



Crisis Management Proposal – Contaminated Products

Note to the Proposer

Please note that this proposal form is being completed on behalf of all insured's.

Signing or completing this proposal does not bind the Proposer, or any individual or entity he or she is representing, to complete this insurance.

Please answer all questions. If any of the questions are not applicable, please state "N/A".

Please provide by addendum any supplementary information which is material to the questions herein.

Proposer Details

Name of Company and all subsidiary companies to be insured under this policy:

Address of Company line one

Address of Company line two

City and postcode

Website

Product category

Nut/Snack

Fish

Fruit and vegetables

Dairy

Meat/Poultry

Others

If 'Others' please specify

Business description

Retail

Manufacture

Wholesale

Limits of liability requested

Accidental contamination

Each policy period

Each accidental contamination

£

Limits of liability requested

Malicious tampering

Each policy period

Each malicious tampering

£

Deductible requested

Accidental contamination

£

Each malicious tampering

£

Please indicate estimated annual sales

£

Total number of plant/facilities

Please provide:

SALES BY COUNTRY

United Kingdom

European Union

U.S.A./Canada

Rest of World

20..	20..	20..

If any Sales are registered in the European Union and Rest of World, please indicate in which states

European Union

Rest of world

List Company's products sold as part of or under another company's label or brand name

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Please indicate any new products that have commenced production or have entered the public stream of commerce, within the last 12 months

--

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

	%
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Please provide the following information for the **top 3 products**:

	Product 1	Product 2	Product 3
Product Name			
Product Type			
Is it a Finished Product?			
Is it an Ingredient of another Product?			
Shelf Life (weeks or months)			
Packaging Type (please specify)			
Annual Turnover (£)			
Daily Production (£)			
Daily Production (Units)			
Plant Locations where product produced			
Number of Production Lines			
Country Sold			
Largest Batch Size or Value			
Average Batch Size of Value			

Does the Company agree to indemnify or hold harmless any suppliers of components or raw materials?

Yes

No

If 'Yes', please provide details

--

Total number of company employees

--

Please list any strikes, riots, work-stoppages, plant closings in the last 3 years

--

Has the Company ever been a direct target of political, racial, environmental, or other extremist or special interest groups?

Yes No

If 'Yes', please provide details

Does the Company use or pay for animal testing of products?

Yes No

If 'Yes', please provide details

Does the Company import/export with volatile countries (e.g. Israel) or undertake other activities which might make it a target of extremist or special interest groups?

Yes No

If 'Yes', please provide details

Safety, HACCP and Quality

Do you have a written in-force Quality Assurance Plan? (Please attach a copy of the most recent plan)

Yes No

Does it incorporate HACCP for all products?

Yes No

Date HACCP last reviewed (please attach copy of HACCP flow chart)

Does the plan incorporate all seven principles of HACCP?

Yes No

When was the date of the last Governmental Food Safety Organisation inspection? (Please attach a copy of the inspection report, if applicable)

Do you work with known allergens?

Yes No

If 'Yes', please provide details

Is there a Quality Assurance Department?

Yes No

Who is responsible for overseeing and implementing HACCP Procedures?

Is this person dedicated full time to such work?

Yes No

If 'No', please provide details

What are the qualifications of senior HACCP or Quality Personnel?

Do you have food safety audits performed by an independent 3rd party audit company?

Yes No

Please complete the table

Audit Type	Auditing Company	Frequency of Audits
BRC Global Food Standard (BRC)		
International Food Standard (IFS)		
EFSIS		
Other, Please specify		
Comments		

How often are the Audits performed?

Is this carried out at all your sites?

 Yes

 No

Give details of any major recommendations made that have not been implemented

Do you require your **suppliers** to abide by HACCP standards?

 Yes

 No

If 'No', what other steps are taken

What steps are taken to assess the quality and safety standards adhered to by your suppliers? (Supplier Audits, Application, questionnaire, references, health inspection reports etc.)

Who (what position) decides whether a supplier is approved?

