



**Contaminated
Products
Insurance**

PROPOSAL FORM

libertyspecialtymarketsap.com



Liberty
Specialty Markets

Important Notice

The clauses herein are made pursuant to laws applicable in Hong Kong and Malaysia and is a statement pursuant to Section 25(5) of the Insurance Act (Cap. 142) or any amendments thereof, as applicable under the laws 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. The insurer may keep any premium that you have paid for this contract of insurance.

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.

1. THE APPLICANT

a) Name of Applicant to be insured under this policy

b) Nature of business

c) Applicant's mailing address

d) 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 USD

4. FINANCIALS

a) Actual total turnover for the last 12 months USD

b) Estimated turnover for the next 12 months USD

c) Actual gross earnings for the last 12 months USD

5. PRODUCT INFORMATION (Attach additional pages as needed)

a) **Product(s)**

**% of Total turnover e.g. (retailer (R),
wholesaler (W)/manufacturer (M))**

- b) What percentage (%) of products are:
- i sold as ingredients? %
 - ii sold as stockfeed? %
 - iii 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 (USD)
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 (USD)

- 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 USD	Max daily output any one product line in USD

- 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
Details of coding (ex. – by date, shift line, operator):

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 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

i By whom? _____

ii Date/Frequency? _____

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

iv If so 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 & HACCP audit table summarising CCP.

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:

- i Which agency or department _____
- ii Date and nature of comment or complaint _____
- iii Outcome of such comment or complaint _____
- iv Date resolved _____
- v 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) If you are an importer of goods 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, methods used Micro-biological testing Allergen X Ray Metal Detection Other

b) Is there an incoming quarantine process? Yes No

c) Is there Product Testing utilized for all products? Yes No
 If No, please explain

d) Please describe the testing procedures utilized (e.g. micro, x-ray, metal detectors)
 If so, methods 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

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 twenty four (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:
- i declined to insure the Applicant in respect of any coverage(s) proposed for herein? Yes No
 - ii cancelled or refused to renew the Applicant's insurance? Yes No
 - iii 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

11. DECLARATION

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

I, the undersigned understand, declare and acknowledge:

- that I understand that I am to disclose in this form, fully and faithfully, all the facts that I know or ought to know, otherwise the Policy issued hereunder may be void and I may receive nothing from the Policy;
- that I am, after enquiry, authorised by all person(s) or entities seeking insurance, to make this proposal;
- that 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 Specialty Markets of any changes to any information supplied or of any new information that is relevant;
- that I understand Liberty Specialty Markets relies on the accuracy of the information and documentation supplied proposing for this insurance;
- that 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;
- that I have read and understood the Important Notices including the Privacy Notice which form part of this proposal;
- that I understand that no insurance is in force until a Contract of Insurance is entered into, which is upon the Proposers acceptance of an offer by Liberty Specialty Markets, if any.

Signature

Date

Name (please print)

Title

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Liberty's contact information relevant to your location is set out below.

Hong Kong

Liberty Hong Kong's contact details are:

Address: Suites 2401-4 24/F, 1111 King's Road Tai Koo Shing, Hong Kong
Phone: +852 3655 2600

Liberty is bound by the Personal Data (Privacy) Ordinance (Cap. 486) and its associated Data Protection Principles when it collects and handles your personal data.

Singapore

Liberty Singapore's contact details are:

Address: One Raffles Quay, #40-01 North Tower, Singapore 048583
Phone: +65 6622 9160

Liberty is bound by the Personal Data Protection Act 2012 when it collects and handles your personal data.

Malaysia

Liberty Labuan's contact details are:

Address: 9-7, Wisma UOA Damansara II, No. 6, Jalan Changkat Semantan, Damansara Heights 50490 Kuala Lumpur, Malaysia

Phone: +60 3 2082 4000

Liberty is bound by the Personal Data Protection Act 2010 and its associated Personal Data Protection Principles when it collects and handles your personal data.

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Hong Kong

Butiran hubungan Liberty Hong Kong adalah seperti berikut:

Alamat: Suites 2401-4 24/F, 1111 King's Road Tai Koo Shing, Hong Kong
Telefon: +852 3655 2600

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Butiran hubungan Liberty Singapore adalah seperti berikut:

Alamat: One Raffles Quay, #40-01 North Tower, Singapore 048583
Telefon: +65 6622 9160

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Malaysia

Butiran hubungan Liberty Labuan adalah seperti berikut:

Alamat: 9-7, Wisma UOA Damansara II, No. 6, Jalan Changkat Semantan, Damansara Heights 50490 Kuala Lumpur, Malaysia

Telefon: +60 3 2082 4000

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