CATLIN

Product Contamination Insurance

Proposal Form

IMPORTANT NOTICE TO THE PROPOSER

To apply for Product Contamination coverage, please fully complete the following Proposal Form. If there is insufficient space to provide answers, additional information should be provided on the Proposer's letter headed paper.

If the Proposer is aware of any material facts that may affect the Insurer's decision in providing this insurance, please disclose them to your broker.

If you are in any doubt as to what to tell Insurers, tell them anyway. Not doing so, may affect how they settle claims under the policy, or may render any policy issued invalid.

Upon receipt of your completed Proposal Form your broker will submit the details to the Insurer for approval. Once approved, and upon receipt of the premium, taxes and fees, a Policy will be issued to your broker. Insurance coverage will not commence until your proposal has been accepted by the Insurer.

Similar to other professional insurances the Product Contamination, is underwritten on what is known as a '*claims made basis*'.

This means that the policy will only provide cover for claims or circumstances discovered and notified to the Insurer during the period of insurance.

The nature and type of insurance cover offered can vary from policy to policy and insurer to insurer therefore, it is important to ensure that you have the cover that is right for you.

If you have any questions about this type of insurance, would like to see a specimen of the full policy terms and conditions, or would like further advice about completing the Proposal or any other related matter, please contact your broker.

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Product Contamination Insurance

Proposer Details

1 a. Name of company and all subsidiary companies to be insured under this policy:

b. Company mailing address:

c. Web site:

d. Main contact name:

e. Main contact phone: Fax:
(Essential for response and pre incident)

f. Please provide a complete description of the business and operations of the Proposer and subsidiary companies

g. Product category:

☐ Nuts/snacks ☐ Fish Fruit & vegetables ☐ Soft drinks/beverages

☐ Dairy ☐ Meat/poultry ☐ Drinks alcohol ☐ Others (please specify)

h. Products to be insured under this coverage:

Product	% of total sales	Target market	% share of market

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2 **a. Please indicate estimated annual sales:**

b. Total number of plants/facilities:

c. Please provide the following:

Sales by country:	200	200	200
United Kingdom	_____	_____	_____
European Union	_____	_____	_____
USA/Canada	_____	_____	_____
Rest of world	_____	_____	_____

d. If any sales are registered in the European Community and Rest of World, please indicate in which states:

European Union:

Rest of World:

3 **a. List company's products sold as part of or under another company s label or brand name:**

b. What percentage of your products are a component part of other products? _____ %

4 **a. Please indicate any new products that have commenced production or have entered the public stream of commerce within the last 12 months:**

5 **What percentage of your products are manufactured by an outside vendor?** _____ %

6 **a. Has the applicant agreed to indemnify or hold harmless any suppliers of any goods or services (e.g. suppliers of raw materials or contract packers)?**

If yes, please provide details: ☐ YES ☐ NO

b. Has the applicant agreed to waive rights of recovery against other parties?

If yes, please provide details: ☐ YES ☐ NO

7 **a. Total number of company employees:**

b. List below any strikes, riots, work stoppages and/or plant closings in the last three (3) years:

8 **a. Has the company ever been a direct target of political, racial, environmental, or other extremist or special interest groups?**

If yes, please provide details: ☐ YES ☐ NO

b. Does the company use or pay for animal testing of products?

If yes, please provide details: ☐ YES ☐ NO

c. Does the company import/export with volatile countries or undertake other activities which might make it a target of extremist or special interest groups?

If yes, please provide details: ☐ YES ☐ NO

9 **Please provide the following information for the top 3 selling products:**

Product Name			
Product Type			
Is it a Finished Product?			
Product sold to food service industry?			
Is it an ingredient of another product?			
Shelf Life (weeks or months)			
Packaging Type (please specify			
Annual Turnover (£/$)			
Daily Production (£/$)			
Daily Production (Units)			
Plant Locations where product is produced			
Number of Production Lines at each location			
Country sold			
Largest Batch Size by Value (£/$)			

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Safety, HACCP & Quality

10 **a. Do you have a written, in-force Quality Assurance Plan?** ☐YES ☐NO
(Please attach a copy of the most recent plan)

b. Does it incorporate HACCP for all products? ☐YES ☐NO

Date HACCP last reviewed:
(Please attach copy of HACCP flow chart)

c. Does the plan incorporate all seven principles of HACCP? ☐YES ☐NO

d. When was the date of the last Governmental Food Safety Organisation inspection?
(Please attach copy of the inspection report, if available)

e. Do you work with known allergens? ☐YES ☐NO
If yes, provide details:

11 **a. Is there a Quality Assurance Department** ☐YES ☐NO
b. Who is responsible for overseeing and implementing HACCP procedures?

c. Is this person dedicated full time to such work? ☐YES ☐NO
If no , please indicate other responsibilities held by this person:

d. What are the qualifications of senior HACCP or Quality personnel?

