



## Manufacturers, Assemblers and Exclusive Importers of Hardware or Hardware Components Addendum to Professional Liability Proposal Form

To be completed by any Applicant who currently, or has in the past, or intends within the Period of Insurance to manufacture, assemble, design or exclusively import hardware of any description.

**The Applicants are reminded to review the 'Notice of Proposed Insurance' at the back of the Proposal Form.**

Product Information			
1. Give details of all software programs sold, licensed or shared (if all marketing and product information is not contained on your web site, please attach brochures and other product literature) as follows:			
Hardware Name			
Date First Marketed			
Essential Purpose of Hardware			
Estimated Annual Turnover	\$	\$	\$
<b>The following details are required for exported products only</b>			
Turnover Exported	\$	\$	\$
Countries Sold to			
Company Representation in these Countries	<input type="checkbox"/> Power of Attorney	<input type="checkbox"/> Power of Attorney	<input type="checkbox"/> Power of Attorney
	<input type="checkbox"/> Branch	<input type="checkbox"/> Branch	<input type="checkbox"/> Branch
	<input type="checkbox"/> Representative Office	<input type="checkbox"/> Representative Office	<input type="checkbox"/> Representative Office
	<input type="checkbox"/> Web Sales	<input type="checkbox"/> Web Sales	<input type="checkbox"/> Web Sales
	<input type="checkbox"/> Other (please specify)	<input type="checkbox"/> Other (please specify)	<input type="checkbox"/> Other (please specify)
<p>Coverage for <b>Products Exported to USA or Canada</b> is excluded from this insurance. Coverage will be provided only if specifically agreed by QBE and then subject to additional terms and conditions and payment of an extra premium. Any additional information supplied in respect of such exports shall be deemed to form part of this application.</p> <p><b>Pease refer to the Policy wording for details regarding Territorial Limits.</b></p>			
2. Do you have quality control procedures in place?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If "Yes", please provide information including laboratory testing used, personnel involved			

## Product Information (continued)

3. Do you have re-call procedures in place? Yes  No

4. Have you discontinued developing, manufacturing, producing, processing or handling any hardware products? Yes  No

If "Yes", please provide details

5. Are any hardware products or services specifically designed, manufactured, imported or handled for the use in, control of, or design of aircraft, spacecraft, or other aerial devices or watercraft, including ground based radar installations? Yes  No

6. Are any hardware products or services specifically designed, manufactured, imported or handled for the use in, control of, or design of military weapon systems, nuclear and/or conventional power stations, oil and gas installations? Yes  No

7. Are any hardware products or services specifically designed, manufactured, imported or handled for the use in, control of, or design of medical and/or surgical systems? Yes  No

## Declaration and Authorisation

Please remember we will treat a statement or claim or an act or omission by any one of the applicants as a statement or claim or an act or omission by all of the applicants.

1. I/We have received a copy of the Policy Terms and Conditions.
2. I/We declare that all answers and statements made in the application are true, correct and complete in every respect.
3. I/We authorise QBE Insurance (Australia) Limited ABN 78 003 191 035 to give to or obtain from other insurers or insurance reference bureaus or credit reporting agencies, any information about this insurance or any other insurance of mine including this completed application and my insurance claims history and my credit history.

Name of Business

Signature Partner, Principal or Director

**X**

Date  /  /

**Please return the completed form to your Financial Services Provider.**