



**APPLICANT'S INFORMATION**

Name of Applicant \_\_\_\_\_

Mailing address \_\_\_\_\_

Contact Person Name: \_\_\_\_\_

Email and Phone number: \_\_\_\_\_

Website address \_\_\_\_\_

Years in operation \_\_\_\_\_

Business Description: \_\_\_\_\_

Past Year Turnover (AUD\$): \_\_\_\_\_

Current Year Turnover (AUD\$): \_\_\_\_\_

Projected Turnover for term of policy (AUD\$): \_\_\_\_\_

1. Type of operation (check all that apply)
- Manufacturer (own brands)  Contract Manufacturer  Bottler  Distributor/Wholesaler/Importer  Retailer  Packaging

2. Coverage desired for all products?  Yes  No
- If no, list specified products to be covered in the table below attach additional page if necessary. Please continue to complete the application and referring only to the products specified below.

| Product Name | Product Description | Total annual sales AUD\$ |
|--------------|---------------------|--------------------------|
|              |                     |                          |
|              |                     |                          |
|              |                     |                          |
|              |                     |                          |

**PRODUCT INFORMATION**

3. Product Category (check all that applies):
- Nuts/Snacks  Dairy  Fish/Sea Food  Meat/Poultry
- Grains (e.g. rice)  Basic food ingredients  Spices/Sugar  Bakery
- Fruits/Vegetables  Ready to Eat/Processed  Food coloring/flavors
- Confectionery
- Beverage  Baby food  Performance food  other

4. What is the shelf life of your products (% of total sales): Up to 1 month \_\_\_\_\_ 1 month to 6 months \_\_\_\_\_
- 6 months to 1 year \_\_\_\_\_ exceeds 1 year \_\_\_\_\_

5. Product is labeled as follows: Own label (%) \_\_\_\_\_ Third party label (%) \_\_\_\_\_ Non-branded (%) \_\_\_\_\_

6. What percentage of your sales are products intended to be used as a component or ingredient in the manufacturing of a third party product? \_\_\_\_\_ %

7. Geographic breakdown of sales (%):

North America \_\_\_\_\_ Latin America \_\_\_\_\_ Europe \_\_\_\_\_ Japan \_\_\_\_\_  
 China \_\_\_\_\_ Africa/ Middle East \_\_\_\_\_ Australia & New Zealand \_\_\_\_\_ SE Asia \_\_\_\_\_

8. Please list your top 3 customers by sales

| Customer Name | Products supplied | Type of business (retailer, manufacturer, wholesaler, other – please specify) | % of Total Sales |
|---------------|-------------------|---|------------------|
|               |                   |   |                  |
|               |                   |   |                  |
|               |                   |   |                  |

**MANUFACTURING INFORMATION**

9. Number of manufacturing plants:

North America \_\_\_\_\_ Latin America \_\_\_\_\_ Europe \_\_\_\_\_ Japan \_\_\_\_\_  
 Australia & New Zealand \_\_\_\_\_  
 China \_\_\_\_\_ Africa/ Middle East \_\_\_\_\_ SE Asia \_\_\_\_\_

10. Please complete for the top 3 selling products:

|  | Top Selling Product # 1 | Top Selling Product # 2 | Top Selling Product # 3 |
|--|-------------------------|-------------------------|-------------------------|
| Product description or name  |                         |                         |                         |
| Total annual sales (value)   |                         |                         |                         |
| Is this a finished product or intended to be sold as an ingredient?            |                         |                         |                         |
| Shelf life (weeks or months)   |                         |                         |                         |
| % of the total sales manufactured by a 3 <sup>rd</sup> party                   |                         |                         |                         |
| Average manufactured batch* size for the top selling product (units and value) |                         |                         |                         |
| Largest manufactured lot size for the top selling product (units and value)    |                         |                         |                         |

\* Batch means a specific quantity of product manufactured or packaged during one manufacturing cycle under the same conditions.

