

# Product Recall, Contamination and Malicious Tamper Insurance

## Proposal Form

### General Details

1. Insured Name (please provide all names to be Insured):					
2. Policy Period:	From:		To:		
3. Business Description:					
4. Website:					
5. Turnover (AUD):	Estimated:		Actual:		Projected:
6. Please detail the geographic breakdown of sales (%):					
Europe:		North America:		Latin America:	
Japan:		China:		SE Asia:	
Australia:		New Zealand:		Africa/Middle East:	
7. Please list your products as a percentage of sales (estimated):					
8. Limit Required:					
ACI:					
GR:					
MPT:					
PE:					
Other:					
9. Self-Insured Retention (SIR):					
ACI/GR:					
MPT/PE:					

### Details of Operation

1. Type of operation (check all that apply):	
<input type="checkbox"/> Manufacturer (Own Design)	<input type="checkbox"/> Importer
<input type="checkbox"/> Co-Packer	<input type="checkbox"/> Retailer
<input type="checkbox"/> Bottler	<input type="checkbox"/> Packaging
<input type="checkbox"/> Contract Manufacturer (Clients Design)	<input type="checkbox"/> Supplier
<input type="checkbox"/> Manufacturer (Clients and Own Design)	Other:
<input type="checkbox"/> Distributor / Wholesaler	

## Details of Operation *continued*

2. Number of manufacturing sites:

3. Please enter total number of manufacturing sites per region:

Europe:		North America:		Latin America:	
Japan:		China:		SE Asia:	
Australia:		New Zealand:		Africa/Middle East:	

4. Sales manufactured at largest plant (AUD):

5. Number of production lines at largest plant:

6. Does production run 24hrs per day?

Yes  No

## Product Details

1. Top brand /product including estimated sales:

2. Are the majority of products branded?

Yes  No

3. Are the majority of goods under the insureds own label?

Yes  No

4. Are more than 25% of products manufactured by an outside vendor?

Yes  No

5. Are products manufactured and packed in a secure manner that prevents cross contamination?

Yes  No

6. Are labels routinely inspected for legislative accuracy and content (please attach any relevant information)

Yes  No

Allergen?

Yes  No

Technical?

Yes  No

Legal?

Yes  No

Other:

## Supplier Details

1. Do the suppliers have process change protocol in place?

Yes  No

2. Does the insured have a Vendor Approval Program in place?

Yes  No

3. Please describe the process in place to assess the ability of your suppliers to meet your specifications. (please attach relevant information)

4. Does the insured audit third party suppliers?

Yes  No

5. Does the insured have contracts in place with all suppliers? If so, please supply copies of the contracts

Yes  No

6. Have you agreed to indemnify or hold harmless any supplier?

Yes  No

If Yes, please detail:

7. Are your suppliers contractually obligated to indemnify you in the event of a product contamination caused by their products?

Yes  No

8. Top 5 suppliers:

Company:		Type of product:	
Company:		Type of product:	
Company:		Type of product:	
Company:		Type of product:	
Company:		Type of product:	

## Quality Control & Testing

1. Does insured have a Quality Assurance Plan / control manual in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does insured have a HACCP plan in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, Were there any HACCP recommendations deemed “critical” or “major” or regulatory warning letters issued as a result of your inspections/audits? If Yes, please attach the details and a corrective action plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Does insured have SSOPs or GMPs in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Does insured practice preventative or predictive maintenance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. If you receive Certificates of Analysis for Raw Materials/Ingredients/Supplies/Packaging do you randomly test against them to ensure conformance?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If Yes, what is the frequency of testing?	
---	--

What is the percentage of shipments tested?	
---	--

6. Is product testing at critical control points conducted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Is there a hold period before shipping?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Is there a positive release procedure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Is there an incoming quarantine process?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. If microbiological/pathogen tests are performed, is there a “hold and release” period before shipping?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If Yes, please describe below or attach any relevant information:

---

11. Are food safety audits performed by an accredited third party?	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

12. Do you use an external Laboratory or do you have an Analytical Lab or Testing Facility on site?	<input type="checkbox"/> Internal <input type="checkbox"/> External
---	---

