



ACCIDENTAL CONTAMINATION & PRODUCT TAMPERING PROPOSAL

IMPORTANT NOTICE

MATERIAL FACTS

"You" (this means every person or entity to be insured under this insurance) are under a duty to disclose all material facts that could influence QBE's decision to accept this insurance and, if so, on what terms. You need to disclose both facts known to you AND facts which you could have been reasonably expected to know about. If you are in any doubt as to whether a fact may be material, you should disclose it to ensure that any cover granted is not prejudiced.

NON DISCLOSURE/MISSTATEMENT

If you fail to comply with your duty of disclosure, QBE may be entitled to avoid the contract altogether, and so decline to pay any claim.

COMPLETION NOTES

- Please answer ALL questions fully. If you need extra space please attach additional pages on your company letterhead and mark their inclusion on the Proposal Form.
- **PLEASE REMEMBER TO SIGN AND DATE THIS FORM.**

JURISDICTION

Except to the extent otherwise provided in any subsequently issued policy, the content and use of this form and any agreement entered into pursuant to this form or any dealing in relation to or arising from this form are governed by the laws of New Zealand and in relation to those matters, the parties submit to the jurisdiction of the courts of New Zealand.

A APPLICANT DETAILS

1. Name

2. Physical address

3. Website address

B COVER REQUIRED

1. Limit each loss

Limit each year in the aggregate

Excess each loss

2. Period of Insurance

3. Broker:

Individual

Company



C BUSINESS DETAILS

1. Please provide a breakdown of your turnover by product/category

Product / Category	Estimated turnover THIS year	Actual turnover LAST year	Actual turnover 2 years ago
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

2. Please provide a geographic breakdown of turnover

Country	Product	% of turnover
		%
		%
		%
		%

3. Please provide details of packaging and shelf life of products

Product/Category	Description of packaging	Average shelf life

4. Please list the locations of your manufacturing facilities or plant

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5. Are your products batch produced or is it a continuing process?

(a) If batch produced, what is your average batch size?

(b) If a continuing process, what is your average size run?

6. Does your coding system allow for the following identification?

- (a) Product name Yes No (b) Producing facility Yes No
- (c) Manufacturer Yes No (d) Batch number Yes No
- (e) Date of manufacture Yes No (f) Serial number Yes No

(g) Other



7. Do any of your products become part of another company's product? Yes No
If Yes, please provide full details

8. If any of your products are sold to be repackaged under another name, to whom are they sold and what is their eventual name?

9. Do you indemnify or hold harmless by contractual agreement any suppliers of components or raw material? Yes No

10. Do you maintain any of the following forms of data processing inventory control systems?

- (a) product inventory Yes No
- (b) Identity of and sales relating to wholesalers? Yes No
- (c) Identity of and sales relating to distributors? Yes No
- (d) Identity of and sales relating to retailers? Yes No

11. Do your wholesalers and/or retailers maintain records of the final outlet of your products? Yes No

12. Do you have a recall and/or incident/crisis management plan established to handle a recall if one becomes necessary? Yes No

If Yes, please provide a copy of the plans.

If No, what methods would you use to secure the return of products should a recall become necessary?

13. Have you ever been a target of political, environmental, racial or other interest groups? Yes No

14. Do you use animal testing in your product research or development? Yes No

15. Have you experienced any strikes, work stoppages, manufacturing facility closures or major restructuring within the past 12 months? Yes No



16. Please indicate what percentage of your operation is in:

(a) Food Processing/Manufacturing

(i) Dairy	<input style="width: 50px;" type="text" value="%"/>	(ii) Poultry	<input style="width: 50px;" type="text" value="%"/>	(iii) Seafood	<input style="width: 50px;" type="text" value="%"/>
(iv) Other meat	<input style="width: 50px;" type="text" value="%"/>	(v) Baked goods	<input style="width: 50px;" type="text" value="%"/>	(vi) Vegetables	<input style="width: 50px;" type="text" value="%"/>
(vii) Fruit	<input style="width: 50px;" type="text" value="%"/>	(viii) Other (please specify) _____			<input style="width: 50px;" type="text" value="%"/>

Please also indicate what percentage of your operation is:

(i) Fresh	<input style="width: 50px;" type="text" value="%"/>	(ii) Frozen	<input style="width: 50px;" type="text" value="%"/>	(iii) Canned	<input style="width: 50px;" type="text" value="%"/>
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(b) Beverage Processing/Manufacturing

(i) Dairy	<input style="width: 50px;" type="text" value="%"/>	(ii) Alcoholic	<input style="width: 50px;" type="text" value="%"/>
(iii) Other (please specify) _____	<input style="width: 50px;" type="text" value="%"/>		

(c) Pharmaceutical

(d) Restaurant

(e) Tobacco processing/manufacturing

(f) Cosmetics manufacturing

(g) Other (please specify) _____

17. Do you have Quality Control procedures (such as the U.S. FDA HACCP, SERVSAFF etc) in place? Yes No

If Yes, please provide details

18. Are there any government regulatory agencies with oversight responsibility for your operations? (i.e. U.S. FDA, USDA, MAFF etc) Yes No

If Yes, please provide details

D CLAIMS EXPERIENCE

1. Have you ever been cited or issued a summons or notice of any type in the past 5 years for violation of regulations, procedures etc, by any governmental regulatory agency with oversight responsibility for your operation? Yes No

If Yes, please provide full details



2. Have any of your products ever been recalled for any reason? Yes No
 If Yes, please provide full details on a separate sheet. The types of details required are:
- The products involved
 - The reason for the recall and the steps you have taken to prevent a recurrence
 - The date the recall was initiated and the date closed
 - Methods used to effect the recall
 - A breakdown of the costs involved – including the cost of the recalled product plus any loss of income, the advertising expenses, freight/transportation costs, etc.
3. Do you, or any of your Directors or Officers, have knowledge or information of any fact which may give rise to a claim under the proposed policy? Yes No
 If Yes, please provide full details on a separate sheet.

DECLARATION

I/We declare on behalf of all proposed insureds that:

- (a) all answers and statements in this proposal are correct and complete in every respect and there is no further information which may affect acceptance of the proposal;
- (b) if accepted by QBE, this proposal and declaration, and any other material which I/we have provided to QBE, shall be incorporated into and form the basis of the contract of insurance;
- (c) I/we understand that QBE requires this information (which will be retained by QBE) in order to decide whether to accept this proposal, and also that the Privacy Act 1993 entitles me/us to have access to and request the correction of this information;
- (d) QBE is authorised to disclose information received from me/us to its advisors, reinsurers and to other insurers. I/We authorise QBE to obtain, from any party, information that is, in QBE's view, relevant to this proposal;
- (e) I/we understand that the insurance will not be in force until this proposal has been accepted and cover confirmed by QBE.

NOTE: Signing the proposal and any supplementary questionnaires does not bind either the applicant or QBE to complete the insurance.

Signed Date

Printed name

Position



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QBE INSURANCE (INTERNATIONAL) LTD
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