



Product Recall Proposal

IMPORTANT NOTICES

Your Duty Of Disclosure

This Policy is subject to the Insurance Contracts Act 1984. Under that Act you have a duty of disclosure. Before you take out insurance with us, you have a duty to tell us of everything that you know, or could reasonably be expected to know, that is relevant to our decision to insure you and to the terms of that insurance. If you are not sure whether something is relevant you should inform us anyway.

You have the same duty to inform us of those matters before you renew, extend, vary, or reinstate your contract of insurance.

Your duty however does not require disclosure of matters that:

- Reduce the risk
- Are common knowledge
- We know or, in the ordinary course of our business, ought to know
- We have indicated we do not want to know

If you do not comply with your duty of disclosure, we may be entitled to:

- Reduce our liability for any claim
- Cancel the contract
- Refuse to pay the claim
- Avoid the contract from its beginning, if your non-disclosure was fraudulent

Don't Prevent Our Right of Recovery

This policy contains a provision which states that if you surrender your right to seek recovery from another party for a loss covered by the policy, we have a right to reject any claim from you in relation to that loss.

We Are An Agent

Sterling Insurance Pty Limited (Sterling) is an authorised agent for the underwriters (i.e. insurers), for the purpose of entering into contracts of insurance with intending insured parties and for the dealing with and settling of claims thereunder. At no time do we act in the capacity of agent for the insured or intending insured parties, in either capacity or any other capacity.

Insufficient Space in this Proposal Form

If there is insufficient space in this proposal form for you to fully answer any questions or provide the requested information, please attach a page with the additional information.

Reasonable Care

You must take reasonable precautions to prevent injury and/or damage to third party property, prevent the manufacture and/or sale and/or supply of defective products, comply with all statutory obligations, by-laws or regulations imposed by any public authority for the safety of persons or property. The same requirement applies to all your workers, servants and agents.

Privacy Notice

We are bound by the Privacy Act and its associated National Privacy Principles when we collect and handle your personal information.

We collect personal information in order to provide our services and products. We also pass it to third parties involved in this process such as our reinsurers, agents, loss adjusters and other service providers.

You can seek access to and if necessary, correct your personal information by contacting our Privacy Officer.

When you give us personal or sensitive information about other individuals, we rely on you to have made or make them aware that you will or may provide their information to us, the purposes we use it for, the types of third parties that we disclose it to and how they can access it. If it is sensitive information we rely on you to have obtained their consent on these matters. If you have not done either of these things, you must tell us before you provide the relevant information.

Sydney

Brisbane

Perth

Sterling Insurance Pty Limited

Ph: 02 9950 4000
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PO Box 286, Nth Sydney NSW 2059

IMPORTANT NOTICES (continued)

Claims Made Notice

The Product Recall policy is a 'claims made' cover. This means that the policy covers you for claims first made against you during the period of insurance and notified to the underwriter during such period of insurance.

This extension does not provide cover in relation to:

- Events which occurred prior to the period of insurance or such earlier retroactive date as may be stipulated in the schedule;
- Claims made against you after the expiry of the period of insurance even though the event giving rise to the claim may have occurred during the period of insurance;
- Claims where the possibility of the claim was intimated in any way prior to the commencement of the period of insurance;
- Claims arising from or attributable to any facts, circumstances or occurrences noted on the proposal for the current period of insurance or on any previous proposal or of which notice had been given under any previous policy;
- Claims arising from or attributable to any facts, circumstances or occurrences of which you were aware and knew (or ought reasonably to have realised) prior to the commencement of the period of insurance may give rise to a claim.

As explained above, the policy, by its terms, does not provide cover for claims made after the expiry of the period of insurance provided by the policy.

Section 40(3) of the Insurance Contracts Act 1984 however provides that an underwriter is not relieved from liability under a contract of insurance in respect of a claim by reason only that the claim was made after the expiry of the period of insurance cover provided by the contract where the insured has given notice in writing to the underwriter:

of the facts that might give rise to a claim against the insured;

as soon as was reasonably practicable after the insured became aware of those facts, and before the expiry of the period of insurance.

It is therefore important that you advise us of any circumstances that could result in a claim during the period of insurance to protect your position in case the circumstances develop into a claim after the expiry of the period of insurance.

Completing This Form

This Proposal must be completed in ink by a Partner or Director of the Firm in conjunction with the Insured's Quality Assurance / Control Manager. All questions must be answered to enable a quotation to be given. The completion and signature of this Proposal does not bind the Insured or Underwriters to complete a contract of insurance. If there is insufficient space in this Proposal for you to fully answer or provide the requested information, please attach a page with the additional information.

APPLICANT INFORMATION

1) Please provide full trading names of all entities to be insured under this arrangement (You / Your):	
Entity Name(s):	Date Established:

2) Please provide website address: www.

3) Please provide all addresses:

OPERATIONS

4) Please tick applicable boxes:

Raw Goods	<input type="checkbox"/>	Packer	<input type="checkbox"/>	Retailer	<input type="checkbox"/>
Manufacturer	<input type="checkbox"/>	Wholesaler	<input type="checkbox"/>	Restaurant	<input type="checkbox"/>

If **Your** products falls under the categories of Packer, Wholesaler, Retailer or Restaurant, please complete the supplementary questionnaire as applicable.