11. Please complete the following information for each of the largest 3 plants or facilities:

| Location (city & country) | Top 3 Products manufactured | Annual manufactured output (number of units produced AND value) | Number of days/year plant operates | Number of production lines per product | Number of shifts per product | % unused capacity at plant |
|---------------------------|-----------------------------|---|------------------------------------|--|------------------------------|----------------------------|
|                           |                             |   |                                    |  |                              |                            |

|  |    |   |  |  |  |  |
|--|----|---|--|--|--|--|
|  | 1. | / |  |  |  |  |
|  | 2. | / |  |  |  |  |
|  | 3. | / |  |  |  |  |
|  | 1. | / |  |  |  |  |
|  | 2. | / |  |  |  |  |
|  | 3. | / |  |  |  |  |
|  | 1. | / |  |  |  |  |
|  | 2. | / |  |  |  |  |
|  | 3. | / |  |  |  |  |

12. Maximum value of finished goods stored at any one location:

\_\_\_\_\_

13. Does the company use aseptic processing or packaging in any of the production facilities? Yes No

If yes, what percentage of products is aseptic: \_\_\_\_\_% and what plants produce aseptic products \_\_\_\_\_?

14. Does the company use glass bottles or jars in any of the production facilities? Yes No

If yes, provide the following. Product description and % of revenue:

\_\_\_\_\_

## SUPPLIER INFORMATION

15. Please indicate the geographic sourcing of raw materials/ingredients/supplies/packaging as a % of total.

North America \_\_\_\_\_ Latin America \_\_\_\_\_ Europe \_\_\_\_\_ Japan \_\_\_\_\_  
 China \_\_\_\_\_ Africa/ Middle East \_\_\_\_\_ Australia & New Zealand \_\_\_\_\_ SE Asia \_\_\_\_\_

16. Do you have a Supplier Approval Program? If yes, please provide a copy Yes No

17. Do you require your suppliers and/or third party or contract manufacturers to have a HACCP program?

If No, please explain? Yes No

\_\_\_\_\_

18. Do you audit your suppliers? (if yes, please provide copies of last audits for the top suppliers)

Yes No

19. Are processes in place to assess the ability of your suppliers to meet your specifications?

(please check all that apply<sup>1</sup>)

Yes No

Incoming quarantine  Certificate of analysis  Qualifying audit(s) by QMS staff or a third-party

Requirement of liability/ recall insurance certificates  Review of government/consultant inspection

reports

Purchasing requires written questionnaire and vetting of supplier

20. Please describe how you test received products to ensure that the ingredients conform to your specifications?

\_\_\_\_\_

21. Please complete for the top 3 suppliers (if imported from South East Asia or China complete question 22)

| Name of Supplier | Ingredient/material supplied | Country of origin | Annual Volume supplied |
|------------------|------------------------------|-------------------|------------------------|
|                  |                              |                   |                        |
|                  |                              |                   |                        |
|                  |                              |                   |                        |

22. Do you import materials/ingredients/finished products from SE Asia and/or China, If yes, complete table below

| Country | Describe material/ingredient or finished product | Amount of product annually (units/value) | Tests performed to ensure product free from contaminants | Frequency of testing |
|---------|--|--|--|----------------------|
|         |  | /  |  |                      |
|         |  | /  |  |                      |
|         |  | /  |  |                      |

23. If importing any protein-based products (dairy, gluten, animal feed, eggs, etc.) or their derivatives from Asia, do you test for the presence of melamine or cyanuric acid or other possible "illegal" contaminants?

