

# COMPANY PRODUCT LIABILITY INSURANCE APPLICATION

To be filled in in uppercase



<b>POLICYHOLDER</b>	Company name		Reg. code	
	Contact person	Phone	Fax	
	Address (city, street, county, postal code)		E-mail	
<b>INSURANCE DETAILS</b>	Preferable sum insured			
	Preferable excess			
	Preferable area of validity			
<b>PRODUCTS</b>	Product	Sales	Export	Target country
<b>IMPORT OF PRODUCTS</b>	Product	Sales	Manufacturer	Country of manufacturing
<b>SALES</b>	Total sales of the company			
<b>MANUFACTURING</b>	Products manufactured by the company and the enclosed materials (manuals, advertising materials, packaging, training, etc.)			
	Product	Enclosed materials		
	Components or raw material accompanying the product, supplied by an outside supplier			
	Component / raw material	Supplier		

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<b>IMPORT</b>	Products imported by the company and the enclosed materials	
	Product	Enclosed materials
	Materials produced by the company, which are enclosed with the product (translation of user manuals, advertising materials, labelling, etc.)	
	Product	Enclosed materials
	Does the import of products involve	
	warehousing? <input type="checkbox"/> No <input type="checkbox"/> Yes	Products
	packaging? <input type="checkbox"/> No <input type="checkbox"/> Yes	
assembling? <input type="checkbox"/> No <input type="checkbox"/> Yes		
sorting? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Does the manufacturer have product liability insurance?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>RISKS AND TAKING THEM INTO ACCOUNT</b>	Characteristic hazards related to the products	
	<p><u>Examples:</u></p> <p>Chemical hazards: <i>poisonous, corrosion, chemical activity;</i></p> <p>Biological hazards: <i>fungi (mould, yeast), bacteria;</i></p> <p>Physical hazards: <i>electricity, moisture, temperature, dust, reflection, pressure, noise, resonance;</i></p> <p>Usage hazards: <i>wrong use, overvoltage, insufficient maintenance, wrong environment;</i></p> <p>Mechanical hazards: <i>moving parts, sharp edges, acceleration, deceleration;</i></p> <p>Medical product hazards: <i>allergy, disturbance, side effects.</i></p>	
	Product	Hazards

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Product target group and purpose of use	
Product	Target group
	Purpose of use
Are regular quality inspections carried out in the company? <input type="checkbox"/> No <input type="checkbox"/> If yes, please elaborate.	
Does the company have a written product quality policy? <input type="checkbox"/> No <input type="checkbox"/> If yes, describe it. security policy? <input type="checkbox"/> No <input type="checkbox"/> If yes, describe it. recalling policy? <input type="checkbox"/> No <input type="checkbox"/> If yes, describe it.	
Are the results of quality inspection documented? <input type="checkbox"/> No <input type="checkbox"/> If yes, how?	
Does the company react to complaints and how? <input type="checkbox"/> No <input type="checkbox"/> If yes, how?	
Can the following be identified retroactively?	Company's products. And can they be differentiated from analogous products? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Product manufacturing and issuance date <input type="checkbox"/> Yes <input type="checkbox"/> No
	Product manufacturing materials and conditions <input type="checkbox"/> Yes <input type="checkbox"/> No
Can products be recalled, if necessary? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Does the company have contracts with the following parties, reducing its liability?	
Subcontractors <input type="checkbox"/> Yes <input type="checkbox"/> No	Maintenance network <input type="checkbox"/> Yes <input type="checkbox"/> No
Resellers <input type="checkbox"/> Yes <input type="checkbox"/> No	Producers/buyers <input type="checkbox"/> Yes <input type="checkbox"/> No
The company's previous experience in connection with product liability (hazard situations, recalling, product liability losses)	
<b>COMMENTS</b>	(if necessary, use an extra sheet)
<b>STANDARD CONDITIONS</b>	Seesam's general conditions of product liability insurance 1/2005 (01.07.2005) General contract conditions 1/2008 (01.07.2008)
<b>IMMEDIATE INSURANCE COVERAGE</b>	Seesam does not provide immediate insurance coverage.
<b>POLICYHOLDER'S SIGNATURE</b>	I would like to receive a product liability insurance offer from Seesam. I have provided correct details for making an offer. Should the details prove to be false Seesam may reduce the indemnity or refuse payment thereof.
Time and place	Name and signature of the policyholder

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