns: Name of Intermediary, Account Code

Important Notice to Clients

- 1. Under Section 25(5) of the Insurance Act Cap 142 or any subsequent amendment thereof, you are to disclose in this Application form, fully and faithfully, all the facts which you know or ought to know, otherwise the policy issued may be void.
2. Please complete this form by answering carefully all questions. It is important that a complete answer be given to every question including dates where applicable in order to avoid unnecessary delay in the processing of this application. Any question not answered on this form will be taken as an answer in the negative.
3. Our liability in respect of this application does not commence until acceptance has been communicated by us to you. Your policy carries a Premium Warranty Clause, which requires the premium to be paid in full within 60 days from the commencement of the cover. Failing to comply with the above, there would be no liability under the policy.

A. Proposal Information

1. Company details

Full names of all companies to be insured:

Mailing Address:

Business description:

Website address:

2. Coverage

Period of insurance: From DD/MM/YYYY to DD/MM/YYYY both dates inclusive

Coverage and limit of indemnity requesting:

Table with 5 columns: Coverage type, Not Required, S\$1m, S\$2m, Others. Rows include Public liability, Completed Operations, Products liability, Advertising Liability, Professional Indemnity.

If you are currently insured for Combined General Liability, Product Liability or Professional Indemnity, please provide the following:

When did you first purchase Combined General Liability:

Products Liability retroactive date:

Professional Indemnity retroactive date (if any):

3. General information

1) How many years has your company been in business? _____

2) Are you represented in any form in another country? Yes No

If yes, please provide name(s) and address(es) and work done in those countries:

3) List down the locations of all premises and fully describe the operations at each premise:

Location	Description of Operations
(i)	(i)
(ii)	(ii)
(iii)	(iii)
(iv)	(iv)

4) Has any insurer cancelled or refused to renew your insurance? Yes No

If yes, please provide details:

5) Details of all claims and uninsured losses, damage or liabilities that have involved your business in the past 5 years (including any claims and/or incidence and/or circumstances whether actual or alleged and whether such claim is paid or not).

Date of notification of loss	Description	Insurer	Amount paid	Amount outstanding	Deductible applicable

B. Product Information

1) Estimated Turnover: _____

(a) Manufacturer	%	(b) Retailer	%
(c) Wholesaler/Distributor	%	(d) Importer	%
(e) Others (please specify)	%		

2) Details of all products manufactured, sold or distributed by you (Please attach brochures, catalogues and other literature of such products).

(a) USA / Canada - Turnover/Sales

Product	Past 12 months turnover	Current year turnover	Next 12 months turnover

(b) Europe - Turnover/Sales			
Product	Past 12 months turnover	Current year turnover	Next 12 months turnover

(c) Australia / New Zealand - Turnover/Sales			
Product	Past 12 months turnover	Current year turnover	Next 12 months turnover

(d) Rest of the World - Turnover/Sales			
Product	Past 12 months turnover	Current year turnover	Next 12 months turnover

3) Are you a wholesaler/ distributor/ supplier/ importer/ retailer? Yes No
If yes, please provide the following:

(a) List all manufacturers of the products you wholesale/ distribute/ supply/ import/ retail?

(b) How many years of experience has the manufacturer(s) had in producing these products? _____

(c) Are there any claims against the manufacturer(s) in the past 5 years? Yes No

(d) Are the manufacturers of these products insured for Products Liability? Yes No
If yes, are you named as a "Vendor" or name insured on this policy(s) Yes No

(e) Do you modify the product(s) in any way? Yes No
If yes, please provide details:

(f) Please comment on your risk selection process or attach a copy your quality control report.

4) (a) List your top five clients/ customers with respect to sales:

(b) Are your products sold directly to the public or through wholesalers, distributors or retailers?

5) Are there any products that has been discontinued or recalled in the past 5 years? Yes No
If yes, please provide details including the reason for such discontinuance or recall:

6) (a) Do you import products or component parts? Yes No
(b) Could any of your products or services be used on or in connection with:

(i) aircraft, other aerial device, watercraft or hovercraft Yes No

(ii) power stations, chemical plants or petrochemical plants Yes No

(iii) pharmaceuticals or cosmetics Yes No

(iv) mining or drilling sites Yes No

(v) safety-related auto parts including but not limited to airbags, restraining and protective gears, seatbelts, braking systems, auto wheels/rims, tires and tubes? Yes No

(c) Do you make or handle any product that is explosive, flammable, or poisonous either by itself or in combination with other materials? Yes No

(d) Are any of your products sold under another's name or label? Yes No

(e) Do you purchase materials or components from others? Yes No

7) Are all products designed and formulated by you? If not, please provide details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
8) Give details of quality programme control procedures and any laboratory testing used.	
9) If no product quality control is in place, how is product quality determined?	
10) Is there a written product recall plan?	Yes <input type="checkbox"/> No <input type="checkbox"/>
11) Are each products subject to and do they conform with applicable country of export or international manufacturing and safety standards?	Yes <input type="checkbox"/> No <input type="checkbox"/>
12) Are sampling techniques employed? If yes, please state degree of fault tolerated in %	Yes No <input type="checkbox"/> <input type="checkbox"/>
13) Are record keeping procedures being kept on the products?	Yes <input type="checkbox"/> No <input type="checkbox"/>
14) Do your products carry labels/packaging and/or information sheets which provide instructions and/or information: (a) which has been reviewed and approved by a legal firm practicing in each of the export markets where the products are being sold? (b) regarding the correct use or storage and/or warnings of potential hazards? (c) in relation to medical treatment and/or remedial treatment/action to be taken in the event of an accident, consumption, or misuse of the product?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
15) Do you install or apply your own product/s or perform any services? If yes, provide details and state whether work is guaranteed:	Yes <input type="checkbox"/> No <input type="checkbox"/>
16) Are any product warranties supplied with the product? If yes, please provide details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
17) Are there or have there been any violations of the consumer product safety act or any other federal or local legislation? If yes, please provide details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
18) In relation to the suppliers and distributors of your products, (a) do you hold them harmless or insure them? (b) do they hold you harmless or insure you? (c) do you require "Vendors Liability" endorsement? If yes, please list vendor(s): If answer to any of the above question is "Yes", please provide details below:	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
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C. Professional Services (Please complete this section only if Professional Indemnity cover is required)

1. Services information

1) Estimated Fee from Services Provided: _____

2) Detailed description of the professional services you wish to be covered

3) Please provide the following details of principals, partners and other personnel employed to carry out Professional Services

Name	Age	Duties	Qualification	Experience

4) Please summarize the approximate split of project value in the nature of work involved.

Type of professional services	Total Amount Including any amount sub-contracted		Amount Sub-contracted	
	Contract Value	Fee (\$)	Contract Value	Fee (\$)
(a) Civil engineering	%			
(b) Mechanical engineering	%			
(c) Electrical engineering	%			
(d) Structural engineering	%			
(e) Heating & ventilating/air conditioning engineering	%			
(f) Acoustical engineering	%			
(g) Chemical engineering	%			
(h) Geotechnical / soil engineering.	%			
(i) Hydraulic/fire engineering	%			
(j) Plumbing engineering	%			
(k) Environmental Engineering				
(i) Environmental Pollution Surveys	%			
(ii) Design of Pollution Control Equipment	%			
(iii) Others (Please specify)	%			
(l) Mining engineering	%			
(m) Nuclear engineering	%			
(n) Marine engineering	%			
(o) Architecture	%			
(p) Drafting	%			
(q) Town planning	%			
(r) Surveying				
(i) land	%			
(ii) quantity	%			
(iii) building	%			
(iv) Marine	%			
(s) Interior designing	%			
(t) Project management	%			
(u) Construction management	%			
(v) Registered Inspection/accredited Checking	%			
(w) Others (please specify)	%			
Total for this Project				

5) Do you engage the services of independent sub-contractors? Yes No

6) Are there any aspects of your work for which

(a) comprise or include prototype or innovation construction techniques, designs or material? Yes No

(b) are unusual with regard to the performance, quality, durability or tolerances required? Yes No

(c) you are unfamiliar with and/or which do not fall within the scope of work with which you are thoroughly experienced? Yes No

(d) you consider should be drawn to insurer attention? Yes No

D. Organisation Details

1. General Liability Information

1) Estimated annual payroll (including earnings of principals, directors, partners):

Type	Singapore	Overseas	Overseas	Overseas	Overseas
Managerial, Clerical & Sales					
Manufacturing					
Installation					
Other					
Total					

2) Do you hire the services of contractors, sub-contractors, labour hire or other people engaged on your premises? Yes No

If yes, please answer the following:

(a) Do you strictly maintain a programme to ensure control over contractors/subcontractors /labour hire? Yes No

(b) Do you insist that all contractors/subcontractors have Liability Insurance? Yes No

(c) Do you insist to be named either as Principal or as a joint insured in liability policies of contractor/ subcontractors and do you obtain proof of such insurance? Yes No

Please provide details of the work sub-contracted and estimated payments to be made to them over the next 12 months:

Nature of work:	Estimated payments:

3) Do you engage an advertising agency? Yes No

If 'Yes', please advise:

(a) Name of agency: _____ (b) Liability of Indemnity of agency (if known): _____

4) Does your use and storage of all toxic substances comply with all the Statutory Regulations and By-Laws? Yes No

If "Yes", please provide details:

5) Do you have your own fuel supply? Yes No

If yes, please give details as to the type of fuels, how they are stored, capacity and if banded (including capacity of bund):

6) Do your trade processes produce toxic waste or other pollutants which have the potential to cause injury, damage to property or to otherwise harm the environment? If yes, please provide details (including the method of storage and disposal):	Yes <input type="checkbox"/> No <input type="checkbox"/>
7) During the last five (5) years, have you been cited or prosecuted for any violation of any standard or law relating to the release of a substance into the environment? If yes, please provide details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
8) Have there been any environmental incidents (spills or releases) which have occurred within the last five (5) years? If yes, please provide details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
9) Do you own or use any unregistered vehicle or mobile plant and equipment? If yes, please provide details of the type of vehicles and the number of vehicles :	Yes <input type="checkbox"/> No <input type="checkbox"/>
10) Cover is not automatically provided under this insurance for any contractual agreements where you have either assumed liability for others or waived your rights to recover from others or for goods held in your physical or legal control. If you require coverage for any such contract or for any such goods, please provide full details of the additional liability and attach a copy of the contract wording or list of such goods as applicable for consideration as a possible extension of coverage.	

E. Your Signature and Declaration

Declaration
<p>We confirm that the details given above are true and correct and we have not withheld any material information regarding this application. This application shall form the basis of the contract between me/us and AXA Insurance Singapore Pte Ltd.</p>
<p>_____</p> <p>Name of Client</p>
<p>_____</p> <p>Signature and Company Stamp</p>
<p>_____</p> <p>Date</p>

This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact your insurer or visit the GIA or SDIC websites (www.gia.org.sg or www.sdic.org.sg).