



PROPOSAL FORM

Contaminated Products Insurance Short Form

libertyinternational.com



Proposal form



Important Notice

The clauses herein are made pursuant to laws applicable in Hong Kong and Malaysia and pursuant to the Insurance Act 1966 of Singapore.

Before you enter into a contract of general insurance with an insurer, you have a duty to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of general insurance.

Your duty however does not require disclosure of matter:

- that diminishes the risk to be undertaken by the insurer;
- that is of common knowledge;
- that your insurer knows or, in the ordinary course of its business, ought to know;
- as to which compliance with your duty is waived by the insurer.

Non Disclosure

If you fail to comply with your Duty of Disclosure, the insurer may be entitled to reduce their liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.

Inadequate space to answer

If there is inadequate space to answer any of the questions or make any comment or you need to disclose something to us because of your Duty of Disclosure, please attach a separate piece of paper to this questionnaire giving full details of additional information.

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1. THE APPLICANT

- a. Name of applicant to be insured under this policy _____
- b. Nature of business _____
- c. Address of insured
 Street _____
 Suburb _____ State _____ Postcode _____
- d. List all subsidiary companies to be included under this policy

- e. Applicant's website _____
- f. No. of years in business _____
- g. What is the Limit of Liability required US\$ _____
- h. Actual turnover for the last 12 months US\$ _____
- i. Estimated turnover for the next 12 months US\$ _____
- j. Actual gross earnings for the last 12 months US\$ _____
 If turnover is greater than US\$100,000,000 an addendum may need to be completed prior to binding cover
- k. **Product(s)** **% of total turnover**
- | | |
|--|---|
| | % |
| | % |
| | % |
| | % |
- l. **Geographical distribution:**
- | Region | Product(s) | Turnover US\$ |
|-------------------------------|------------|---------------|
| North America, EU, ANZ, Japan | | \$ |
| Others | | \$ |
- m. Do any products to be covered under this policy include fish, seafood, meat, poultry, cheese, unpasteurised juices or milks, pharmaceuticals or restaurant risks? Yes No
- n. What percentage of products are: %
- | | | |
|--|---------------------|---|
| | Sold as ingredients | % |
| | Sold as stockfeed | % |
- o. Do you contract manufacture for other companies? Yes No
 If yes, value of product manufactured: US\$ _____
- p. Total number of plant/facilities: %
- | | | |
|--|-----------|--|
| | Asia | |
| | Elsewhere | |
- q. What is the maximum daily output for any plant/facility US\$ _____
- r. What is the maximum daily output for any one production line US\$ _____
- s. Has the applicant agreed to indemnify or hold harmless any suppliers of goods or services (e.g. supplier of raw materials/contract packers) or other parties? Yes No
- t. Does the applicant's food safety procedures incorporate a written hazard analysis and Critical Control Point (HACCP) program for all products? Yes No

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u. Has this HACCP program been certified by an independent third party in the last twelve months?	Yes	No
v. During the last HACCP audit, were there any critical non-conformances?	Yes	No
w. Are the applicant's product(s) HALAL certified?	Yes	No
x. Does the applicant, its directors, officers or any other person to the knowledge of the applicant have or in the past have had knowledge of any, threatened or suspected recalls, extortions, tamperings, contaminations, alleged contaminations, government recalls, intentionally impaired ingredients, kidnappings, wrongful detentions or hijackings involving any of the Applicant's products during the last five (5) years?	Yes	No

2. DECLARATION

(To be signed by a Partner, Principal or Director.)

I, the undersigned understand, declare and acknowledge that:

- I am to disclose in this form, fully and faithfully, all the facts that I know or ought to know, otherwise the Policy may not respond to any claim;
- I am, after enquiry, authorised by all person(s) or entities seeking insurance, to make this proposal;
- After enquiry, all information supplied in this proposal and any supporting documents attached to this proposal or supplied separately, is true and correct and that until a Contract of Insurance is entered into, I am obliged to inform Liberty of any changes to any information supplied or of any new information that is relevant;
- Liberty relies on the accuracy of the information and documentation supplied proposing for this insurance;
- If a Contract is entered into, all information and documentation supplied in proposing for this insurance shall be incorporated into and form part of such Contract of Insurance;
- I have read the Important Notices including the Privacy Notice which form part of this proposal;
- No insurance is in force until a Contract of Insurance is entered into, which is upon the Proposers acceptance of an offer by Liberty, if any.

Signature

Date

Name (please print)

Title

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Privacy Notice

Liberty means Liberty International Insurance Limited (UBI 03967394) (Liberty Hong Kong); Liberty Pte Limited (UEN 201538069C) (Liberty Singapore). Liberty is part of the Liberty Mutual Group headquartered in the United States.

We collect personal information to provide insurance products and services, manage claims and support related business operations. This may include information collected from insurance brokers, intermediaries, or directly from you. If you do not provide the personal information requested, we may be unable to offer the appropriate type or level of service.

If you provide Liberty with personal or sensitive information about other individual, you must ensure they are aware of this notice and have consented to the disclosure. If you have not done so, please inform Liberty before sharing their data.

Your personal information may be disclosed to Liberty's related entities, reinsurers, insurance intermediaries, loss adjusters, legal and professional advisors and other service providers. We may also store your information with third party cloud or electronic storage providers.

Some recipients may be located overseas in the United States, Canada, United Kingdom, European Union, India, China, Australia, Hong Kong, Singapore and Malaysia. Where reasonably necessary, your information may be transferred to countries without comparable data protection laws to deliver the services you request. By engaging with Liberty, you consent to these cross-border transfers unless you notify us otherwise in writing.

We are committed to protecting your privacy and ensuring transparency in how we use your personal information. As part of this commitment, we confirm Liberty does not currently use automated decision-making (**ADM**).

You may access or seek correction of your personal information, make a privacy complaint, or raise any queries by contacting Liberty's Privacy Officer: privacy.officer.ap@libertymutual.com. If you require a physical mailing address, please contact the Privacy Officer via email.

To view the relevant privacy policy for your jurisdiction, visit: [Australia Privacy Policy](#), [Hong Kong Privacy Policy](#), [Singapore Privacy Policy](#)