Relating to your Product Testing, **please tick** the applicable boxes:

Product Test Type

	Raw Materials	In-Line	End of Line
Microbiological			
X-ray			
Metal Detectors			
Physical			
Chemical			

Do you have an in-house testing laboratory?

 Yes

 No

If not, do you retain an outside testing laboratory?

 Yes

 No

If 'Yes', please state name of laboratory

Where it is

Is it open 24 hours?

 Yes

 No

Are they accredited to ISO EN 17025?

 Yes

 No

Is there a hold period before shipping?

 Yes

 No

Is there a "positive release" procedure?

 Yes

 No

Is there an incoming quarantine process?

 Yes

 No

Are certificates of product conformance from the suppliers received?

 Yes

 No

Are all your product labels inspected?

 Yes

 No

If 'Yes', when and by whom

Do you collect and monitor customer complaints?

 Yes

 No

How do you collect complaints? Internet site Free phone number
 Electronic (ie database) Other

Recall Preparedness

Do you currently have recall plans? Yes No
 If 'Yes', when were they last updated?

Are Recall simulations conducted? Yes No
 When was the last simulation conducted??

Do you currently have crisis plans? Yes No
 If 'Yes', when were they last updated?

Is a batch coding system utilized? Yes No
 If 'Yes', please provide details (recorded by location, date, shift, etc.)

Do you keep records of your shipments? Yes No
 Who can initiate a major product recall?

Please list people, and position, who form part of the Recall Team

Estimate the costs for the following:

Recall of leading brand	<input type="text" value="£"/>
Destruction costs of recalled products on leading brand	<input type="text" value="£"/>
Redistribution of products of leading brand	<input type="text" value="£"/>

Loss Information

Has the company's products or any of its premises ever been the subject of comment or complaint by any governmental agency or department? Yes No

If 'Yes', please complete the following:

Which agency or department?

Date and nature of comment or complaint

Outcome of such comment or complaint

Date resolved

Claims history of the Company - Products recalled due to an accidental contamination and/or malicious product tampering in the last 10 years

Division & Product	<input type="text"/>	
Reason for Recall	<input type="text"/>	
Date of Recall	<input type="text"/>	
Recall method utilised	<input type="text"/>	
Cost of Recall	<input type="text" value="£"/>	
Were any contracts lost/discontinued as a result? (Please give details on a separate sheet)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the Company know of any actual, threatened or suspected product tampering involving any of the company's products during the last twelve months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If 'Yes', please provide details	<input type="text"/>	
Does the company, its directors and officers or any other person known to the Insured have knowledge or information of any specific fact which may reasonably give rise to a claim under the proposed policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If 'Yes', please provide details	<input type="text"/>	
Person to be contacted by AIG approved Consultants for pre-incident services?	<input type="text"/>	

SIGNING THIS PROPOSAL DOES NOT BIND THE PROSER TO COMPLETE THIS INSURANCE

Declaration

Please read carefully the following statements prior to signing where indicated.

I declare that the statements and particulars in this proposal are true and that no material facts have been mis-stated or suppressed after enquiry. I agree that this proposal, together with any other information supplied shall form the basis of any contract of insurance effected thereon. I undertake to inform the Insurers of any material alteration to those facts occurring before completion of the contract of insurance.

A material fact is one which would influence the acceptance or assessment of the risk.

Signed	<input type="text"/>
Title (to be signed by Chairman/Chief Executive or equivalent)	<input type="text"/>
Company	<input type="text"/>
Date	<input type="text"/>

Please enclose with this Proposal Form

- The last Annual Reports and Accounts for the Company
- Recall Manuals
- Crisis Management Plan
- HACCP Plan
- HACCP Flowchart

All written statements and materials furnished to the Insurer in conjunction with the Proposal Form are hereby incorporated by reference into the proposal form and made a part thereof.

AIG Europe Limited
The AIG Building
58 Fenchurch Street
London
EC3M 4AB
Tel: 020 7954 7000
Fax: 020 7954 8334



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