



Crisis Management Product - Contaminated Product Insurance Proposal Form

Proposer Details

1. (a) Name of company and all subsidiary companies to be insured under this policy.

(b) Company address _____

(c) Web site: www. _____

(d) Product Category

Nuts / Snacks Fish Fruit & Vegetables
 Dairy Meat / Poultry

Others (please specify) _____

(e) Business Description _____

(f) Retail Manufacture Wholesale

2. Limits of Liability requested

(a) Accidental Contamination

Each Accidental Contamination / Each Policy Period £ _____

(b) Malicious Tampering

Each Malicious Tampering / Each Policy Period £ _____

3. Deductible requested

(a) Accidental Contamination £ _____

(b) Malicious Tampering..... £ _____

4. (a) Please indicate estimated annual sales _____

(b) Total number of Plant/Facilities _____

(c) Please provide the following:

| SALES BY COUNTRY | 200_ | 200_ | 200_ |
|-------------------------|-------------|-------------|-------------|
| United Kingdom | | | |
| European Union | | | |



| | | | |
|-----------------|--|--|--|
| U.S.A. / Canada | | | |
| Rest of World | | | |

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

European Union: _____

Rest of World: _____

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

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

7. What percentage of your products are manufactured by outside vendor?

8. Please provide the following information for the **top 3 products**:

| | | | |
|---|--|--|--|
| 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 or Value | | | |

9. Does the Company agree to indemnify or hold harmless any suppliers of components or raw materials? Yes No

If "yes", please provide details. _____

10. (a) Total number of company employees _____

(b) List below any strikes, riots, work-stoppages, plant closings in the last three (3) years



11. (a) 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 _____

(b) Does the Company use or pay for animal testing of products? Yes No

If "yes", please provide details _____

(c) 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 & Quality

12. (a) Do you have a written, in-force Quality Assurance Plan? Yes No
 (Please attach a copy of the most recent plan)

(b) Does it incorporate HACCP for all products? Yes No

Date HACCP last reviewed _____
 (Please attach copy of HACCP flow chart)

(c) Does the plan incorporate all seven principles of HACCP? Yes No

(d) When was date of last Governmental Food Safety Organisation inspection?

 (Please attach copy of the inspection report, if applicable.)

(e) Do you work with known allergens? Yes No

If "yes", please provide details _____

13. (a) Is there a Quality Assurance Department? Yes No

(b) Who is responsible for overseeing and implementing HACCP procedures?

(c) Is this person dedicated full time to such work? _____ Yes No

If "no", please provide details _____



(d) What are the qualifications of senior HACCP or Quality personnel? _____

14. Are Food Safety Audits performed by an accredited third party? Yes No

(a) Please select by which of the following?

British Retail Consortium Global Food Standard Yes No

International Food Standard Yes No

EFSIS Yes No

(b) How often are the Audits performed? _____

(c) Is this carried out at all your sites? Yes No

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

15. Do you require your **suppliers** to abide by HACCP standards? Yes No

(a) If "no", what other steps are taken _____

(b) 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.) _____

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

16. 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 | | | |



17.(a) Do you have an in-house testing laboratory? Yes No

(b) 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

(c) Is there a hold period before shipping? Yes No

(d) Is there a "positive release" procedure? Yes No

(e) Is there an incoming quarantine process? Yes No

(f) Are certificates of product conformance from the suppliers received? Yes No

18. Are all your product labels inspected? Yes No

If "yes", when and by whom _____

19. Do you collect and monitor customer complaints? Yes No

How do you collect complaints?

Internet site Free Phone Number Electronic (i.e. database) Other

Recall Preparedness

20. Do you currently have:

(a) Recall Plans Yes No

When were they last updated? _____

(b) Are Recall simulations conducted? Yes No

When was the last simulation conducted? _____

(c) Crisis Plans Yes No

When were they last updated? _____

(d) Is a batch coding system utilized? Yes No

If "yes", please provide details (recorded by location, date, shift, etc.) _____



(e) Do you keep records of your shipments? Yes No

(f) Who can initiate a major product recall? _____

(g) Please list people, and position, who form part of the Recall Team _____

21. Estimate the costs for the following:

(a) Recall of leading brand _____

(b) Destruction costs of recalled products of leading brand _____

(c) Redistribution of products of leading brand _____

Loss Information

22. 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:

(a) Which agency or department? _____

(b) Date and nature of comment or complaint _____

(c) Outcome of such comment or complaint _____

(d) Date resolved _____

23. Claims history of the Company

(a) Products recalled due to an accidental contamination and/or malicious product tampering in the last ten (10) years.

Division & Product _____

Reason for Recall _____

Date of Recall _____

Recall method utilised _____

Cost of Recall _____

Were any contracts lost/discontinued as a result? _____ Yes No
(Continue on separate sheet if necessary)



24. Are you aware of any incident/circumstance that could lead to loss or claim under the proposed policy Yes No

If "yes", please give details

25. Does the Company know of any actual, threatened or suspected product tampering involving any of the company's products during the last twelve months Yes No

If "yes", please give details

26. 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? Yes No

If "yes", please give details _____

27. Person to be contacted by AIG approved Consultants for pre-incident services?

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Additional Details: (compulsory)

Nationality: Indian Non – Indian

If Non-Indian, please specify Country:

Type of Organization

Corporations Governments Non Governmental Organizations Society

International Organization Trust Partnership Cooperatives

Section 25 Company

Other Information (Compulsory)

1. PAN CARD Number (10 Digit Number)

2. Sources of funds :

Salary Business Investments Other (Please Specify)

3. GSTN No



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

Section 41 of Insurance Act 1938 (Prohibition of rebates)

1.No person shall allow or offer to allow either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer."

2.Any person making default in complying with the provisions of this section shall be liable for penalty which may extend to ten lakh rupees.

Section 64 VB of the Insurance Act 1938

Commencement of risk cover under the policy is subject to receipt of premium by Tata AIG General Insurance Company Limited.

Declaration

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.

I/we hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been/will be paid out of proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act, 2002. I understand that the Company has the right to call for documents to establish sources of funds. The insurance company has right to cancel the insurance contract in case I am/ have been found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in India.

The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained to me/us. I/we have understood these and confirm to abide by the policy terms & conditions.

Signed

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

Vernacular Declaration by the intermediary
(Certification in case the proposer has signed in vernacular/thumb print):

I, _____ (Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/ Authorized employee of the Broker/ Relationship Officer of the Broker, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for



issuance of the Policy. I have further explained that if any untrue statement(s)/ information/ response(s) is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished, the Company shall have the right to vary the benefits which may be payable and further more if there has been a non-disclosure of any material fact, the policy issued to his/her favor pursuant to this Proposal may be treated by the Company as null and void and all premiums paid under the Policy may be forfeited to the company.

The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained by me in vernacular to the proposer who has understood and confirmed the same.

Name of the specified Person and code:

Place:

Date:

Signature of Agent/ intermediary:

Please enclose with this Proposal Form

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