



PROPOSAL FORM

# Contaminated Products Insurance

[libertyinternational.com](http://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

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:

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## 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?

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## 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

- 
- 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:

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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

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

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

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

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

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## 9. RECALL PREPAREDNESS

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

If yes, please describe:

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b. Are mock recalls conducted? Yes No

If yes, date of last mock recall

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

If yes, please describe:

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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 applicants 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 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

### Privacy Notice

Liberty (**Liberty**) is Liberty means Liberty Mutual Insurance Company, Australia Branch (ABN 61 086 083 605) incorporated in Massachusetts, USA (the liability of members is limited) (Liberty Australia); 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.

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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.

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