

# Products Liability

## Exports to North America Questionnaire

This questionnaire should be completed by the person in the company responsible for product development and product quality control

**Quote/Policy No.**

**Full Name of Proposer**  
Please show names of all companies to be insured including all subsidiaries: if not a Limited Company, full names of all partners

**Business Address**

**Company Website**

**Business Description**

**Number of Years exporting to North America**

**Estimated Total Annual Turnover**

**Percentage of Turnover Exported to North America**

Historical North American Turnover for last 5 years	Year	Turnover
		£
		£
		£
		£
		£

**Please state whether the products exported to North America are:**

- Sold to end user / customer ☐
- Sold to North American vendor ☐
- Sold to a North American manufacturer to be incorporated into machinery or commodity ☐
- Sold to a subsidiary in North America ☐
- Sold in the UK for subsequent export to North America ☐

NIG policies are underwritten by U K Insurance Limited, Registered office: The Wharf, Neville Street, Leeds LS1 4AZ.  
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Calls may be recorded

**Current Products Exported (if a component please detail final product):**

Description	Number Exported	Unit Value

**Discontinued Products Exported (if a component please detail final product):**

Description	Number Exported	Year Discontinued

**Planned Products to be Exported (if a component please detail final product):**

Description	Annual Projection	Planned Start Year

**Advise what industries your products are sold to in North America:**

Product	% N. America Export	Industry

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**Do the products carry any instructions or warnings?**

Yes ☐

No ☐

If 'Yes' please give details:

**Do you have any assets or representation in North America?**

Yes ☐

No ☐

If 'Yes' please give details:

**Have you entered into any Hold Harmless Agreements?**

Yes ☐

No ☐

If 'Yes' please give details and provide a copy of the Hold Harmless Agreement(s):

**Will you undertake or supervise any manual work in North America during the next 12 months?**

(manual work is all work which is not of a clerical nature)

Yes ☐

No ☐

If 'Yes' please give details:

**Is there a written product recall plan in place?**

Yes ☐

No ☐

If 'No' please explain why:

**Any claims/incidents in the last 5 years?**

Yes ☐

No ☐

If 'Yes' please give details:

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**Any other relevant information:**

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**IMPORTANT NOTE**

You are under a duty to make a fair presentation of the risk to us before the inception, renewal and alteration of your policy.

This means that you must tell us about and/or provide to us all material information or tell us and/or provide to us sufficient information to alert us of the need to make further enquiries to reveal such material information. This information needs to be provided in a clear and accessible manner.

Material facts are those which are likely to influence us in the acceptance of the terms of pricing of your policy. If you have any doubts as to whether any information is material you should provide it to us.

Failure to disclose any material fact may invalidate your policy in its entirety or may result in your policy not responding to all or part of an individual claim or class of claims.

In order to comply with your duty to make a fair presentation you must also have conducted reasonable searches for all relevant information held:

- within your business (including that held by your senior management and anyone who is responsible for your insurance); and
- by any other person (such as your broker, intermediary or agent or a person for whom cover is provided by this insurance)

**DECLARATION**

I/We declare that:

- a** if any answer has been printed or written by any other person, he/she shall be my agent for that purpose. I also confirm that any data which I have supplied in this form about other persons is given with their knowledge and authorisation
- b** to the best of my/our knowledge and belief the information given in this form is correct and complete in every detail
- c** I/we accept and conform to the terms, conditions and exceptions of the policy (a specimen of which is available on request) in the standard form issued by the Company for the Insurance now proposed and I will pay the premiums thereon.
- d** I/we consent to the information given in this form, any information the Company may obtain from Fraud prevention agencies or information received with any subsequent claim I/We may make being used in the manner set out in the Privacy Statement above.
- e** I/we consent for my appointed broker or agency to discuss my personal information with NIG on my/our behalf.

**Company Name**

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**Proposer's Signature**

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**Proposer's Job Title**

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**Date**

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