

**PUBLIC & PRODUCT LIABILITY INSURANCE
MEDICAL / PHARMACEUTICAL / CHEMICAL PRODUCTS /
ΑΣΦΑΛΙΣΗ ΑΣΤΙΚΗΣ ΕΥΘΥΝΗΣ & ΕΥΘΥΝΗΣ ΠΡΟΪΟΝΤΟΣ
ΙΑΤΡΟΤΕΧΝΟΛΟΓΙΚΑ / ΦΑΡΜΑΚΕΥΤΙΚΑ / ΧΗΜΙΚΑ ΠΡΟΪΟΝΤΑ
PROPOSAL FORM / ΑΙΤΗΣΗ ΑΣΦΑΛΙΣΗΣ**

IMPORTANT NOTICE

KOUTINAS SA - Insurance Brokers, Coverholder at Lloyd's, in compliance with the requirements of the General Data Protection Regulation (GDPR), guarantees the safe storage and processing of your personal data and assures you that these will not be made available to Third Parties for advertising or other purposes but will be used in negotiations with Insurers in the context of your insurance coverage.

Activities' Description: Wholesale - Import - Export Retail – Distribution Product Manufacture (If YES additional information is required)

GENERAL DATA / ΓΕΝΙΚΑ ΣΤΟΙΧΕΙΑ

Company Name:		
Address:		Date activity started:
Tel:	Email:	Website:
Tax Registration Nr / Office:		
Are you Member of any Business Organization? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If "YES", Please refer:		

INFORMATION ABOUT PRODUCTS

1) a) List of products produced and to which this insurance is to cover (attach separate list if necessary)

Nature of product	Date first marketed	Last year's turnover	Estimated annual turnover

b) If the answer to the previous question does not represent your whole annual turnover, please explain / give details:

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2. Please detail your three largest contracts in the last year:

Year	Description	Fees (€)

3) Imports

If you import products please state from which countries obtained and approximate percentage of total turnover against each.

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4) Compliance

Do products comply with all relevant:

- a) European Standards, Industry and Trade Standards or Government Safety Licensing Regulations YES NO
- b) Official Standard or Government Regulations lay down in countries to which Products are exported? YES NO

Are any new products likely to be marketed during the next 12 months? If 'YES' please advise product name and product type YES NO

5) Marketing

- a) Are products labelled and supplied with clear instructions in the language of the country to which they are supplied? YES NO
- b) Are products hazard warnings clearly shown on Products, Packaging and/or Instruction Manuals? YES NO
- c) Do your Legal and/or Design Departments have sight of all advertising material, sales brochures, operating manuals etc. To check for misleading statements? YES NO
- d) Are your Representatives warned against overstating usage or effectiveness of Products? YES NO

6) Previous Insurance & Claims history

- 6.1 Have you been previously insured for Public & Products Liability YES NO
- 6.2 Have any claims been made against you in the past five years? YES NO
- 6.3 Except the above, are you aware of any circumstances, which could give rise to a claim? YES NO

Where YES, please give details below:

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7) Required Insurance Indemnity Limits

Any one Claim & in Aggregate per Year 1,000,000€ 2,000,000€ Other:

Deductible: 5,000€ 10,000€ Other:

Period of Insurance: From To

Declaration

I/We declare that the statements and particulars in this proposal are true and I/we have not misstated or suppressed any material facts. I/We agree that this proposal and accompanying documents or papers shall form the basis of the contract of insurance effect hereon.

Date:

(Signature / Name)