5) Description of operations:

6) For the purpose of this application, please specify the currency to be used throughout:	
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7) Please list Your products and the approximate percentage of the products annual turnover:			
	%		%
	%		%
	%		%

8) Please provide details of:		
Geographic distribution by country	Manufacture (as % of total sales)	Sales (as % of total sales)

9) Please provide full details of all operations to be covered:	
Estimated annual turnover prior year	
Projected annual turnover next year	
Number of manufacturing premises	
Number of storage & distribution facilities	
Number of overseas premises	
Please list overseas premises	
Number of employees	
Finished product or component part?	
If component, please specify the finished product	
Production location where product is produced	
No. of production lines	

10) With regard to all Your products please state the following:	
Largest traceable batch size or value	
Average traceable batch size or value	
Largest estimated recall cost	

SUPPLIERS

11) Are there hold harmless agreements with suppliers of components or raw materials? If YES, please attach a copy of hold harmless agreement.	YES	NO
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12) What percentage of Your manufacturing is contracted to Third Parties?	%
Please specify : the number of suppliers, length of relationship, whether the suppliers are overseas, how you decide if a supplier is approved by You , whether suppliers have Quality Assurance Standards monitored by You :	

13) Do You ensure that any products supplied to You have adequate and effective Quality Control procedures in place?	YES	NO
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14) Do You test products supplied to You ?	YES	NO
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PACKAGING / LABELLING

15) Description of packaging:		

16) Is tamper-evident or tamper-resistant packaging used? If YES, please specify:	YES	NO

17) Is there a review process for labels?	YES	NO
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18) How often are labels reviewed?	
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19) Does the packaging of Your product comply with regulatory guidelines in respect of labelling? If NO, please provide details of why it does not:	YES	NO

PRODUCT TESTING

20) With regards to Your product testing, please tick the applicable boxes below:			
Product Test Type	Raw Materials	During Production	Post Production
Micro-biological			
X-ray			
Metal Detectors			
Physical			
Chemical			

21) With regards to Laboratory testing do you use an:

In-house laboratory		External laboratory	
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22) If an external laboratory is used please provide their name and address:

23) Is there a hold period before shipping?	YES	NO
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24) Is there an incoming quarantine process?	YES	NO
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QUALITY ASSURANCE

25) Do You have a Certified Quality Management System (QMS)? If YES, please specify certification; if NO, please specify the type of QMS you operate.	YES	NO

26) Does Your QMS use HACCP for all products?	YES	NO
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27) How is Your QMS monitored, please tick applicable:

Internal Audit Programme	<input type="checkbox"/>	Reports to Management	<input type="checkbox"/>	Third Part Audit	<input type="checkbox"/>
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Other - please specify:	
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28) How often are Food Safety audits performed?	
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29) Are Food Safety audits carried out at all of Your sites?	YES	NO
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30) Have You implemented all major recommendations from such audits? If NO, please give details:	YES	NO

31) Do You use a batch coding system? If YES, provide details of the type of system used and whether the system has traceability:	YES	NO

32) Who is responsible for implementing and overseeing QA procedures and what are their qualifications?

33) Please provide a contact to discuss Your QMS and customer complaint monitoring systems:	
Name:	
Phone number:	

34) Do You have a current recall plan and when was it last tested?

INSURANCE INFORMATION

35) Please provide details of Your current insurance arrangements below:	
Current Insurer	
Current Broker	
Policy Renewal Date	
Limit of Indemnity	
Excess	
Premium	

36) Please select what Limit of Liability You require quotations for, tick applicable:			
1,000,000	<input type="checkbox"/>	5,000,000	<input type="checkbox"/>
3,000,000	<input type="checkbox"/>	10,000,000	<input type="checkbox"/>
Other:	<input type="text"/>		
Required Self Insured Retention:	<input type="text"/>		

37) Are You aware of any of the following?		
Any fact which might lead to a claim in respect of any of the risks to which this proposal for insurance relates?	YES	NO
If Your product(s) or any of Your premises ever been the subject of a review or Complaint by any Government entity?	YES	NO
Any of Your product(s) being recalled, withdrawn or contaminated in the last 5 years? If YES, complete Appendix 1.	YES	NO
If the company had any strikes, riots, plant closures or been the recipient of any political, racial or terrorist attacks?	YES	NO
If any application for similar insurance made on Your behalf or on behalf of any of the present or past partners, directors or principals, or predecessors in business, ever been declined, renewal refused, or cancelled?	YES	NO

38) If the answer to any of the above questions is YES, please provide full details below:

Please include copies of the following:

Crisis Management Plan	<input type="checkbox"/>
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Hold Harmless Agreement	<input type="checkbox"/>
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HACCP Plan	<input type="checkbox"/>
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Recall Manual	<input type="checkbox"/>
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Recall Appendix 1

Complete this supplementary questionnaire if **You** have had a product recall, withdrawal or contamination event in the last 5 years.

1) Date of the event:	
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2) Please specify which (if any) class of recall these events were classified as:

Class 1		Class 2		Class 3	
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3) What products were affected?

4) What was the cause of the event?

5) Which product lines were affected and what was the cost involved?

6) What preventative measures were put into affect as a result of the event?

DECLARATION

I/We

a) declare that:

- i) I/we have read and understood the clauses detailed under the Important Notices section at the front of this Proposal;
- ii) the answers and information given by me/us in this Proposal are true and correct in all respects;
- iii) no information has been withheld that would affect the underwriter's decision to accept this Proposal;
- iv) where answers in this Proposal are not in my/our own handwriting, they have been checked by me/us and I/we agree they are correct;

b) authorise the Underwriters to give to, or obtain from other insurers or an insurance or credit reference bureau, any information relating to these insurance covers, and any other insurances held by me/us and claims under those insurances.

c) understand that, if this Proposal is accepted, my/our insurance cover will be subject to the terms and conditions set out in the Policy.

d) acknowledge that the underwriters & their agents reserve the right to decline this Proposal.

Signature of Principal:	
Name of Principal signing this form:	
Date:	