



PROPOSAL FORM

# Contaminated Products Insurance

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



# Proposal form



## Important Notice

### Your Duty of Disclosure

Before you enter into a contract of general insurance with an insurer, you have a duty, under the Insurance Contracts Act 1984 (Cth), 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.

# Proposal form



## 1. THE APPLICANT

Name of applicant to be insured under this policy

Applicant's mailing address

Street

Suburb

State

Postcode

ABN

Applicant's website

Year the applicant started operations

## 2. FINANCIALS

Actual turnover for the last 12 months

AU \$

Estimated turnover for the next 12 months

AU \$

## 3. PRODUCT OVERVIEW (attach additional pages as needed)

Details of products to be included under this policy:

Product(s)	% of total sales	Your involvement (retail, wholesaler, manufacturer)

If you sell to retailers, how many stores do you sell to?

Woolworths

Coles

Aldi

IGA

Other

Are any ingredients or finished products imported?

Yes

No

If yes, please advise below:

Country	Good/use of goods	Value A\$
		\$
		\$
		\$

What percentage of products are:

UHT (ultra heat treated)

% Sold as ingredients

% Sold as stockfeed

%

Do you contract manufacture for other companies?

Yes

No

If yes, what is the value of the product manufactured:

A\$

Total number of plant/facilities:

in Australia or NZ

in USA

Elsewhere

What is the client's maximum batch size:

A\$

# Proposal form



What is the maximum daily output for any one production line:	AU \$		
Has the applicant agreed to indemnify or hold harmless any suppliers or goods or services (e.g. supplier of raw materials/contract packers) or other parties?		Yes	No
Does the applicant's food safety procedures incorporate a written Hazard Analysis and Critical Control Point (HACCP) program for all products?		Yes	No
Has this HACCP program been certified by an independent third party in the last twelve months?		Yes	No
Do any of the applicant's products make an 'allergen free declaration'?		Yes	No
Does the applicant have a vendor quality assurance plan in place that includes allergen management expectations?		Yes	No
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
Have any of the applicant's product been subject to a product withdrawal or recall in the last five (5) years?		Yes	No

## 4. DECLARATION

I declare that I have made all necessary enquiries into the accuracy of the responses given in this proposal form and confirm that the statements and particulars in this Proposal Form are true and complete and that no material facts have been omitted, misstated or suppressed. I acknowledge receipt of the Important Notices and confirm that I have read and understood them. I confirm that I am authorised by the Applicant to complete, sign, and submit this proposal form on behalf of the Applicant.

Signature

Date

Name (please print)

Title

# Proposal form



## Privacy Notice

Liberty Mutual Insurance Company, Australia Branch (ABN 61 086 083 605) incorporated in Massachusetts, USA (the liability of members is limited) (**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](mailto:privacy.officer.ap@libertymutual.com) If you require a physical mailing address, please contact the Privacy Officer via email.

For more information, and to view the relevant privacy policy for your jurisdiction, visit: [Australia Privacy Policy](#).