



# Application Form

## First Party Product Recall Insurance

Please carefully read the IMPORTANT NOTICES section at the end of the Application. If there is insufficient space, please provide details on a separate page.

- 1. Name of Applicant to be Insured under this policy:
- 2. ABN Number:
- 3. Applicant's Mailing Address:

How many years has the Applicant been in business?

- 4. Actual Turnover for the last 12 months:  \$
- Estimated Turnover for the next 12 months:  \$

- 5. Are products exported out of country of domicile? Yes  No

If Yes, please complete the following:

Country	Sales (\$)
USA & Canada	<input type="text"/>
Other:	<input type="text"/>
Other:	<input type="text"/>

- 6. Are any products imported? If yes please advise  Yes  No

**If any products are imported from China we will require an Addendum to be completed prior to quotation.**

- 7. Products to be included under this coverage:
- | Product              | % of total sales     | Your Involvement (retailer, wholesaler, manufacturer) |
|----------------------|----------------------|-------------------------------------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/>                                  |
| <input type="text"/> | <input type="text"/> | <input type="text"/>                                  |
| <input type="text"/> | <input type="text"/> | <input type="text"/>                                  |

- 8. What % of products are sold as components?:

- 9. Are any of the Applicant's products sold as part of or under another company's label or brand name? Yes  No

If yes, please describe:

- 10. Please list any new products that have commenced production or have entered the public stream of commerce within the last 12 months:

- 11. For non-manufacturing risks, estimated number of suppliers:

- 12. Average length of contractual relationship with key suppliers:

- 13. What percentage of your products are manufactured by an outside vendor?

- 14. Applicants Total Employees: Domestic  Foreign

- 15. Estimated Annual Payroll:  \$

- 16. Does the Applicant engage or intend to engage the services of contractors, sub-contractors or labour hire companies? Yes  No

If yes: What is the number of contractors, sub contractors or labour hire employees per annum?

What is the maximum number of contractors on site at any one time?

Details of the type of work undertaken by labour hire employees:

Annual value of: Labour Hire:  \$ Sub-contractors  \$

Minimum insurance requirements of contractors?  
How are insurance requirements of contractors validated?

  


17. Have you had any strikes/riots/work stoppages/plant closings in the last three years? Yes  No
18. Have you had any wrongful terminations lawsuits filed or threatened in the last three years? Yes  No
19. Do products require external power source to operate? Yes  No
20. Do products require special storage facilities? Yes  No
21. Do products require installation? Yes  No
- If Yes, what is the average cost of installation per product? \$
22. Do products require assembly after delivery? Yes  No
23. Has the Applicant ever been a target of political, racial, environmental, extremist or special interest groups? Yes  No
24. Does the Applicant use or pay for animal testing of products, import/export with volatile countries or undertake other activities which might make it a target of extremist or special interest groups? Yes  No
25. Has the Applicant agreed to:
- (a) indemnify or hold harmless any suppliers of any goods or services (e.g. supplier of raw material or other parties). Yes  No
- (b) waive rights of recovery against other parties? Yes  No
- (c) provide liability insurance cover to other parties? Yes  No

26. List all property in the care, custody or control of the Applicant, that is not owned by the Applicant with aggregate values in excess of \$50,000:

Description	Maximum Value	How Insured
<input type="text"/>	<input type="text"/>	<input type="text"/>

27. Does the Applicant manufacture, handle, use or store hazardous or inflammable material or liquids, including explosives? Yes  No
28. What registration standards (if any) do all products meet:  
 ISO 9000 (1994)  ISO 9000 (2000)  Others:
29. Do all of the products which are the subject of this proposal conform in all respects with the requirements of applicable laws or regulations, including applicable industry guidelines? Yes  No
30. Has the Applicant a written, in-force Quality Assurance Plan? Yes  No
31. Is there a Quality Control Department? Yes  No
32. Who is responsible for overseeing and implementing QA procedures?
33. Are suppliers quality standard monitored? Yes  No
34. Do you require your suppliers to abide by specified standards? Yes  No
35. What steps are taken to assess the quality standard adhered to by your suppliers?
36. How do you collect and monitor customer complaints?
- (a) Are Quality Assurance audits performed in-house or by an independent third party?
- (b) How often are these audits performed?
37. Is product testing utilized? Yes  No
- If Yes:
- (a) At what point in the manufacturing process is testing performed:  
 in line  end product  raw materials  other
- (b) Do you have an in house testing laboratory? Yes  No



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**Head Office**  
**Sydney**

Level 19, 2 Park Street Sydney NSW 2000 Australia  
GPO Box 9933 Sydney NSW 2001 Australia

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**Brisbane**  
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- If not, do you retain an outside testing laboratory? Yes  No
- (c) Are labels inspected Yes  No   
If yes, when and whom?
- (d) Do warning labels meet applicable industry standards? Yes  No
- (e) Do you have a written, in force Recall Plan? Yes  No
- (f) Do you have a written, in force Crisis Management Plan? Yes  No
- (g) Is a batch coding system utilized? Yes  No
- (h) Has new bar/batch coding equipment been installed within the last 5 years? Yes  No
- (i) Is bar, batch coding serviced annually? Yes  No
- (j) Who can initiate a major product recall?

