Contaminated product recall

Application form

Canada

CONTAMINATED PRODUCT RECALL

APPLICATION FORM

INTRODUCTION

The purpose of this application form is for us to find out who you are and to obtain information relevant to the cover provided by the Contaminated Product Recall policy. Completion of this application form does not oblige either party to enter into a contract of insurance.

Insurance is a contract of utmost good faith. This means that the information you provide in this application form must be complete, accurate and not misleading. It also means that you must tell us about all facts and matters which may be relevant to our consideration of your application for insurance.

HOW TO COMPLETE THIS FORM

Whoever fills out the form must be a director of the applicant company and should make all the necessary enquiries of their fellow directors, officers and employees to enable all the questions to be answered.

If you require any extra space to complete the answers to questions contained within this application form please continue your response in the Additional Information section at the back of the form. Once you have completed the form please return it directly to your insurance broker.

SECTION 1: COMPANY DETAILS

1.1 Please provide the following details:

Insured company:

Address:

Postal code:

Year of establishment: Website:

1.2 Please describe below the nature of your business activities:

1.3 Please state your sales in respect of the following years:

	Last complete financial year	Estimate for current financial year	Estimate for next financial year
Total sales	$	$	$
Profit / (Loss)	$	$	$

1.4 Please state the percentage of your sales into the following territories:

USA/Canada:	%	Europe:	%
Australia/New Zealand:	%	Asia:	%

1.5 Please state the number of manufacturing plants you operate and production capacity utilized in the following territories:

	Number of manufacturing plants	Percentage of production capacity utilized
USA/Canada		%
Europe		%
Australia/New Zealand		%
Asia		%

SECTION 2: PRODUCT INFORMATION

2.1 Please provide the following details for the products to be insured by this policy *and continue on the ADDITIONAL INFORMATION page if necessary:*

Product name/description	Annual sales	Average batch value	Location of manufacture	Number of production lines
	$	$		
	$	$		
	$	$		
	$	$		
	$	$		
	$	$		
	$	$		

2.2 Please state what percentage of your products are used as a component part or ingredient in a downstream product: %

2.3 Please provide further details for the three products from Q2.1 that generate the largest % of your sales:

Product name/description	Customer name	Daily production values	Daily production units	Maximum batch value
		$		$
		$		$
		$		$

*the company that ultimately integrates your product into their product for sale to consumers.

2.4 Please state what percentage of your products which are non-branded, your customer's brand or your brand:

Your brand	Your customer's brand	Non-branded
%	%	%

2.5 In the next 12 months are you planning to launch a new product that has not been listed in Q2.1? ☐ Yes ☐ No
If 'yes', please provide details including a description, projected release date and projected annual sales, continue on the ADDITIONAL INFORMATION page if necessary:

2.5 Please provide the details for your three largest customers:

Customer name	Customer location	Proportion of your annual sales
		$
		$
		$

2.6 What percentage of all of your products listed in Q2.1 carry the following:

a) company name? %

b) your trade mark? %

c) lot number? %

d) production batch number? %

SECTION 3: QUALITY ASSURANCE

3.1 In respect of the products listed in Q2.1:

a) Do they meet all applicable product safety standards for the territories you sell into? ☐ Yes ☐ No
Please attach a sample copy of your product safety standard certificates.

b) Are they labeled with all applicable product safety warnings? ☐ Yes ☐ No

c) Are they supplied with clear instructions? ☐ Yes ☐ No

If you have answered 'yes' to b) or c) above, please provide details on whether these are inspected and approved prior to sale or distribution, including who undertakes this process (e.g. legal counsel or quality assurance team) and continue on the ADDITIONAL INFORMATION page if necessary:

3.2 Please describe your allergen labelling and control procedures:

3.3 Do you have a written quality assurance plan? ☐ Yes ☐ No
If 'yes', please attach a copy to this application.

3.4 Do you have a written emergency product recall procedure? ☐ Yes ☐ No
If 'yes', please attach a copy to this application.

3.5 Do you test all material and components for foreign matter and microbial growth upon arrival and certificates of analysis are received? ☐ Yes ☐ No

3.6 Do you purchase any ingredients or components from suppliers? ☐ Yes ☐ No
If 'yes', please state:

a) whether the materials and components are manufactured to your explicit, written specifications? ☐ Yes ☐ No

b) whether you maintain full rights of recourse against these suppliers? ☐ Yes ☐ No

If 'no' to any of the above, please provide details and continue on the ADDITIONAL INFORMATION page if necessary:

c) the following details for your three largest suppliers:

Supplier name	Supplier Location	Material/component supplied

d) whether you have a supplier approval process? ☐ Yes ☐ No

3.7 Do you use a contract manufacturer? ☐ Yes ☐ No

If 'yes', please state:

a) whether you maintain full rights of recourse against these contract manufacturers: ☐ Yes ☐ No

If 'no', please provide details and continue on the ADDITIONAL INFORMATION page if necessary:

b) the following details for your three largest contract manufacturers:

Contract manufacturer name	Products manufactured	Annual sales	Location
		$	
		$	
		$	

c) whether you have a contract manufacturer approval process: ☐ Yes ☐ No

3.8 Do you test for microbial contaminants and foreign material? ☐ Yes ☐ No

If 'yes' then please tick the procedures that you conduct:

	In-line	End-line	Test and hold
X-ray / Metal	☐	☐	☐
Microbial	☐	☐	☐

SECTION 4: INSURANCE REQUIREMENTS

Please state the following:

a) limit of insurance you are seeking: $

b) when you would like the insurance to start: DD / MM / YY

SECTION 5: CLAIMS EXPERIENCE

AFTER FULL ENQUIRY:

a) are you aware of any circumstances, including any government or regulatory investigation, which may give rise to a claim under this policy? ☐ Yes ☐ No

b) are you aware of any loss or damage (relating to the products to be insured by this policy), whether insured or not, that has occurred to any of the companies to be insured within the last 5 years? ☐ Yes ☐ No

If you have answered 'yes' above, please provide further details *and continue on the ADDITIONAL INFORMATION page if necessary*:

SECTION 6: DECLARATIONS

- I declare that AFTER FULL ENQUIRY the information provided in this application form is true and complete and that I have not mis-stated or suppressed any material fact.
- I undertake to inform underwriters of any material alteration to these facts occurring before the inception of the Policy.

Signed: _____ Full name: _____

Position held: _____ Date: _____ DD / MM / YY

ADDITIONAL INFORMATION: