



PHA Public and Products Liability Application Form

PHA PUBLIC AND PRODUCTS LIABILITY APPLICATION FORM

Important Note

All questions in this application form must be answered completely.

If the space provided is insufficient please include attachments on your company letterhead.

Agent/Broker _____

Code

1. DETAILS ABOUT THE APPLICANT	
a) Name of the Applicant	
b) Address of the Applicant	
c) Phone number	
d) Mobile number	
e) Email id	
2. DETAILS ABOUT THE COMPANY	
a) Name of the Company	
b) Trading name if applicable	
c) Website address	
d) Full description of the operations and activities	
e) Number of years in continuous business	
f) Details of other similar businesses	

3. PERIOD OF INSURANCE		From ___ / ___ / ___ at 4:00 pm local time			
		To ___ / ___ / ___ at 4:00 pm local time			
4. LIMIT OF INDEMNITY Public and Products Liability					
a) any one Occurrence		PGK Million			
b) in the aggregate for all injury and/or damage during the Period of Insurance		PGK Million			
c) deductible		PGK			
5. DETAILS OF PREMISES		<i>Details of premises occupied for the purpose of conducting the Business (including overseas locations)</i>			
<i>Location</i>	<i>Age</i>	<i>Occupied As</i>		<i>Owned or Leased</i>	
6. ESTIMATED PAYROLL		<i>Estimated Annual Payroll (including earnings of Principals, Directors, Partners)</i>			
		<i>Payroll in PGK</i>		<i>Number of Staff</i>	
a) Management, clerical and sales					
b) Manufacturing					
c) Work away from premises					
d) Payment to contractors and/or subcontractors					
e) Payments to labour hire workers					
f) Other (please specify)					
7. BUSINESS ACTIVITIES					
a) Please list as a percentage of total revenue:					
Business Activity	Revenue	Raw Material	Component/ Sub Assemblies	Completed/ Finished Goods	
Manufacturer	%	%	%	%	
Wholesaler/ Retailer	%	%	%	%	
Importer	%	%	%	%	
Exporter	%	%	%	%	
Distributor Only	%	%	%	%	
Service/ Repair/ Maintenance/	%	%	%	%	

Installation (please specify)				
Other	%	%	%	%
Are any third-party supplied products repackaged or modified in any way after arrival?	Yes/ No			
If Yes please provide details				
8. MERGERS OR ACQUISITIONS OR DIVESTITURES				
a) Have you purchased any companies during the past year?				
b) If Yes, please provide details (i.e. Assets or liabilities as part of the acquisitions)				
9. SUPPLIERS AND RAW MATERIALS				
a) Please provide details of raw material suppliers including country of origin and value:				
<i>Product</i>	<i>Country of Origin</i>	<i>Value (PGK) or Percentage (%) of total raw materials</i>		
b) Please provide a description or copy of your "Supplier Approval Program"				
10. CONTRACT REVIEW/STANDARD TERMS AND CONDITIONS OF TRADE				
a) Do you have a standard signed contract or purchase order with every customer?	Yes/ No			
b) Do you engage internal or external legal counsel to review of all standard contracts, agreements and marketing materials prior to release?	Yes/ No			
c) Please attach or give full details of all contractual liabilities, waiver of rights of recourse or "hold harmless" agreements given by or to sellers, suppliers or direct customers:				

11. SUBCONTRACTORS, INDEPENDENT CONTRACTORS AND LABOUR HIRE				
a) Do you use Subcontractors, Independent Contractors or Labour Hire?		Yes/ No		
b) Please provide details of annual payroll for contractors/subcontractors, labour hire or people engaged on the business premises:				
<i>Service Provided</i>		<i>Approx. Labour only payments (PGK 000's)</i>		<i>Contractor Name</i>
c) Please describe or attach a copy of your current contractor vetting process				
d) Is there a formal procedure for ensuring contractors have Workers Compensation (WC) and General Liability (GL) policies in place?		Yes/ No		
e) If Yes, please detail or attach any requirements?				
12. QUALITY CONTROL AND PRODUCT INFORMATION				
a) Product Information				
<i>Product</i>	<i>Description/End Use</i>	<i>Estimated Turnover</i>	<i>Annual</i>	<i>Countries sold to</i>
b) Please provide or attach details of any discontinued product:				
c) Are you ISO9001:2000 certified?		Yes/ No		
If Yes, please attach copy of certificate				
d) Do you and your supplier's labels and instruction manuals describe and warn against potential hazards and/or misuse in accordance with legislative standards?		Yes/ No		

If Yes, please attach examples of warnings labels and/or instruction manuals.	
e) In each of the countries where they are sold, do product labels and instructions comply with jurisdictional regulations?	Yes/ No
f) Are there any PNG or international standards to which your products should comply?	Yes/ No
g) List all the standards your products should comply with	
h) Do all of your products comply with these PNG or international standards?	Yes/ No
i) Do you have a documented product recall program in place?	Yes/ No
j) Is there backwards traceability for ingredients/ components and/or packaging used in the manufacturing of products or services? Please detail or attach details.	
k) Please list any type of security measures on site with regards to visitors, contractors and employees	
13. POLLUTION	
a) Does your use and storage of all toxic and hazardous substances comply with all statutory regulations and by-laws?	Yes/ No
b) Do any of your trade processes produce toxic wastes and other pollutants which have the potential to cause injury to persons or damage to property or otherwise harm the environment?	Yes/ No
c) If Yes, please provide details.	
d) Does your waste disposal or waste storage comply with government regulations and by-laws?	Yes/ No
e) Please give full details of any chemicals, gases, radioactive, explosive or toxic substances used and/or stored.	

14. CARE, CUSTODY AND CONTROL Do you require cover for property of others in your care, custody or control?	Yes/ No
If Yes,	
f) What limit of indemnity do you require?	
g) What is the total value of such property at all locations?	
h) What is the maximum value of any one item?	
i) Give a brief description of such property.	
j) Is coverage afforded by any other policy of insurance?	Yes/ No
a) If yes, please provide details	
15. CONTRACTUAL LIABILITY	
a) Do you assume liability under contract or hold others harmless, or waive rights of subrogation (other than lease liability)?	Yes/ No
b) If yes, please provide full details and attach copies of all agreements (other than lease liability)	
16. PROFESSIONAL EXPOSURE	
a) Do you provide any advice, design or specification to third parties?	
b) If Yes, for a Fee ?	
c) For No fee?	
d) Please provide details.	

17. CURRENT AND PAST PRODUCT INFORMATION					
Are you currently, or have you previously been involved in the manufacture/distribution or sale of:					
a) Pesticides & Veterinary Medicines Authority registered products?			Yes/ No		
b) Therapeutic Goods Administration registered products?			Yes/ No		
c) Aircraft (including component parts)?			Yes/ No		
d) Spacecraft or satellites?			Yes/ No		
e) Watercraft (exceeding 15 metres in length)?			Yes/ No		
f) Class 1 dangerous goods or ammunition?			Yes/ No		
g) Liquid or gas fuels?			Yes/ No		
h) Radioactive material or any product containing asbestos?			Yes/ No		
i) Fertilisers?			Yes/ No		
j) Carcinogens (IARC Group 1, 2A or 2B), teratogens, mutagens, and/or chemicals which can adversely affect the human reproductive system/process?			Yes/ No		
k) Chemicals identified as having a long term detrimental effect on human health? (E.g. liver damage, neurological impairment etc.)			Yes/ No		
l) Products involving Nanotechnology?			Yes/ No		
m) If Yes, please provide details.					
18. CLAIMS AND/OR LOSS EXPERIENCE					
a) Please provide details of any insured or uninsured losses over the last five years that would have been covered under the proposed insurance.					
Incident date	Description	Outstanding (PGK)	Amount Paid (PGK)	Deductible (PGK)	Remedial actions initiated
b) Are you aware of any circumstance, which may be expected to result in a			Yes/ No		

claim or an allegation being made against you?	
c) If Yes, please detail	
d) Is there any additional information or detail of which you are aware and which may assist to better assess the nature of the risk?	Yes/ No
e) If Yes, please detail	
19. PREVIOUS INSURANCE HISTORY	
Have you ever had any:	
a) After investigation	Yes/ No
b) Insurance declined or cancelled?	Yes/ No
c) Renewal refused?	Yes/ No
d) Special conditions imposed?	Yes/ No
e) Increased excess imposed?	Yes/ No
f) Claims denied for this class of insurance?	Yes/ No

DECLARATION

To be signed by a partner or director.

The applicant in effecting insurance in accordance with the information furnished in this APPLICATION declares and warrants:

- a) the statements in this Application Form are true.
- b) the applicant having disclosed all matters which to its knowledge PHA should be aware of.
- c) to accept the terms, exclusions, conditions and limitations of the PHA policy wordings.

Date:

Applicant's Signature:

Title:

Name: