



PROPOSAL FORM

# Contaminated Products Insurance Short Form

[libertyinternational.com](http://libertyinternational.com)



# Proposal form



## Important Notice

The information requested and provided in this proposal will form the basis of any contract of insurance entered into. Please read the following notices carefully and ensure you (the Applicant) answer all questions in full and read and sign the Declaration at the end.

### **Your Duty of Disclosure – Hong Kong**

In completing this proposal form you are obliged to disclose material facts that you know, or could reasonably be expected to know, that are relevant to the insurer's assessment and acceptance of this proposal. If you are uncertain whether or not particular information is material, these facts should be disclosed.

### **Non Disclosure**

Should you fail to comply with your disclosure obligations the insurer may void the policy.

### **Your Duty of Disclosure – Singapore**

In accordance with section 23(5) of the Insurance Act 1966, as amended from time to time, you are to disclose in this proposal form, fully and faithfully, all the facts which you know or ought to know that are relevant to the policy.

### **Non Disclosure**

If you do not fully and faithfully give the facts as you know them or ought to know them, the policy issued may be void and you may receive nothing under the policy.

### **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.

# Proposal form



## 1. THE APPLICANT

- a. Name of Applicant to be insured under this policy \_\_\_\_\_
- b. Nature of business \_\_\_\_\_
- c. Address of Applicant  
 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, declare and acknowledge that:

- having made all necessary enquiries, I am authorised to submit this proposal on behalf of all persons or entities seeking insurance.
- having made all necessary enquiries, all information and supporting documents provided in, with or separately to this proposal are true and accurate, and I have not withheld any relevant information.
- this proposal and any accompanying documents will form the basis, or part of the basis, of the insurance contract.
- until an insurance contract is entered into, I will notify Liberty of any changes to the information provided or any new relevant information that arises.
- I understand Liberty relies on the accuracy of all information and documents submitted in connection with this insurance proposal.
- I have read and understood the Important Notices, including the Privacy Notice, which form part of this proposal.
- I understand no insurance cover is in force until a contract of insurance is entered into, which occurs upon my acceptance of any offer made by Liberty.

Signature

Date

Name (please print)

Title

# Proposal form



## 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 another 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](mailto: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: [Hong Kong Privacy Policy](#), [Singapore Privacy Policy](#)