

## COMPREHENSIVE GENERAL LIABILITY (WITH PRODUCTS LIABILITY INSURANCE AND EMPLOYERS LIABILITY) PROPOSAL FORM

YOU ARE TO DISCLOSE IN THIS FORM FULLY AND FAITHFULLY ALL FACTS WHICH YOU KNOW OR OUGHT TO KNOW, OTHERWISE YOU MAY RECEIVE NOTHING FROM THIS INSURANCE CONTRACT

New  Renewal Existing Policy Number:

### A. PUBLIC LIABILITY SECTION

#### APPLICANT'S INFORMATION

Name of Entity :

Business Address:

Block/Lot/Phase No./Floor No./Unit No.

Street

Village/Subdivision/Condo Building

Barangay

City/Municipality

Province/State

ZIP Code

Website Address:

Date Established:

DD/MMM/YYYY

Contact Number:

Email Address:

Place of Incorporation:

Date of Incorporation:

DD/MMM/YYYY

Incorporation No.:

Nature of Operations:  Manufacturer  Distributor  Exporter  Importer

Name of authorized representative/transactor/signee:

#### ULTIMATE BENEFICIAL OWNER'S INFORMATION

Name:

Last Name

First Name

Middle Name

Suffix

Mailing Address:

Block/Lot/Phase No./Floor No./Unit No.

Street

Village/Subdivision/Condo Building

Barangay

City/Municipality

Province/State

ZIP Code

Mobile No.:

E-mail Address:

Gender:  Male  Female

Civil Status:  Single  Married

Date of Birth:

DD/MMM/YYYY

TIN/SSS/GSIS No.:

Place of Birth:

Citizenship/Nationality:

Source of Funds:  Self-Employed  Salary

#### NATURE OF BUSINESS

(Please indicate provide full description of the Applicant's activities)

---



---



---

#### INSURANCE REQUESTED

Type of Cover Required:  Public Liability  Products Liability  Employers' Liability

If only Public Liability:  Premises Operation  Premises and Operations

Limit of Liability desired:

Limit of Liability desired:

Present Insurer:

Proposed effective date:

DD/MMM/YYYY

Has any insurer ever cancelled, restricted or refused to renew your liability insurance?

Yes

No

If so, please give particulars:

---



---

## REVENUE SPLIT PER JURISDICTION

Year	USA/Canada	Philippines	Others	Total
Estimate for next 12 Months	Php	Php	Php	Php
Present Year	Php	Php	Php	Php
Previous Year	Php	Php	Php	Php
<b>Total</b>	Php	Php	Php	Php

## CLAIM HISTORY - 5 YEARS OR MORE

Date <small>DD/MMM/YYYY</small>	Brief Description of the Loss	Total Amount Paid
		Php
		Php
		Php
		Php

## PRODUCTS LIABILITY SECTION

### REVENUE SPLIT PER JURISDICTION

Actual (previous 12 months)

Type of Product	USA/Canada	Philippines	Others	Total
	Php	Php	Php	Php
	Php	Php	Php	Php
	Php	Php	Php	Php
	Php	Php	Php	Php
	Php	Php	Php	Php
<b>Total</b>	Php	Php	Php	Php

Estimated (next 12 months)

Type of Product	USA/Canada	Philippines	Others	Total
	Php	Php	Php	Php
	Php	Php	Php	Php
	Php	Php	Php	Php
	Php	Php	Php	Php
	Php	Php	Php	Php
<b>Total</b>	Php	Php	Php	Php

a. Do you export your products to the USA or Canada?

Yes

No

Our standard policy does not cover against judgements, awards or settlements made in the USA or Canada

b. Do you wish to extend cover to the USA or Canada?

Yes

No

NOTE: (Attach brochures, catalogs, labels, instruction manuals, annual reports, and Product Surveys)

## PROCESSING

- a. Do others assemble your products?  Yes  No  
 If assembled by others, do you supervise?  Yes  No
- b. If installed by others, do you supervise or furnish instruction for the installation?  Yes  No
- c. If you maintain and service your products, attach a copy of your standard service contract.  Yes  No
- d. Who package your products? \_\_\_\_\_  
 Who design your packaging? \_\_\_\_\_  
 Who supply the packaging materials? \_\_\_\_\_  
 How are they packed when sold? \_\_\_\_\_
- Is any sterile packaging involved?  Yes  No
- Do you package for others?  Yes  No
- Do you package under trade names other than your own?  Yes  No

## LOSS PREVENTION

- a. Have your products ever been subject to inquiry or investigation in relation to product safety by any governmental agency? If yes, attach details.  Yes  No
- b. Do you have a written product recall plan? If yes, please attach.  Yes  No
- c. Have you ever recalled products because of a potential product safety hazard? if yes, attach details and indicate percent of recovery.  Yes  No
- d. Has your management issued a written policy statement on product safety which has been communicated to all employees? If yes, please attach.  Yes  No
- e. Do you have a written product safety program for which specific individuals have responsibility for implementation? If yes, attach copy or outline.  Yes  No

## PRODUCT DESIGN

- a. Do you carry out your own design work?  Yes  No
- b. Do you maintain records of design changes and reasons justifying these changes?  Yes  No
- c. Are your designs subject to independent external review, testing or certification? If so, attach details and dates.  Yes  No
- d. Are your products designed, tested, labeled and manufactured:
- i) to meet or exceed all government and industry standards?  Yes  No
- ii) for optimum safety in spite of misuse or abuse?  Yes  No

