



Product Recall 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.

This application is designed to be completed within Microsoft Word. Please use the TAB and Arrow keys to move from one Form Field to the next. Please answer all questions completely. This form will automatically grow to accommodate your answers.

IMPORTANT INFORMATION CONCERNING THE INSURED'S DUTY TO MAKE A FAIR PRESENTATION OF RISK

The Insured should carefully read the following before signing and dating the declaration.

- 1 Before this insurance contract is entered into, the Insured must make a fair presentation of the risk to the Insurer. In summary, the Insured must:
 - a) Disclose to the Insurer every material circumstance which the Insured knows or ought to know. Failing that, the Insured must give the Insurer sufficient information to put a prudent insurer on notice that it needs to make further enquiries in order to reveal material circumstances. A matter is material if it would influence the judgement of a prudent insurer as to whether to accept the risk, or the terms of the insurance (including premium). If there is any doubt as to whether a circumstance is material, the Insured should disclose it to the Insurer;
 - b) Make the disclosure in clause (1)(a) above in a reasonably clear and accessible way; and
 - c) Ensure that every material representation of fact is substantially correct, and that every material representation of expectation or belief is made in good faith.
- 2 For the purposes of clause (1)(a) above, the Insured is expected to know the following:
 - a) If the Insured is an individual, what is known to the individual and anybody who is responsible for arranging his or her insurance.
 - b) If the Insured is not an individual, what is known to anybody who is part of the Insured's senior management; or anybody who is responsible for arranging the Insured's insurance.
 - c) Whether the Insured is an individual or not, what should reasonably have been revealed by a reasonable search of information available to the Insured. The information may be held within the Insured's organisation, or by any third party (including but not limited to subsidiaries, affiliates, the broker, or any other person who will be covered under the insurance). If the Insured is insuring subsidiaries, affiliates or other parties, the Insurer expects that the Insured will have included them in its enquiries, and that the Insured will inform the Insurer if it has not done so. The reasonable search may be conducted by making enquiries or by any other means.

Failure to make a fair presentation of risk could prejudice, reduce or modify the Insured's rights under their policy. This will depend on the law governing the insurance contract, and therefore, some of the terms above outlining the Insured's duty of disclosure may vary in certain territories, and in such cases, these will conform to the applicable statute law.

GENERAL INFORMATION

- 1 Insured Company or trading name(s), including any subsidiary/ies:
- 2 Company address:
- 3 How many years has the business been operating:
- 4 Outline the nature of the business including a full description of your activities:

5 Actual Sales for the last 12 months:

6 Estimated Sales for the next 12 months:

7 Territorial Split of Sales (%):

Please note if any US sales a comprehensive product list must be provided together with proposal form.

Region	% Split
New Zealand	%
Australia	%
Asia	%
Europe	%
UK	%
USA/Canada	%
Rest of World	%
Total (percentages should equal 100)	%

BUSINESS ACTIVITY

8 Please indicate your role in the supply chain.

- Manufacturer
 Distributor
 Contract Packer
 Retailer/Wholesaler
 Other

9 Please confirm whether any products go into the following sectors:

- Pharmaceutical
 Nutraceutical
 Defence
 Aviation
 Marine
 Not applicable

If so, are these parts: Whole Component/Ingredient

Please provide details:

10 Details of product(s) to be included under this policy:

11 Please provide the following information for the top 3 selling products in monetary amounts:

Product(s)	Annual Sales	Maximum Batch	Average Batch	Maximum output across any one production line

12 Do you sell to retailers?

- Yes No

If Yes, please provide details:

13 Details of suppliers (if applicable):

Product(s) supplied	Country of supplier

14 Do you have a formal supplier qualification process?

- Yes No

If Yes, please provide details:

- 15 Are any products sold by you as ingredients? Yes No
If Yes, what percentage? %
- 16 Are any products made by you under contract manufacture? Yes No
If Yes, please provide details:
- 17 Do you maintain full rights of recourse against all suppliers? Yes No
- 18 Have you agreed to indemnify or hold harmless any suppliers? Yes No
- 19 Do you maintain HACCP plans for all products? Yes No
Last reviewed:
- 20 Do you maintain a recall/crisis management plan? Yes No
Last tested/date of last mock recall:
- 21 Do you work with known allergens? Yes No
If Yes, please provide details:
- 22 Are labels inspected? Yes No
- 23 Are Food Safety Audits performed by an accredited third party? Yes No
Frequency and name of accredited third party:
Details of any major recommendations made (if applicable):

24 Relating to your Product Testing, please tick the applicable boxes:

Product Test Type	Microbiological	X-ray	Metal Detectors	Physical	Chemical
Raw Material	<input type="radio"/>				
In-Line	<input type="radio"/>				
End of Line	<input type="radio"/>				

- 25 Do you have an in-house testing laboratory? Yes No
If No, do you retain an outside testing laboratory? Yes No
If Yes, please provide details:
- 26 Is there a hold period before shipping? Yes No
- 27 Is there a "positive release" procedure? Yes No
- 28 Is there an incoming quarantine process? Yes No
- 29 Are all certificates of product conformance from the suppliers received? Yes No
- 30 Does the company know of any actual, threatened or suspected product tampering involving any of the company's products during the last twelve (12) months? Yes No
If Yes, please provide details:
- 31 Have products been recalled due to an accidental contamination and/or malicious tampering in the last ten (5) years: Yes No
Product: _____ Date of recall: _____ Cost of recall (\$): _____
Reason for recall: _____

(Continue on a separate sheet if necessary)

32 Please provide detail of any losses in respect of Liability in the last five (5) years:

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.

In providing this information, I agree to Delta Insurance New Zealand Limited sharing this information with our third party vendors to the extent necessary for them to provide us with the risk management services associated with this insurance package.

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:

Full name and title of individual:

Signature of Policyholder:

Date:



Lloyds is a member of the Insurance Council of New Zealand and adhere to the Fair Insurance Code which provides you with assurance that we gave the highest standards of service for our customers.