13. Is the Laboratory third party or NATA certified?	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

If Yes, please provide the name(s) of the external laboratory or your own relevant certification:

---

14. With regard to the testing/Control of your products, please mark the applicable boxes:

Type of Test	Raw Materials	In-line during Production	End of Line	Externally Tested
Microbiological	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
X-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Metal Detection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chemical/Composition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Recall Preparedness & Traceability

1. Does the insured have a recall plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does the insured perform mock recalls?	<input type="checkbox"/> Yes <input type="checkbox"/> No
When was the last mock recall performed?	
Any recommendations from the mock recall?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, when was it last updated?	
2. Does the insured utilise a batch coding system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Can the insured trace products once they have left its care, custody and control?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is there backwards traceability for all ingredients/components and packaging used in the manufacturing of products?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please detail below or attach details, i.e. is Batch Coding used?	

## Malicious Product Tampering

1. Is the insured a potential extremist target?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Has the applicant ever been a target of political, racial, environmental, animal rights or other ideological groups?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please describe:	
3. Does the applicant know of any actual, threatened or suspected malicious product tampering involving any of the applicant's products during the last 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do you use Tamper evident/Tamper resistant packaging?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please describe:	

## Loss History

1. In the past 5 years, have you had any claims, product withdrawals, recalls, silent recalls or contamination incidents? If Yes, please describe below:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<b>1.</b>	<b>2.</b>
<b>Cause of Recall:</b> i.e. First Party (Malicious Tamper, Accidental Contamination) Third Party Government Initiated		
<b>Plant/location where incident (which triggered the loss) occurred</b>		
<b>Date of Recall</b>		
<b>Total cost of the Recall:</b> • Units Recalled • Value of product recalled • Recall expenses (Including Consultants) • Business Interruption • Third Party Liability Indemnity		
<b>Corrective Action</b>		

## Declaration and Signature

- We have read and understood the Important Notices contained in this application.
- We agree that this proposal, together with any other information or documents supplied, will form the basis of any contract of insurance.
- We acknowledge that if this application is accepted, the contract of insurance will be subject to the terms and conditions as set out in the policy wording as issued or as otherwise specifically varied in writing by Chubb.
- We declare, after inquiry, that the statements, particulars and information contained in this application and in any documents accompanying this application are true and correct in every detail and that no other material facts have been misstated, suppressed or omitted.
- We undertake to inform Chubb of any material alteration to those facts before completion of the contract of insurance.

This form must be reviewed, stamped, dated and signed by an authorised officer of the Insured.

Signature:	
Name:	
Title:	
Date:	

## Duty of Disclosure

### 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.

### What you do not need to tell us

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.

## Privacy Statement

In this Statement “We”, “Our” and “Us” means Chubb Insurance Australia Limited (**Chubb**).

“You” and “Your” refers to Our customers and prospective customers as well as those who use Our Website.

This Statement is a summary of Our Privacy Policy and provides an overview of how We collect, disclose and handle Your Personal Information. Our Privacy Policy may change from time to time and where this occurs, the updated Privacy Policy will be posted to Our website.

### Why We collect Your Personal Information

The primary purpose for Our collection and use of Your Personal Information is to enable Us to provide insurance services to You. Sometimes, We may use Your Personal Information for Our marketing campaigns, in relation to new products, services or information that may be of interest to You. If You wish to opt out of Our marketing campaigns You can contact Our customer relations team on 1800 815 675 or email CustomerService.AUNZ@chubb.com.

### **How We obtain Your Personal Information**

We collect Your Personal Information (which may include sensitive information) at various points including but not limited to when You are applying for, changing or renewing an insurance policy with Us or when We are processing a claim. Personal Information is usually obtained directly from You but sometimes via a third party such as an insurance intermediary or Your employer (e.g. in the case of a group insurance policy). Please refer to Our Privacy Policy for further details.

When information is provided to Us via a third party We use that information on the basis that You have consented or would reasonably expect Us to collect Your Personal Information in this way. We take reasonable steps to ensure that You have been made aware of how We handle Your Personal Information.

