

Food Manufacturing Liability

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.

1 Name(s) in full of all entities to be Insured:

2 Postal address:

Product Recall Section

3 Describe products to be covered:

4 Please list the locations of your manufacturing facilities or plant including daily output:

5 Please provide details of product category and turnover split:

Product/Category	Last year turnover (actual)	Current year turnover (estimate)	Geographical split of this year's turnover			
			NZ/Pacific Islands	Australia	USA/Canada	ROW
Total						

6 Please provide details on type of product, packaging, shelf life and batch size:

Product/Category	Your involvement (e.g. retail/manufacture/wholesale)	Type of packaging	Shelf life	Average batch size	Batch coding in place?
					<input type="radio"/> Yes <input type="radio"/> No
					<input type="radio"/> Yes <input type="radio"/> No
					<input type="radio"/> Yes <input type="radio"/> No
					<input type="radio"/> Yes <input type="radio"/> No
					<input type="radio"/> Yes <input type="radio"/> No

7 Security Details:

- (a) Have you ever been a target of political, racial, environmental, extremist or special interest groups? Yes No
- (b) Do you use or pay for animal testing of products which might make you a target of extremist or special interest groups? Yes No
- (c) Do you Import/Export with volatile countries (e.g. Israel, North Korea, etc.)? Yes No
- (d) Have you had strikes/riots/work stoppages/plant closings in the last 3 years? Yes No
- (e) Have there been any reports of unfair dismissal, health hazards, or wage disputes in the past 3 years? Yes No

If **Yes**, to any of the above, please provide details.

Quality Assurance and Risk Management

- 8** Do you have written Quality Control Procedures in place? Yes No
- 9** Date last reviewed:
- 10** How are the Quality Control Procedures monitored (internal audit/independent consultants)?
- 11** Do the Quality Control Procedures incorporate a Hazard Analysis and Critical Control Point (HACCP) programme for all products? Yes No
- 12** Date last reviewed: **(Please attach a copy of HACCP summary page)**
- 13** Does the testing occur at critical control points? Yes No
- 14** Do you test raw materials? Yes No
- 15** Do you have an in-house testing laboratory? Yes No
If **No**, do you utilise an outside testing laboratory? Yes No
Please provide details:
- 16** Is there a review process for labels? Yes No
- 17** Has the applicant agreed to indemnify or hold harmless any suppliers of any goods or services? (e.g. supplier of raw materials/contract manufacturers)? Yes No
If **Yes**, please provide details

Past Claims

- 18** Have you had any product recall or product withdrawals, contamination incidents or extortion threats? Yes No
- If **Yes**, please provide details:

Product	Date	Reason	Amount (units)	Total cost	Corrective action

Manufacturer's Errors & Omissions Section

19 Product details

- (a) Do you import ingredients and raw materials used in the products for which coverage is required? Yes No
- (a) Have you discontinued or are you considering discontinuing any product to be covered by this insurance? Yes No
- (b) Are any of your products sold as ingredients of stockfeed or to stockfeed manufacturers? Yes No
- (c) Are any of your products listed above subject to registration/regulation/review by any governmental agency? Yes No

If **Yes**, to any of the above, please provide details:

Please provide copies of warranties, guarantees or representations made in connection with the products and labelling material.

Environmental and Pollution Damage

20 Insured Location Information

Please provide the following information for each site to be covered by this insurance policy, using additional sheets if necessary.

Street address	Current use of the site	Prior use of the site	Existence of known contamination	*Underground storage tanks
			<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

*Please note we exclude cover for underground storage tanks, but cover can be considered on a standalone basis.

21 Please provide information on raw materials you store on site (including liquid chemicals):

Type of raw material	Volume stored on site	How is it stored (e.g. above ground tank 10,000 litres)

22 Please provide information on the kind of waste materials you generate (including liquid chemicals):

What kind of waste materials do you generate?	Volume	How is it stored and disposed of?

23 Have you ever had any notification from authorities relating to your locations? Yes No

If **Yes**, please provide details:

24 Do you hold any environmental certification (e.g. ISO 14001)? Yes No

If **Yes**, please provide details:

Cover required

Product Recall Section	<input type="radio"/> \$100,000	<input type="radio"/> \$250,000	<input type="radio"/> \$500,000
Manufacturers' Errors & Omissions	<input type="radio"/> \$100,000	<input type="radio"/> \$250,000	<input type="radio"/> \$500,000
Environmental & Pollution Damage	<input type="radio"/> \$100,000	<input type="radio"/> \$250,000	<input type="radio"/> \$500,000

History

25 Have you ever had any insurance declined or cancelled, renewal refused, special conditions imposed or a claim rejected? Yes No

If **Yes**, please provide details in a separate attachment.

26 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? Yes 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.

27 Have you ever been investigated or prosecuted in relation to any actual or alleged breach of legislation? Yes No

If **Yes**, please provide full details in a separate attachment.

28 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? Yes No

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 Ltd 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 Ltd 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 Ltd 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 Ltd 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 Ltd refusing to provide the insurance.
- (c) I/We have certain rights of access to and correction of this information.

Signature of Principal, Partner or Director:

Full name of individual:

Date: