

Important Information

You are required to tell the insurer everything you know or could reasonably expect to know that is relevant to the insurer's decision to insure your company, otherwise, the policy issued may be void.

Applicant's Instructions:

- If space is insufficient to answer any questions fully, attach a separate sheet.
- Application must be signed and dated by the department manager or above.

Section 1 General Information about the applicant

a)	Full Name			
b)	Principal address			
c)	Subsidiaries or Divisions			
d)	Manufacturer	Yes		No
e)	Distributor	Yes		No
f)	Years in business under present name			
g)	Prior years experience in this business under another name			
h)	Nature of products you are selling			
i)	Website address if any			

Section 2 Claims History – 5 years or more

Details of all claims and uninsured losses, damages or liabilities that have involved your business, including any claims and/or incidence and/or circumstances whether actual or alleged and whether such claims is paid or not

If none, please leave this part blank.

Date of Occurrence	Product Involved	Describe Occurrence & Injury or Damage	Amount Paid

Section 3 | Product Information – Annual Turnover per geographic area

a) General Information

Estimated turnover for the year to come*	HKD		USD		SGD	
Percentage of total sales per:	%					
Retailers						
Wholesalers						
Consumers						

* Please choose the currency HKD / USD / SGD

b) Sales by geographical territory: details of products sold by your company per geographical area and per type of products (please keep the same currency than the one above)

USA / Canada

Department	Product	Current year turnover	Coming Year Turnover

Europe

Department	Product	Current year turnover	Coming Year Turnover

Rest of the World

Department	Product	Current year turnover	Coming Year Turnover

Proposed effective date for the inception of the cover:

I, the undersigned, after enquiry, declare the following:

1. I am authorised to complete the above information on behalf of the Insured named in the Proposal.
2. I have read this application and the accompanying documents and acknowledge the contents is the same and to be true and complete.
3. I agree that this application together with the Proposal and any other information supplied by us shall form the basis of any contract of insurance effected thereon, and I undertake to inform the insurer of any material alteration to these facts whether occurring before or after completion of such contract of insurance.
4. Although the signing of this application does not bind the applicants to effect insurance, I acknowledge that the particulars and statements contained in this application and in the accompanying documents shall be the basis of the contract if a policy is issued.

TO BE SIGNED BY PARTNER / DIRECTOR OR PRINCIPAL OR EQUIVALENT

Full
Name:

Position:

Signature:

Date: