

Contaminated Products Insurance Proposal

Proposer Details

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

 (b) Company address _____

 (c) Web site: www. _____
 (d) Product Category
 Nuts / Snacks Fish Fruit & Vegetables
 Dairy Meat / Poultry
 Others (please specify) _____
 (e) Business Description _____
 (f) Retail Manufacture Wholesale
2. Limits of Liability requested
 - (a) Accidental Contamination
 Each Accidental Contamination / Each Policy Period £ _____
 - (b) Malicious Tampering
 Each Malicious Tampering / Each Policy Period £ _____
3. Deductible requested
 - (a) Accidental Contamination £ _____
 - (b) Malicious Tampering £ _____
4. (a) Please indicate estimated annual sales _____
 (b) Total number of Plant/Facilities _____
 (c) Please provide the following:

SALES BY COUNTRY	200_	200_	200_
United Kingdom			
European Union			
U.S.A. / Canada			

Rest of World			
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(d) If any Sales are registered in the European Union and Rest of World, please indicate in which states:

European Union: _____

Rest of World: _____

5. List Company's products sold as part of or under another company's label or brand name.

6. Please indicate any new products that have commenced production or have entered the public stream of commerce, within the last 12 months.

7. What percentage of your products are manufactured by outside vendor?

8. Please provide the following information for the **top 3 products**:

Product Name			
Product Type			
Is it a Finished Product?			
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 produced			
Number of Production Lines			
Country Sold			
Largest Batch Size or Value			
Average Batch Size or Value			

9. Does the Company agree to indemnify or hold harmless any suppliers of components or raw materials?
Yes No

If "yes", please provide details. _____

10. (a) Total number of company employees _____

(b) List below any strikes, riots, work-stoppages, plant closings in the last three (3) years

11. (a) Has the Company ever been a direct target of political, racial, environmental, or other extremist or special interest groups? Yes No

If "yes", please provide details _____

(b) Does the Company use or pay for animal testing of products? Yes No

If "yes", please provide details _____

(c) Does the Company import/export with volatile countries (e.g. Israel) or undertake other activities which might make it a target of extremist or special interest groups? Yes No

If "yes", please provide details _____

Safety, HACCP & Quality

12. (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 date of last Governmental Food Safety Organisation inspection?

(Please attach copy of the inspection report, if applicable.)

(e) Do you work with known allergens? Yes No

If "yes", please provide details _____

13. (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 provide details _____

(d) What are the qualifications of senior HACCP or Quality personnel? _____

14. Are Food Safety Audits performed by an accredited third party? Yes No

(a) Please select by which of the following?

- British Retail Consortium Global Food Standard Yes No
- International Food Standard Yes No
- EFSIS Yes No

(b) How often are the 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

15. 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? _____

16. 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			

17. (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 it is _____

Is it open 24 hours? Yes No

- 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 certificates of product conformance from the suppliers received? Yes No
- 18.** Are all your product labels inspected? Yes No
- If "yes", when and by whom _____
- _____
- _____

- 19.** Do you collect and monitor customer complaints? Yes No
- How do you collect complaints?
- Internet site Free Phone Number Electronic (i.e. database)
- Other

Recall Preparedness

- 20.** Do you currently have:
- (a) Recall Plans Yes No

When were they last updated? _____
 - (b) Are Recall simulations conducted? Yes No

When was the last simulation conducted? _____
 - (c) Crisis Plans Yes No

When were they last updated? _____
 - (d) Is a batch coding system utilized? Yes No

If "yes", please provide details (recorded by location, date, shift, etc.) _____

 - (e) Do you keep records of your shipments? Yes No
 - (f) Who can initiate a major product recall? _____
 - (g) Please list people, and position, who form part of the Recall Team _____
- _____
- _____
- _____

21. Estimate the costs for the following:

(a) Recall of leading brand _____

(b) Destruction costs of recalled products of leading brand _____

(c) Redistribution of products of leading brand _____

Loss Information

22. 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 _____

23. Claims history of the Company

(a) Products recalled due to an accidental contamination and/or malicious product 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 on separate sheet if necessary)

24. Does the Company know of any actual, threatened or suspected product tampering involving any of the company's products during the last twelve months

Yes No

If "yes", please give details _____

25. Does the company, its directors and officers or any other person known to the Insured have knowledge or information of any specific fact which may reasonably give rise to a claim under the proposed policy?
 Yes No

If "yes", please give details _____

26. Person to be contacted by Insurer approved Consultants for pre-incident services?

Additional Details: (compulsory)

Nationality: Indian Non – Indian

If Non-Indian, please specify Country:

Type of Organization

Corporations Governments Non Governmental Organizations Society
International Organization Trust Partnership Cooperatives
Section 25 Company

Other Information (Compulsory)

1. PAN CARD Number (10 Digit Number)

2. Sources of funds :

Salary Business Investments Other (Please Specify)

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

Declaration

I declare that the statements and particulars in this proposal are true and that no material facts have been mis-stated 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.

I/we hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been/will be paid out of proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act, 2002.

I understand that the Company has the right to call for documents to establish sources of funds.

The insurance company has right to cancel the insurance contract in case I am/ have been found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in India.

Signed

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

Company

Date

Please enclose with this Proposal Form

- The last Annual Reports and Accounts for the Company
- Recall Manuals
- Crisis Management Plan
- HACCP Plan
- HACCP flowchart