

solution.

Stockfeed Manufacturers Public and Products Liability Addendum

Addendum



Important notice

- This Addendum (and any attachments) form part of the Proposal.
- Please answer all questions in full. Where appropriate, please tick the yes or no box that best indicates the Insured's reply.
- If there is insufficient space, please provide further details on the Insured's letterhead.

Insured details

Insured name:

Please provide details of the products manufactured by the Insured:

What animal type(s) are the products manufactured for:

What raw materials does the Insured use in their products?

Does the Insured import any raw material?

Yes No

If **YES**, please provide further details:

Are Australian Pesticides and Veterinary Medicines Authority (APVMA) registered additive(s) used?

Yes No

If **YES**, what percentage of the product is a registered additive?

%

If **YES**, please provide full details:

Does the Insured use any genetically modified products?

Yes No

If **YES**, please provide further details:

What form of feed does the product take? (Please tick all applicable):

Mash Pellets Liquid

Others (Please specify):

To whom does the Insured sell their product?

Farmers Retailers Stockfeed manufacturers

Others (Please specify):

Is the Insured Feedsafe accredited?

Yes No

If **NO**, please answer the following questions:

1. Does the Insured keep batch records?

Yes No

2. Does the Insured keep records of origin of raw materials?

Yes No

3. Please provide further details of the Insured's quality control procedures and accreditation (if any):

Does the Insured have product recall procedures?

Yes No

Further declaration to the Proposal after inquiry

Signing this Addendum does not bind Solution or any insurer to enter into an insurance contract.

After making full and appropriate enquiries, I declare that:

- I am authorised on behalf of the prospective Insured(s) to complete this Addendum
- I have read and understood the Important Information section of the Proposal form
- Where I have provided information about another individual, I declare that the individual has been made aware of that fact and of the Solution Underwriting Agency Pty Ltd Privacy Statement
- I confirm that the statements and information in this Addendum are true and complete
- I understand all information requested in the Addendum is material
- I provide consent consistent with the Privacy Statement outlined in the Important Information section of the Proposal Form
- I understand that, until a contract of insurance is entered into, I am under a continuing obligation to immediately inform Solution Underwriting Agency Pty Ltd of any change to the information contained in this Addendum
- I acknowledge that, if a contract of insurance is entered into, the Proposal, this Addendum and any accompanying documents will form the basis of the contract

To be signed by the Insured for whom this insurance is intended for

Signature:

Name:

Position:

Date (DD/MM/YY):

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Underwriting™

Any queries, please contact us

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