Yes      No

24. Have you agreed to indemnify or hold harmless any supplier? If yes, please describe

Yes  
No

\_\_\_\_\_

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

Yes      No

26. Do you require your suppliers to carry Product Liability Insurance?

Yes      No

If yes, what limits are they required to purchase? \_\_\_\_\_

Are you requiring to be added to their policy as additional insured? Yes      No

Does the Product Liability insurance provide indemnity for recall expenses and damage to your products if caused by a defective or contaminated ingredient? Yes      No

27. Do you require your suppliers to carry Product Recall Insurance?

Yes      No

If yes, what limits are they required to purchase? \_\_\_\_\_

## FOOD SAFETY AND RISK MANAGEMENT

28. Is there a person dedicated full time to Quality Assurance/Food Safety?

Yes      No

If "no", please explain. \_\_\_\_\_

29. Do you have a written quality assurance plan, quality management system, Good Agricultural Practices, Good Manufacturing Practices or similar program? If yes, please attach a copy of the table of contents or summary document. Yes No

30. Do you have a HACCP program for all products? If No, please explain. Yes No  
 If Yes, please attach copy of HACCP flow chart or CCPs for primary products produced.

31. Was your HACCP plan reviewed and validated by a third party? Yes No  
 If yes, please indicate the third party \_\_\_\_\_

32. Has the HACCP plan been revalidated when product/ process changes have occurred? Yes No

33. Is there backwards traceability for ingredients and packaging used in the manufacturing of products?  
Yes No

34. If you receive Certificates of Analysis (CoAs), do you randomly test against them to ensure conformance?  
Yes No

If yes, what is the frequency of testing: \_\_\_\_\_ What is the percentage of shipments tested: \_\_\_\_\_ %

35. What kill steps or food processing safety controls are in place to reduce the likelihood of a contamination event? Please describe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

36. Who performed the microbiological testing to validate your pathogen kill step(s)?  
 \_\_\_\_\_

37. With regard to the testing of your products, please mark the applicable boxes:

| Type of Test    | Raw Materials | In-line during production | End of Line |
|-----------------|---------------|---------------------------|-------------|
| Microbiological |               |                           |             |
| X-Ray           |               |                           |             |
| Metal Detection |               |                           |             |
| Chemical        |               |                           |             |
| Other           |               |                           |             |

38. If microbiological/pathogen tests are performed, is there a hold period before shipping? Yes No

49. Are "rapid tests" used? If yes, please describe below: Yes No  
 \_\_\_\_\_

40. What testing Laboratory does your company use: Internal Third Party  
 If Third Party (external) please provide name(s): \_\_\_\_\_

41. Has a third-party or government inspection/audit been performed in the past 12-18 months? Yes No

42. If yes, has an audit or inspection performed at each location? If no, please explain why:  Yes  
 No

43. Provide the following information if you are audited by a third-party:

| Name of Consultant | Type of Audit (e.g. BRC, IFS, EFSIS) | Score | Audit Date |
|--------------------|--------------------------------------|-------|------------|
|                    |                                      |       |            |
|                    |                                      |       |            |

44. Were there any recommendations deemed "critical" or "major"? If yes, please attach the details or a corrective action plan.  Yes  No

45. What was the last date of a governmental agency or regulatory inspection?

\_\_\_\_\_  
Please describe and attach a copy of the report.

46. Has the applicant ever received a regulatory warning letter? If yes please provide a copy or a summary of the letter and corrective actions taken.  Yes  No

47. Has the applicant ever been subject to seizure/ injunction by a regulatory agency?  Yes  No

48. Has the company's products or any of its premises ever been the subject of comment or complaint by any governmental agency or department? If "yes", please complete the following.  Yes  No

|   |  |  |
|---|--|--|
| Agency or department involved           |  |  |
| Date and nature of comment or complaint |  |  |
| Outcome of such comment or complaint    |  |  |
| Date resolved                           |  |  |

**RECALL RISK MANAGEMENT**

49. Does the applicant have a current recall plan?  Yes  No

If yes, date of the last update: \_\_\_/\_\_\_/\_\_\_\_\_. Please attach a copy of the current plan.

