**PROPOSAL FORM FOR INDICATION PURPOSES ONLY**

1. Proposer:
2. Principal address:
3. Website:
4. Business description:

1. Products to be insured:

1. Do you have original design responsibility ? Yes  No
2. Annual expected sales:
3. Claims experience in the past 5 years (insured or otherwise) Yes  No

If Yes, please provide brief detail of claim – date, nature of claim, costs involved and rectification measures introduced since to prevent reoccurrence

1. Limit required:
2. Policy Excess level preferred:

Signed: Dated:

Position: