

# Manufacturing Liability Proposal form



#### NOTICE

This proposal forms the basis of any insurance contract entered into. Please complete it fully and carefully, remembering to sign the Declaration. If you have insufficient space to complete any of your answers please continue on a separate attachment.

You have an ongoing duty to disclose all material facts and failure to do so could prejudice future claims.

### **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.

#### **APPLICANT DETAILS**

- 1 Name(s) in full of all entities to be insured:
- 2 Postal address:
- 3 Website address:
- 4 Please advise the number of locations: NZ: Overseas:
- 5 Staff numbers:
- 6 Current Assets: \$ Current Liabilities: \$
- 7 Non Current Assets: \$ Non current Liabilities: \$

## PRODUCT DEFECT SECTION

- 8 Describe products to be covered:
- 9 Please list the locations of your manufacturing facilities or plant including daily output:
- 10 Please provide details of product category and turnover split:

If overseas, please provide details (country and region):

	Last year	Current year	Geographical split of this year's turnover					
Product/Category	turnover (actual)	turnover (estimate)	NZ/Pacific Islands	Australia	USA/ Canada	ROW		
	\$	\$	%	%	%	%		
	\$	\$	%	%	%	%		
	\$	\$	%	%	%	%		
	\$	\$	%	%	%	%		
<b>Total</b> (Percentages should equal 100%)	\$	\$	%	%	%	%		

Please provide details on type of product, life expectancy and batch size: Your involvement Life Average batch **Product functions** Sold as (e.g. retail/ expectancy size (number Product/Category manufacture/ and applications of the of units and components? product wholesale) monetary value) ○ Yes ○ No O Yes O No O Yes O No ○ Yes ○ No 12 Please list any new products that have entered the market in the last twelve months and list any new products that are planned to be introduced in the forthcoming twelve months: 13 Product details: O Yes (a) Do you do your own design work? O No (b) Do you maintain records of any design changes and reasons for change? O Yes O No (c) Are designs subject to independent external review, testing or certification? O Yes O No (d) Are your products designed, tested, labelled and manufactured to meet or exceed all relevant government and industry standards of the territories to which you are supplying? O Yes O No (e) Do you manufacture any of your products to the specification of your customer? O Yes O No (f) If your products are manufactured to the specification of your customers, do they test your products O No O Yes on receipt? (g) Do you receive acceptance sign-off from your customers? O Yes O No O No (h) Do your products require assembly or installation after delivery? O Yes O Yes (i) Are your products manufactured by an outside vendor? O No (j) Are any products or component products imported? Yes O No Please provide additional details where required: 14 Security Details: (a) Have you ever been a target of political, racial, environmental, extremist or special interest groups? O Yes O No (b) Do you Import/Export with volatile countries? O Yes O No (c) Have you had strikes/riots/work stoppages/plant closings in the last three years? O Yes O No (d) Have there been any reports of unfair dismissal, health hazards, or wage disputes In the past three years? O Yes O No If Yes, to any of the above, please provide details: 15 Quality Assurance and Risk Management: O Yes O No (a) Do you have written Quality Control Procedures in place?

Date last reviewed:

(c) Are products or components ordered to your specification?  (b) Are warranties obtained from all your suppliers?  (c) is there a testing procedure for bought-in products prior to incorporation?  (d) Do you audit your suppliers?  If Yes, how often?  (e) Do you maintain full rights of recourse against all your suppliers?  (f) Do you require your suppliers to carry Product Recall Insurance?  If Yes, to any of the above, please provide details:  PAST CLAIMS  7 Hove you had any product recall or product withdrawals, contamination incidents or extortion threats?  Yes No. 18  If Yes, please provide details:  Product Date Reason Amount (units) Total cost Corrective action  WANUFACTURER'S ERRORS & OMISSIONS SECTION  Nease provide copies of warranties, guarantees or representations made in connection with the products and labelling material.  B Product details:  (a) Do you import components used in your products for which coverage is required?  If Yes, please provide details:  (b) Do you maintain records of changes in designs, advertisements and sales brochures?  Yes No. 19  Y	(0							
(a) Is there a written testing procedure? (b) Are written testing procedures always followed? If No, are any other procedures in place? Please explain:  5 Supplier's information: (a) Are products or components ordered to your specification? (b) Are warranties obtained from all your suppliers? (c) Is there a testing procedure for bought-in products prior to incorporation? (d) Do you audit your suppliers? (e) Do you maintain full rights of recourse against all your suppliers? (e) Do you maintain full rights of recourse against all your suppliers? (f) Do you require your suppliers to carry Product Recall Insurance? (g) Do you require your suppliers to carry Product Recall Insurance? (g) Do you require your suppliers to carry Product Recall Insurance? (g) Do you require your suppliers to carry Product Recall Insurance? (g) These to any of the above, please provide details:  **PAST CLAIMS** 7 Have you had any product recall or product withdrawals, contamination incidents or extortion threats?  **Product Date Reason Amount Total cost Corrective action**  **Product Date Reason Amount Total cost Corrective action**  **Product details: (a) Do you maintain records of changes in designs, advertisements and sales brochures?  **Yes No It'ves, please provide details:  (b) Do you maintain records of changes in designs, advertisements and sales brochures?  (c) Have you discontinued or are you considering discontinuing any product to be covered by this insurance?  (d) Do the warranties you issue in connection with your products contain time constraints within which		c) Are you acci	redited with an	ny internationally recognised standards?	$\circ$	Yes	$\circ$	No
(e) Are written testing procedures always followed?  If No, are any other procedures in place? Please explain:  8 Supplier's information:  (a) Are products or components ordered to your specification?  (b) Are warranties obtained from all your suppliers?  (c) Is there a testing procedure for bought-in products prior to incorporation?  (d) Do you audit your suppliers?  (e) Do you audit your suppliers?  (f) Pes, how often?  (e) Do you maintain full rights of recourse against all your suppliers?  (f) Do you require your suppliers to carry Product Recall Insurance?  (g) Do you require your suppliers to carry Product Recall Insurance?  (g) Do you product recall or product withdrawals, contomination incidents or extortion threats?  **ASTICIAIMS**  7 Have you had any product recall or product withdrawals, contomination incidents or extortion threats?  **PASTICIAIMS**  7 Have you had any product recall or product withdrawals, contomination incidents or extortion threats?  **Product Date Reason Amount Total cost Corrective action  **ANNUFACTURER'S ERRORS & OMISSIONS SECTION**  **Please provide copies of warranties, guarantees or representations made in connection with the products and labelling material.  **ANNUFACTURER'S ERRORS & OMISSIONS SECTION**  **Product Date Reason Amount (units)**  **ANNUFACTURER'S ERRORS & OMISSIONS SECTION**  **Please provide copies of warranties, guarantees or representations made in connection with the products and labelling material.  **ANNUFACTURER'S ERRORS & OMISSIONS SECTION**  **Please provide copies of warranties, guarantees or representations made in connection with the products and labelling material.  **ANNUFACTURER'S ERRORS & OMISSIONS SECTION**  **Please provide copies of warranties, guarantees or representations made in connection with the products and labelling material.  **ANNUFACTURER'S ERRORS & OMISSIONS SECTION**  **Please provide copies of warranties, guarantees or representations made in connection with the products and labelling material.  **ANNUFACTURER'S ERRORS & OMISS		Please provi	de details:					
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<ul> <li>(b) Do you maintain records of changes in designs, advertisements and sales brochures?</li> <li>(c) Have you discontinued or are you considering discontinuing any product to be covered by this insurance?</li> <li>Yes</li> <li>No</li> <li>If Yes, please provide details:</li> <li>(d) Do the warranties you issue in connection with your products contain time constraints within which</li> </ul>	<b>Pleas</b>	UFACTURER'S se provide cop roduct details:	ERRORS & OM	IISSIONS SECTION ies, guarantees or representations made in connection with the products and la	abelli	ing m		
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detected substandard performance must be reported to you?	Pleas 18 P	SE Provide cop roduct details: a) Do you impo If Yes, please b) Do you mair c) Have you dis	ERRORS & OMies of warrantial ort components as provide details antain records or scontinued or secontinued or second or secontinued or second or s	IISSIONS SECTION  ies, guarantees or representations made in connection with the products and loss used in your products for which coverage is required?  Is:  f changes in designs, advertisements and sales brochures?  are you considering discontinuing any product to be covered by this insurance?	o o	ing m	ateri	No.
(e) Are any of your products subject to registration/regulation/review by any governmental agency?  O Yes O No	Pleas 18 P (d	IUFACTURER'S se provide cop roduct details: a) Do you impo If Yes, please b) Do you mair c) Have you dis If Yes, please d) Do the warro	ERRORS & OMies of warrantial ort components a provide detail on tain records or scontinued or a provide detail on ties you issue anties you issue	IISSIONS SECTION  ies, guarantees or representations made in connection with the products and loss used in your products for which coverage is required?  Is:  f changes in designs, advertisements and sales brochures?  are you considering discontinuing any product to be covered by this insurance?  Is:		Yes Yes Yes	ateri	No.

	ICCTION WI	tn aircraft/r	nissiles	s/aerospace?		O Yes	∪ NO
If Yes, please provide details:							
(g) Has the applicant agreed to indemnif (e.g. supplier of raw materials/contrac			ny supp	oliers of any goods or servic	ces	O Yes	O No
If Yes, please provide details:							
ENVIRONMENTAL AND POLLUTION DAMAGE							
19 Insured Location Information							
Please provide the following information f	or each s	ite to be co	vered	by this insurance policy, us	ing additional she	ets if nec	essary.
Street address	Curren	Current use of the s		Prior use of the site	Existence of known	*Underground	
					contamination	storage	
					○ Yes ○ No	O Yes	
					O Yes O No	O Yes	
					O Yes O No	O Yes	○ No
*Please note we exclude cover for undergro		_			standalone basi	s.	
20 Please provide information on raw materi	ials you st	tore on site	(includ	ling liquid chemicals):			
Type of raw material		e stored site	How is it stored (e.g. above ground tank 10,000 litres)			;)	
	OI I	13110					
			1				
21 Please provide information on the kind of	waste ma	aterials vou	l . aener	ate (includina liauid chemi	cals):		
21 Please provide information on the kind of				<u> </u>		- 10	
21 Please provide information on the kind of  What kind of waste materials do you gen		aterials you  Volum		<u> </u>	cals): ed and disposed	of?	
·				<u> </u>		of?	
·				<u> </u>		of?	
What kind of waste materials do you gen	erate?	Volum	е	How is it store			O No
What kind of waste materials do you gen  22 Have you ever had any notification from 6	erate?	Volum	е	How is it store		Of?	O No
What kind of waste materials do you gen	erate?	Volum	е	How is it store			O No
What kind of waste materials do you gen  22 Have you ever had any notification from 6	erate?	Volum	е	How is it store			O No
What kind of waste materials do you gen  22 Have you ever had any notification from of the second se	erate?	Volume S relating to	е	How is it store		O Yes	
What kind of waste materials do you gen  22 Have you ever had any notification from a  If Yes, please provide details:  23 Do you hold any environmental certification	erate?	Volume S relating to	е	How is it store			
What kind of waste materials do you gen  22 Have you ever had any notification from of the second se	erate?	Volume S relating to	е	How is it store		O Yes	
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What kind of waste materials do you gen  22 Have you ever had any notification from o  If Yes, please provide details:  23 Do you hold any environmental certification	erate?	Volume S relating to	е	How is it store		O Yes	
What kind of waste materials do you gen  22 Have you ever had any notification from o  If Yes, please provide details:  23 Do you hold any environmental certification	erate?	Volume S relating to	е	How is it store		O Yes	
What kind of waste materials do you gen  22 Have you ever had any notification from o If Yes, please provide details:  23 Do you hold any environmental certificati If Yes, please provide details:	erate?	Voluments relating to	е	How is it store	ed and disposed	O Yes	O No
What kind of waste materials do you gen  22 Have you ever had any notification from o If Yes, please provide details:  23 Do you hold any environmental certificati If Yes, please provide details:	erate?	Volume s relating to	e po your l	How is it store ocations?  00 \$250,00	ed and disposed	<ul><li>Yes</li><li>Yes</li></ul>	O No

# **HISTORY** 24 Have you ever had any insurance declined or cancelled, renewal refused, special conditions imposed or O No O Yes a claim rejected? If Yes, please provide details in a separate attachment. 25 Have any claims for the type of insurance requested in this proposal ever been made against you or have any circumstances ever occurred which would have resulted in a claim under the proposed insurance had the policy been in force? O Yes O No If Yes, please provide full details of each matter in a separate attachment including the date notified, the name of the insurer, details of the allegations, details of the amounts claimed, details of any amounts paid and the status of the claim. Yes O No 26 Have you ever been investigated or prosecuted in relation to any actual or alleged breach of legislation? If Yes, please provide full details in a separate attachment. 27 Does the applicant, its directors, officers or any other person known to the applicant have knowledge or information of any fact or circumstances which may reasonably give rise to a claim under the proposed policy? O Yes If Yes, please provide full details in a separate attachment. **DECLARATION** On behalf of all proposed Applicants I/We declare and agree that all information provided in this proposal or attachments is true and correct in every respect and that all information that may be material in considering this proposal form has been fully and accurately disclosed to Delta Insurance New Zealand Limited in writing in a manner which would not mislead a prudent insurer. I/We agree that this declaration shall be the basis of and incorporated in the insurance contract and that the insurance contract may be avoided (amongst other things) if any statement in this proposal is "substantially incorrect" or "material" as both terms are defined in the Insurance Law Reform Act 1977. I/We undertake to inform Delta Insurance New Zealand Limited of any material alteration to the above information whether occurring before or after the completion of this insurance contract. I/We understand that: (a) I/We am/are obliged to advise Delta Insurance New Zealand Limited of any information which may be material to its consideration of this application. This information includes all information I/We know (or could reasonably be expected to know) which could influence the judgement of Delta Insurance New Zealand Limited whether or not to accept this application and (if accepted) on what terms, including cost and otherwise. (b) Failure to provide this information may result in Delta Insurance New Zealand Limited refusing to provide the insurance. (c) I/We have certain rights of access to and correction of this information. Full name & title of individual:



Signature of Policyholder:

Lloyd's is a member of the Insurance Council of NZ and we adhere to the Fair Insurance Code, which provides you with assurance that we have high standards of service for our customers.

Date: