

FEDERAL PACIFIC INSURANCE LIMITED

PUBLIC LIABILITY

PROPOSAL FORM

Agent:

Policy Number:

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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 include:

- 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.
- Any insurance claim you have made in the past.

Examples of information you do not need to disclose include:

- 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 not sure whether you need to disclose a particular piece of information, please ask. **WHEN IN DOUBT - DISCLOSE. ALL INFORMATION WILL BE TREATED CONFIDENTIALLY.**

Period of Insurance

From

to

at 4pm

DETAILS OF APPLICANT(S)

Name:

Postal Address:

Business Location/Village:

Phone:

Fax:

Mobile:

Email:

Contact Person:

Position:

Business Activity:

ABOUT THE BUSINESS

1. Please provide:

a. estimated turnover of the Business:

\$

b. estimated annual wages of the Business

\$

c. number of years 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 operations involve the use, transportation or processing of dangerous goods or hazardous materials? No Yes

(If "Yes", state: type, quantity, handling methods, etc.)

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 central 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 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 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 3 to 13 above, please give details below and/or on a separate page.

GENERAL LIABILITY

Sums Insureds & Optional Extensions. Tick the middle boxes to include the optional extensions:

COVER	STANDARD SUM INSURED		IS A SPECIAL LIMIT REQUIRED?
Public Liability	\$100,000	Included	\$ <input type="checkbox"/>
Products Liability	\$100,000 aggregate	Included	\$ <input type="checkbox"/>
Bailees Liability (extrn)	\$100,000		\$ <input type="checkbox"/>
Motor Service Repair Liability (extrn)	\$100,000		\$ <input type="checkbox"/>
Watercraft Repair Liability (extrn)	\$100,000		\$ <input type="checkbox"/>
Defective Design Liability (extrn)	\$100,000		\$ <input type="checkbox"/>
Mechanical Plant Liability (extrn)	Same as Public Liability Limit		\$ <input type="checkbox"/>
Removal of Support Liability (extrn)	\$100,000		\$ <input type="checkbox"/>

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 the remainder of this section. If "No", skip the remainder of this section.

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

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

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

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

2. (a) Do you use radioactive materials in the course of manufacturing your products? No Yes If "Yes", give details.

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(b) Are any of your products used in the aircraft or automotive industry? No Yes

3. 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.

4. (a) In respect of your products, is there any agreement if force to indemnify or hold harmless any supplier, contractor, sales or marketing agent, or processor? No Yes

(b) In respect of your products, do you issue any written guarantees or conditions of sale? No Yes

5. (a) Give details of your procedures for testing and research for all products, both new and existing, before sale/distribution:

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(b) Give details of the complaints procedure/claims handling and records kept of such complaints/claims:

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(c) Does your business have a quality control manual? No Yes If "Yes", how long has it been in use?

(d) Do the products conform to statutory, government or other regulations of the countries to which they are exported?

No Yes If "Yes", please give details.

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

Motor Service Repair Liability

Does the Business involve the servicing and/or repair of motor vehicles?

No Yes

▶ If "Yes", percentage of turnover/wages:

%

If "Yes", describe fully the work carried out (e.g. passenger vehicle, earthmoving machinery, engine reconditioning, mechanical repairs.)

Watercraft Repair Liability

Does the Business involve the servicing and/or repair of watercraft?

No Yes

▶ If "Yes", percentage of turnover/wages:

%

If "Yes", describe fully the work carried out (e.g. pleasure craft, commercial hulls, fishing vessels, mechanical repairs, hull repairs):

ON BEHALF OF APPLICANTS

I agree that:

1. MATERIAL FACTS

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

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

2. TERMS OF POLICY

The terms of FPI's policy are accepted

3. AGENCY

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

PLEASE NOTE:

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

Signature

_____ Date