12 **Are Food Safety Audits performed by an accredited third party?** ☐YES ☐NO
a. Please select which of the following:
British Retail Consortium Global Food Standard ☐YES ☐NO
International Food Standard ☐YES ☐NO
EFSIS ☐YES ☐NO
FPA - SAFE ☐YES ☐NO
b. How often are audits performed?
c. Is this carried out at all your sites ☐YES ☐NO
d. Give details of any major recommendations made that have not been implemented:

13 **Do you require your suppliers to abide by HACCP standards?** ☐YES ☐NO
a. If no, what other steps are taken:

b. What steps are taken to assess the quality and safety standards adhered to by your suppliers? (Supplier Audits, Application, questionnaire, references, health inspection reports, etc.)

c. Who (what position) decides whether a supplier is approved?

d. Do you have a formal supplier qualification process? ☐ YES ☐ NO

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

Product Test Type	Raw Materials	In-Line	End of Line
Microbiological			
X-ray			
Metal Detectors			
Physical			
Chemical			

15 a. Do you have an in-house testing laboratory? ☐ YES ☐ NO

b. If not, do you retain an outside testing laboratory? ☐ YES ☐ NO
If yes , please state:

Name of laboratory:

Where is it?

Is it open 24 hours?

Are they accredited to ISO EN 17025 ☐ YES ☐ NO

c. Is there a hold period before shipping? ☐ YES ☐ NO

d. Is there a positive release procedure? ☐ YES ☐ NO

e. Is there an incoming quarantine process ☐ YES ☐ NO

f. Are all certificates of product conformance from the suppliers received? ☐ YES ☐ NO

16 Are all your product labels inspected? ☐ YES ☐ NO
If yes , when and by whom:

17 Do you collect and monitor customer complaints? ☐ YES ☐ NO
How do your collect complaints?
☐ Internet site ☐ Free Phone ☐ Number Electronic (i.e. database)
Other

Recall Preparedness

18 **Has the company s products or any of its premises ever been the subject of comment or complaint by any governmental agency or department?** ☐YES ☐NO

If yes , please complete the following:

a. Which agency or department?

b. Date and nature of comment or complaint:

c. Outcome of such comment or complaint:

d. Date resolved:

19 **Claims history of the company**

a. Products recalled due to an accidental contamination and/or malicious tampering in the last ten (10) years:

Division & product

Reason for recall

Date of recall

Recall method utilised

Cost of recall

Were any contracts lost/discontinued as a result? ☐YES ☐NO

(Continue below if necessary)

20 **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 give details:

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21 **Does the company, its directors and officers, or any other person known to the Insured have knowledge or information regarding any specific fact which may reasonably give rise to a claim under the proposed policy?** ☐YES ☐NO

SIGNING THIS PROPOSAL DOES NOT BIND THE PROPOSER TO COMLETE THIS INSURANCE.

Declaration:
I declare that the statements and particulars in this proposal are true and that no material facts have been misstated or suppressed after enquiry. I agree that this proposal, together with any other information supplied shall form the basis of any contract of insurance effected thereon. I undertake to inform the Insurers of any material alteration to those facts occurring before completion of the contract of insurance.

A material fact is one which would influence the acceptance or assessment of the risk.

Signed _____

Title _____
(to be signed by Chairman/Chief Executive or equivalent)

Company _____

Date _____

Please enclose with this Proposal Form

Recall Manuals ☐

Crisis Management Plan ☐

HACCP Plan ☐

HACCP Flowchart ☐

Limits of Liability requested:

a Accidental Contamination _____

b Malicious Tampering _____

Self-Insurance Retention requested:

a Accidental Contamination _____

b Malicious Tampering _____

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