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**REGAL INSURANCE MANAGEMENT SERVICES LLC**  
وسطاء وسماسة التأمين Insurance Brokers

**BASIC REFERRAL INFORMATION – COMPREHENSIVE GENERAL LIABILITY**  
(Other than Construction/Erection/Builders, Hotels, Shopping Malls, Theatres, Parks and Events)

Insured & Address	
<b>DETAILED DESCRIPTION OF BUSINESS OPERATIONS</b>	
Year Established	
Location(s) & Countries of Operations	
Details and Proximity to Surrounding Properties	
Estimated Turnover	
No of Employees & Payrolls	
Period of Insurance	
Cover	Public & Products Liability
Wording / Form	
Trigger	Occurrence / Claims Made.
Retro-active date	
Territory	
Jurisdiction	
Limit of Liability	
Conditions/Extensions	To be specified.
Exclusions	To be specified.
Excess / Deductible / SIR	
Suggested Premium	
Claims Experience	Since Established : Since last 5 years:
Current/Previous Insurance Details Including whether the insured has been declined for insurance in the past	
Other Information	

**ADDITIONAL INFORMATION FOR PRODUCTS LIABILITY:**

Products:	Attach separate list with the specifications, Trade/ Patent Names, description of end usage, hazards involved, quality control programs and recall plans.					
Estimated Turnover Split in ** Attach separate list if required.	List of Products	USA/Canada/Australia	Europe	Local	ROW	Total
Name of Manufacturer/Supplier from whom products are supplied						
Does the insured alter/redesign/pack the products supplied by the Mfr/Supplier						
List New Products introduced during last 3 years						
List New Products proposed for introduction during the ensuing year						
List products that has been discontinued/recalled during last 5 years and give reasons						
Details of Hold Harmless / Contractual Agreements (Attach copy if applicable)						
Details of Business Accreditations or National Safety Standards:						
Are Record Keeping procedures kept on the Products, if so please mention for how many years?	For Customers : For Manufacturers/Suppliers:					
Are any of the products used as part of / component of aircraft/marine craft / water craft /missiles / Offshore, if so provide details						

Does the product carry adequate instructions for usage and hazard warnings.	
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**PLEASE PROVIDE THE BELOW INFORMATION FOR USA/Canada/Australia EXPOSURES:**

Does the insured have any domiciled operations in these countries / how is the insured represented?						
Years of Operations						
Turnover for last 5 years	List of Products:	Year I	Year II	Year III	Year IV	Year V
Claims History	Since Established: Since last 5 years:					
Current/Previous Insurance Details including whether the insured has been declined for insurance in the past.						

**DECLARATION**

I/ We understand and agree that the information disclosed in this proposal will form the basis of the insurance contract. I/ We also declare that the information and details mentioned in this proposal are correct to the best of my / our knowledge and if proven otherwise in any respect, the insurance contract will become null and void without any notice.

Place:

Date:

**Signature of the Proposer**

**Notes:** If the space provided is insufficient for answers or for any supporting information, please use additional sheet(s) and attach.