38. Have any of the Applicant's products or any of its premises ever been the subject of review, comment or complaint by any governmental agency or department? Yes  No
39. Does the Applicant, its directors and officers or any other person known to the Applicant have knowledge of any, or had any, actual, threatened or suspected Recalls, Malicious Product Tamperings or Defects involving any of the Applicants products? Yes  No
40. Does the Applicant, its directors and officers or any senior managers/employees have knowledge or information of any fact or circumstance which may reasonably give rise to a claim under the proposed policy? Yes  No
41. Has the Applicant incurred any liability losses in excess of \$2,000 whether insured or not during the past five years? Yes  No
42. Are there any claims currently pending against the Applicant, or is the Applicant aware of any circumstances which could give rise to a claim under the proposed insurance? Yes  No
43. Has any Insurer:
- (a) declined to insure the Applicant in respect of any of the coverage's proposed for herein? Yes  No
- (b) cancelled or refused to renew the Applicant's insurance? Yes  No
- (c) imposed special terms to insure the Applicant? Yes  No

44. The answers you have provided to the above questions will 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 should disclose those facts to us in the space provided below.


## Declaration

I declare that I have made all necessary inquiries into the accuracy of the responses given in this Application and confirm that the statements and particulars given in this Application are true and complete and that no material facts have been omitted, misstated or suppressed. I agree that should any of the information given alter between the date of this Application and the inception date of the insurance to which this Application relates, I will give immediate notice thereof to the Insurer.

I consent to AIG collecting, using and disclosing personal information as set out in AIG's privacy notice in the policy. If I have provided or will provide information to AIG about any other individuals, I confirm that I am authorised to disclose the other individual's personal information to AIG and also to give the above consent on both my and their behalf.



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I acknowledge receipt of the Important Notices contained in this Application and confirm that I have read and understood the content of this notice. I confirm that I am authorised by the Applicant to complete, sign and submit this Application on its behalf.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Title: \_\_\_\_\_ Date: \_\_\_\_\_

Insurance products and services are provided by AIG Australia Insurance Limited, ABN 93 004 727 753, AFSL 381686

### **Important Notices**

This policy does not apply to any loss, claim or circumstance arising out of, based upon all attributable to or involving any matter: (i) which an Insured had actual or constructive knowledge of prior to the policy inception date; (ii) occurs after an Insured has knowledge of an Insured Event or deviation in the production, preparation or manufacturing of Insured Products, or circumstances which have or are likely to result in such deviation or Insured Event, and the Insured fails to take reasonable corrective action; (iii) an Insured could have reasonably expected to produce a loss under this policy.

**Your Duty of Disclosure:** Before you enter into an insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure you and on what terms.

You have this duty until we agree to insure you.

You have the same duty before you renew, extend, vary or reinstate an insurance contract.

You do not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

### **If you do not tell us something**

If you do not tell us anything you are required to, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

**Rights of Subrogation:** Where the contract of insurance includes a provision which excludes or limits the Insurer's liability in respect of any loss because you are a party to an agreement which excludes or limits your rights to recover damages from a third party in respect of that loss, you are hereby notified that signing any such agreement may place your indemnity under the proposed contract at risk.

**Dispute Resolution:** We are committed to handling any complaints about our products or services efficiently and fairly. If

you have a complaint: 1) Contact your insurance intermediary and they may raise it with us.

If your complaint is not satisfactorily resolved you may request that the matter be reviewed by management by writing to:

The Compliance Manager  
AIG Australia Limited  
Level 12, 717 Bourke Street,  
Docklands, VICTORIA 3008

If you are still unhappy, you may request that the matter be reviewed by our Internal Dispute Resolution Committee ("Committee"). We will respond to you with the Committee's findings within 15 working days.

If you are not satisfied with the finding of the Committee, you may be able to take your matter to an independent dispute resolution body, Financial Ombudsman Services Limited (FOS). This external dispute resolution body can make decisions of which AIG are obliged to comply.

Contact details are:

Financial Ombudsman Services Limited  
Phone:  
1800 780 808 (local call fee applies) Email:  
info@fos.org.au  
Internet: <http://www.fos.org.au>  
GPO Box 3, Melbourne, VIC 3001

**Consent Acknowledgment:** By providing your personal information to enable completion of the Application of insurance (including any associated form) and paying the premium, you consent to the use of your personal information stated in the privacy statement above.

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