



PROPOSAL FORM

Contaminated Products Insurance

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.

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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

List all subsidiary companies to be included under this policy

e. Applicant's website

f. No. of years in business

2. PARENT COMPANY

a. Parent company of Applicant

b. Address of parent company

3. LIMITS OF LIABILITY (LOL)

a. What is the limit of liability required US\$

4. FINANCIALS

a. Actual total turnover for the last 12 months US\$

b. Estimated turnover for the next 12 months US\$

c. Actual gross earnings for the last 12 months US\$

5. PRODUCT INFORMATION (Attach additional pages as needed)

a.	Product(s)	% of total turnover e.g. (retailer (R), wholesaler (W), manufacturer (M))
		%
		%
		%
		%
		%

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- b. What percentage (%) of products are:
- | | |
|-------------------------------------|---|
| 1. sold as ingredients? | % |
| 2. sold as stockfeed? | % |
| 3. sold to stockfeed manufacturers? | % |

- c. Does the Applicant contract manufacture, bottle or pack for any third parties? Yes No
- If yes, what is the %? %

d. **Geographics distribution:**

Region	Product(s)	Turnover (US\$)
North America, Europe, ANZ, Japan		\$
Asia excluding Japan		\$
Other		\$

Please list out the top three raw materials and ingredients:

e. Name of suppliers	Raw material and ingredients	Value (US\$)
		\$
		\$
		\$
		\$

- f. What percentage of your products are manufactured by outside contractors? %

- g. Total number of plants/facilities

If three or more plants, please attach a schedule with the following information:

Plant	Max daily output per plant in US\$	Max daily output any one product line in US\$
	\$	\$
	\$	\$
	\$	\$

- h. 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

6. PACKAGING/LABELLING

- a. Are labels routinely inspected for accuracy and content? Yes No
- b. Who reviews labels? Technical Legal Other
- c. How often are labels reviewed?
- d. Have you completed a detailed allergen risk analysis for all products and ingredients? Yes No
- e. Is a batch coding system utilised? Yes No

If yes, please provide details of coding (by date, shift line, operator etc):

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- f. Can all products be tracked so that the source and destination of individual batches can be identified? Yes No

If no, please provide details:

-
- g. Is tamper-evident or tamper-resistant packaging used? Please check all that apply

Blister packs Shrink wrapping Vacuum seals Other

Packaging description:

-
- h. Has the Applicant had strikes/riots/work stoppages/plant closings in the past three (3) years? Yes No

If yes, please describe:

-
- i. Has the Applicant been the subject of or been threatened with a wrongful termination legal action? Yes No

If yes, please describe below or attach details:

7. QUALITY ASSURANCE

- a. Does the Applicant and all of its divisions and subsidiary companies have in place a certified HACCP (Hazard Analysis and Critical Control Point) program for all products? Yes No

If yes, please describe:

-
- b. Date HACCP last reviewed?

- c. Are quality assurance audits performed by independent third party parties? Yes No

1. By who?

2. Date/frequency?

3. In relation to the latest audit performed where there any non conformances raised? Yes No

4. If yes, have all these been closed out by the auditor? Yes No

Please attach a copy of the latest third party audits for all manufacturing sites, HACCP verification table and HACCP audit table summarising CCP.

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- d. Does the Applicant and all of its divisions and subsidiary companies have a technical department whose role includes food safety? Yes No

If no, please list:

-
- e. Who is responsible for overseeing and implementing food safety procedures and what are the qualifications for senior food safety personnel?

-
- f. How do you collate and monitor customer complaints?

-
- g. Have the products of the Applicant's divisions or subsidiary companies or any of their premises been the subject of comment or complaint by any food regulation to food safety issues? Yes No

If yes:

1. Name the agency or department
2. Date and nature of comment or complaint
3. Outcome of such comment or complaint
4. Date resolved
5. Please attach copy of report or similar

-
- h. Do all the products which are subject to this proposal confirm in all respects with the requirements of law or regulation? Yes No

-
- i. Does the insured and all of its divisions and subsidiary companies require its supplier(s) of raw material and contract manufacturers and packers to abide by HACCP standards? Yes No

-
- j. What steps do you take to assess the quality standards adhered to by raw material suppliers, contract manufacturers and/or packers? (e.g. copy of HACCP certification, site visits, testing, COAs)

-
- k. Are you an importer of goods? Yes No

If yes, what steps do you take to ensure the quality of the product produced by the overseas manufacturers?

8. PRODUCT TESTING

- a. Do you test raw material? Yes No

If so, state methods used: Micro-biological testing Allergen X Ray Metal detection Other

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- b. Is there an incoming quarantine process? Yes No

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c. Is there product testing utilised for all products? Yes No

If no, please explain:

d. Please describe the testing procedures utilised (e.g. micro, x-ray, metal detectors)

If so, which methods are used:

Micro-biological testing Chemical testing X Ray Metal detection Other

e. At what point in the manufacturing process is testing performed? In line End product Other

f. How often is product testing carried out? Each batch etc?

g. Is there a hold period before shipping? Yes No

h. Describe your testing laboratory relationship In-house lab External lab

9. RECALL PREPAREDNESS

a. Does the Applicant have an in-force recall plan? Yes No

If yes, please describe:

b. Are mock recalls conducted? Yes No

If yes, date of last mock recall

c. Does the Applicant have an in-force crisis management plan? Yes No

If yes, please describe:

d. Estimate the cost to recall your leading brand

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10. INCIDENT HISTORY

- a. Has the Applicant or any of its divisions or subsidiary companies had any actual, threatened or suspected incidents or extortions, tampering, alleged contaminations, government recalls and/or contaminations? Yes No

If yes please provide details:

Division/subsidiary	Reason for recall	Date of loss	Total cost of incident	Corrective action taken
			\$	
			\$	
			\$	
			\$	

- b. Were any contracts lost/discontinued as a result? Yes No

- c. Does the Applicant, its directors, officers or any other person to the knowledge of the Applicant have knowledge of any actual, threatened or suspected malicious product tamperings, product extortions, alleged contaminations involving any of the Applicant's products during the last 24 months? Yes No

If yes, please provide details:

- d. Does the Applicant, its directors, officers or any other person to the knowledge of the Applicant have knowledge of or information about any fact or circumstance which may reasonably give rise to a claim under the proposed policy? Yes No

If yes, please provide details:

- e. Has any insurer:
1. declined to insure the Applicant in respect of any coverage(s) proposed for herein? Yes No
 2. cancelled or refused to renew the Applicant's insurance? Yes No
 3. imposed special terms to insure the Applicant? Yes No

If yes to any of the above, please provide details including name of insurer:

- f. The answers you have provided to the above questions usually provide sufficient information for a proper consideration of your application, however, if there are any matters which are material to the risk to which this application relates, you must disclose those fact to us in the space provided below:

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11. 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

Privacy Notice

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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.

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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**).

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