### **When do We disclose Your Personal Information?**

We may disclose the information We collect to third parties, including service providers engaged by Us to carry out certain business activities on Our behalf (such as claims assessors and call centres in Australia). In some circumstances, in order to provide Our services to You, We may need to transfer Your Personal Information to other entities within the Chubb group of companies such as the regional head offices of Chubb located in Singapore, UK or USA (Chubb Group of Companies), or third parties with whom We (or the Chubb Group of Companies) have sub-contracted to provide a specific service for Us, which may be located outside of Australia (such as in the Philippines or USA). These entities and their locations may change from time to time. Please contact us, if you would like a full list of the countries in which these third parties are located.

Where access to Our products has been facilitated through a third party (for example: insurance broker, online marketing agency etc) We may also share Your information with that third party.

In the circumstances where We disclose Personal Information to the Chubb Group of Companies, third parties or third parties outside Australia We take steps to protect Personal Information against unauthorised disclosure, misuse or loss.

### **Your Consent**

In dealing with Us, You agree to Us using and disclosing Your Personal Information as set out in this Privacy Statement and Our Privacy Policy. This consent remains valid unless You tell Us otherwise. If You wish to withdraw Your consent, including for things such as receiving information on products and offers by Us or persons We have an association with, please contact Our Privacy Officer.

### **Access to and correction of Your Personal Information**

If you'd like a copy of your Personal Information or wish to correct or update it, want to withdraw Your consent to receiving offers of products or services from Us or persons We have an association with, or You would like a copy of Our Privacy Policy, please contact Our customer relations team on 1800 815 675 or email [CustomerService.AUNZ@chubb.com](mailto:CustomerService.AUNZ@chubb.com).

To request access to, update or correct your personal information held by Chubb, please complete Our Personal Information Request Form online or download it from [www2.chubb.com/au-en/footer/privacy.aspx](http://www2.chubb.com/au-en/footer/privacy.aspx) and return to:

Email: [CustomerService.AUNZ@chubb.com](mailto:CustomerService.AUNZ@chubb.com)

Fax: +61 2 9335 3467

Address: GPO Box 4907 Sydney NSW 2001

### **How to Make a Complaint**

If You have a complaint or would like more information about how We manage Your Personal Information, please review Our Privacy Policy for more details, or contact:

Privacy Officer

Chubb Insurance Australia Limited

GPO Box 4907 Sydney NSW 2001

+61 2 9335 3200

[Privacy.AU@chubb.com](mailto:Privacy.AU@chubb.com)

## About Chubb in Australia

---

Chubb is the world's largest publicly traded property and casualty insurance company. With operations in 54 countries, Chubb provides commercial and personal property and casualty insurance, personal accident and supplemental health insurance, reinsurance and life insurance to a diverse group of clients. As an underwriting company, we assess, assume and manage risk with insight and discipline. We service and pay our claims fairly and promptly. The company is also defined by its extensive product and service offerings, broad distribution capabilities, exceptional financial strength and local operations globally. Parent company Chubb Limited is listed on the New York Stock Exchange (NYSE: CB) and is a component of the S&P 500 index. Chubb maintains executive offices in Zurich, New York, London and other locations, and employs approximately 31,000 people worldwide.

Chubb, via acquisitions by its predecessor companies, has been present in Australia for almost 100 years. Its operation in Australia (Chubb Insurance Australia Limited) provides specialised and customised coverages, including Marine, Property, Liability, Energy, Professional Indemnity, Directors & Officers, Financial Lines, Utilities, as well as Accident & Health insurance, to a broad client base. Chubb is a major insurer of many of the country's largest companies. With five branches and over 500 staff in Australia, it has a wealth of local expertise backed by its global reach and breadth of resources.

More information can be found at [www.chubb.com/au](http://www.chubb.com/au)

## Contact Us

---

Chubb Insurance Australia Limited  
ABN: 23 001 642 020 AFSL: 239687

Grosvenor Place  
Level 38, 225 George Street  
Sydney NSW 2000  
O +61 2 9335 3200  
[www.chubb.com/au](http://www.chubb.com/au)

Chubb. Insured.<sup>SM</sup>