

NIGERIAN AGRICULTURAL INSURANCE CORPORATION

HEAD OFFICE: Plot 590, Zone AO, Central Area, Abuja



PRODUCTS LIABILITY PROPOSAL FORM

Head Office Address: -
PLOT 590, ZONE AO,
CENTRAL AREA
P.O. BOX 3754,
GARKI – ABUJA.

PRODUCTS LIABILITY PROPOSAL FORM

1. Name Insured and TIN NO. (include all subsidiary companies, their locations and specify which are manufactured locations and/or distribution centers):

2. Number of years in business:

3. Limits of required:

4. Has any Insurance carrier cancelled or refused to renew products liability coverage? If yes, please provide details.

5. Premium and loss experience for the past five (5) years, Breakdown of paid and outstanding losses, give description of large loss in excess US\$50,000.00:

6. Does the Insured maintain office in the U.S.A or Canada? If yes, please specify locations and nature of operation.

7. List products manufactured, distributed or sold by the Insured

8. Give estimate of annual sales by products and country.

9. List any products that has been discontinued or recalled in the last 5 years and give reasons.

| Products | Country | Annual Gross Sales Estimates |
|----------|---------|---------------------------------|
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10. Does the Insured have a product recall plan/program in the organization? If yes, please provide details.
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11. Are any new products proposed/planned by the Insured for introduction during the ensuring year? If yes, please provide brief details.
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12. Are all products designed by the Insured? If no, please provide details.
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13. Does the Insured manufacture the complete products? If not, what components/parts are purchased by the Insured?
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14. Does the Insured install, maintain or service the products?
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15. Are record keeping procedures in place and monitored?
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16. Does Insured agree to hold distributors harmless from any third party liability claim? If yes, please attach contract copy with distributor.
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17. If the Insured is a vendor/distributor only, are hold harmless agreements obtained from the manufacturer? If yes, please attach copy of contract with manufacturer.
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18. Is the Insured aware of any product which, because of known defects or inherent hazards, is likely to cause bodily injury or property damage? If yes, please provide details of the products.
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Prepared by : _____

Title/Position : _____

Signature : _____

Date : _____