## QUALITY CONTROL AND TESTING

- a. Are written testing procedures followed?  Yes  No
- b. Do you have a quality control manager responsible only to top management?  Yes  No
- c. Supplies and components:
- i) Are they ordered to your specifications?  Yes  No
- ii) Have you determined which ones are critical to the safety of your final product?  Yes  No
- iii) List those critical items, indicating whether testing is on a sample basis or on all units.  Yes  No
- iv) Are warranties obtained from all suppliers?  Yes  No
- d. Final Products:
- i) Briefly describe tests applied before sales:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- ii) What percentages are tested? \_\_\_\_\_
- ii) Are records of quality control test results kept so that you can identify at a later date what tests have been applied to a given product at a given time?  Yes  No
- iii) How far back are your records kept? (specify date)  Yes  No
- iv) If your products are manufactured to the specification of your customers, do they test the product upon receipt?  Yes  No
- v) Do you receive an acceptance sign-off from your customer?  Yes  No

## INSTRUCTIONS / WARNINGS / ADVERTISING / WARRANTIES

- a. Are hazards inherent in the final product, and warnings against foreseeable misuse and abuse made known to the ultimate user by:
- i) warning labels at the point of hazard?  Yes  No
- ii) written instructions?  Yes  No
- iii) other means? (attach details)  Yes  No
- b. Are warnings / instructions in English?  Yes  No
- c. Are instructions, warnings, labels and advertising texts subject to review, to ensure that they are complete and easily understood by the ultimate user, so as to avoid overstatement in relation to safety, or omissions in relation to hazards, by:
- i) legal counsel?  Yes  No
- ii) top management?  Yes  No
- iii) others? (attach details)  Yes  No
- d. Do you expressly disclaim or limit warranties for your products?  Yes  No
- e. Are all warranties and / or disclaimers reviewed by legal counsel?  Yes  No
- f. Do you provide any specific training or instructions for the ultimate user in the proper use of your product? If yes, please describe.  Yes  No
- g. Are salesmen and distributors made aware of your desire to be informed of cases where your product is used for a purpose for which was not designed?  Yes  No

## EMPLOYER'S LIABILITY SECTION

### Payroll

Year	USA/Canada	Philippines	Others	Total
Estimated for next 12 months	Php	Php	Php	Php
Present	Php	Php	Php	Php
Previous Year	Php	Php	Php	Php
	Php	Php	Php	Php

### Number of Employees

Year	USA/Canada	Philippines	Others	Total
Estimated for next 12 months				
Present				
Previous Year				

### ADDITIONAL INFORMATION

Please enclose with this with the Proposal Form:

- 1) Latest Audited Annual Reports.
- 2) Written Quality Control Procedures (for Products Liability Insurance only)
- 3) Photocopy of the Products to be covered (for Products Liability Insurance only)

## DECLARATION

The undersigned authorized officers of the Applicant declare that to the best of their knowledge and belief the statements set forth herein and all attachments and schedules hereto are true and complete and immediate notice will be given should any of the above information alter between the date of this proposal and the proposed date of inception of the insurance. Although the signing of the proposal does not bind the undersigned, on behalf of the Applicant and its directors and officers, to effect insurance, the undersigned agree that this proposal and all attachments and schedules hereto and the said statements herein shall be the basis of and will be incorporated in the policy should one be issued.

\_\_\_\_\_  
Authorized Signatory & Position

\_\_\_\_\_  
DD/MMM/YYYY  
Date

## IMPORTANT NOTICE

### ANTI - MONEY LAUNDERING

Under Republic Act No. 9160, otherwise known as the Anti-Money Laundering of 2001, as amended by Republic Act No. 9194 and pertinent regulations and circulars issued by the Insurance Commission, all insurance companies are required to satisfactorily establish the identities of its customers. Consequently, FPG Insurance Company, Inc. reserves the right to not accept and process any application for insurance if the customer fails to provide sufficient evidence to establish his/her identity.

"During the effectivity of the contract/policy, the customer/client agrees to the following:

(1) In case the Company is unable to comply with relevant customer due diligence (CDD) measures, as required under the Anti-Money Laundering Act, as amended and relevant issuances, due to the fault of the client, the company may apply the following:

- a. Measures to restrict the services available or prohibit any further transactions on the contract/policy until full and proper CDD Measures have been successfully conducted; and
- b. In case the foregoing is unsuccessful, terminate business relationship. The exercise of the company of this measure shall only entitle the client/customer to receive the unused portions of premium or withdrawal value, if any, whichever is applicable.

(2) Be bound by obligations set out in relevant United Nations Security Council Resolution relating to the prevention and suppression of proliferation financing of weapons of mass destruction, including freezing and unfreezing actions as well as prohibition from conducting transaction with designated persons and entities."

## DATA PRIVACY CONSENT FORM

I acknowledge that FPG Insurance Co., Inc. (FPG) may collect, use, process and share my personal information to its stakeholders, duly authorized representatives, business partners, adjusters and other third parties for purposes such as but is not limited to underwriting, claims, business analysis, compliance with regulatory requirements and any other legitimate business purpose. I authorize FPG to disclose my personal data to FPG group of companies, their service providers, other insurance and distribution parties and to any other third parties and authorities to whom FPG must make disclosures under applicable laws and regulations.

I also authorize FPG to verify and investigate the information I have given, including documents submitted. FPG may retain my personal information as long as my business transaction with FPG is still in force and in case of termination, for a period of five (5) years from the date of termination. I acknowledge and agree to the data privacy provisions as stated above. I hereby provide my consent by affixing my signature in this form.