50. Are mock recall simulations conducted annually?  Yes  No

Please provide the date of the last simulation: \_\_\_/\_\_\_/\_\_\_\_\_

51. Is a batch coding system utilized?  Yes  No

If yes, please describe coding (e.g. Julian, date, hour, minute, shift, etc.) \_\_\_\_\_

**MALICIOUS PRODUCT TAMPERING**

52. Has a process security/bioterrorism audit been conducted?  Yes  No

53. Does the applicant comply with the applicable food security and bioterrorism guidelines issued by relevant regulatory agencies?  Yes  No

54. Does the applicant know of any actual, threatened or suspected malicious product tampering, or any actual or suspected accidental contamination involving any of the applicant's products during the last 5 years? If yes,

please attach a summary of the details

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55. Does the applicant use or pay for the animal testing of products?  Yes  No  
 If yes, please describe: \_\_\_\_\_
56. Does the applicant import or export from politically volatile countries?  Yes  No  
 If yes, please describe: \_\_\_\_\_
57. Does the applicant undertake other activities which might make it a target of an extremist or special interest group?  Yes  No  
 If yes, please describe: \_\_\_\_\_

**LOSS HISTORY**

58. In the past 5 years, have you had any voluntary product withdrawals or recalls; silent recalls or contamination incidents exceeding AUD\$ 25,000?  Yes  No
59. If yes to any of the above, please provide the following information for each incident, use a separate sheet if necessary.

|   |  |  |
|---|--|--|
| Product   |  |  |
| Cause of contamination / recall   |  |  |
| Plant/location where incident occurred  |  |  |
| Was a product recall effected (Y/N)   |  |  |
| Date of Recall  |  |  |
| Total cost of the contamination / recall:<br>- # units recalled<br>- Value of product recalled<br>- Recall expenses (including consultants)<br>- Business Interruption<br>- Third party liability indemnity |  |  |
| Corrective action   |  |  |

60. Were any contracts lost/discontinued as a result? If yes, please explain  Yes  No  
 \_\_\_\_\_
61. Does the Company know of any actual, threatened or suspected product tampering involving any of the company's products during the last twelve months? If "yes", please give details.  Yes  No  
 \_\_\_\_\_
62. 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? If "yes", please provide details  Yes  No  
 \_\_\_\_\_

63. Estimate the cost to recall your leading brand: Maximum: \$ \_\_\_\_\_ Minimum: \$ \_\_\_\_\_ Average: \$ \_\_\_\_\_

**COVERAGE OPTIONS**

Please check the coverage, limit and deductible requested:

| <b>STANDARD COVERAGE</b>                             | <b>Limit per occ / annual aggregate</b> | <b>Deductible</b> |
|--|---|-------------------|
| <input type="checkbox"/> Accidental Contamination    |   |                   |
| <input type="checkbox"/> Mislabeling                 |   |                   |
| <input type="checkbox"/> Malicious Product Tampering |   |                   |

| <b>ADDITIONAL COVERAGE</b>                    | <b>Limit per occ / annual aggregate</b> | <b>Deductible</b> |
|---|---|-------------------|
| <input type="checkbox"/> Impaired Ingredients |   |                   |
| <input type="checkbox"/> Government Recall    |   |                   |
| <input type="checkbox"/> Adverse Publicity    |   |                   |

**DECLARATION and CONSENT**

Note: SIGNING THIS PROPOSAL DOES NOT BIND THE PROPOSER TO COMPLETE THIS INSURANCE.

I declare that the statements and particulars in this proposal are true and that no material facts have been misstated or suppressed after enquiry. I agree that this proposal, together with any other information supplied shall form the basis of any contract of insurance affected 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.

I consent to AIG collecting, using and disclosing personal information as set out in AIG’s privacy notice in the PDS. If I have provided or will provide information to AIG about any other individuals, I confirm that the applicant 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.

Signed

Title

(to be signed by Chairman/Chief Executive or equivalent)

Company

Date

**ENCLOSURES** (Please enclose the following)

- The last Annual Reports and Accounts for the Company
- Recall Manuals/ Crisis Management Plan
- HACCP Plan and flowcharts
- Most recent audit or regulatory inspection report

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.