



Product Contamination Insurance

Proposer Details

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

(b) Company address:

(c) Web site: _____

(d) Main contact name: _____

(e) Main contact phone: _____ Fax: _____
(Essential for response and pre incident)

(f) Product category:

- Nuts/snacks Fish Fruit & vegetables
 Dairy Meat/poultry Others (please specify)

2. (a) Please indicate estimated annual sales: _____

(b) Total number of plants/facilities: _____

(c) Please provide the following:

SALES BY COUNTRY	200	200	200
United Kingdom			
European Union			
USA/Canada			
Rest of World			

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

European Union:

(d) cont

Rest of World:

3. (a) List company's products sold as part of or under another company's label or brand name:

(b) What percentage of your products are a component part of other products? _____ %

4. (a) Please indicate any new products that have commenced production or have entered the public stream of commerce within the last 12 months:

5. What percentage of your products are manufactured by an outside vendor? _____ %

6. Do you agree to indemnify or hold harmless any suppliers of components or raw materials?

Yes No If yes, please provide details: _____

7. (a) Total number of company employees: _____

(b) List below any strikes, riots, work stoppages and/or plant closings in the last three (3) years:

8. (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 or undertake other activities which might make it a target of extremist or special interest groups?

Yes No If yes, please provide details: _____

9. Please provide the following information for the top 3 selling 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 is produced			
Number of Production Lines at each location			
Country sold			
Largest Batch Size by Value (£/\$)			

Safety, HACCP & Quality

10.(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 the date of the last Governmental Food Safety Organisation inspection?

(Please attach copy of the inspection report, if available)

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

If yes, provide details: _____

11.(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 indicate other responsibilities held by this person:

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

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

(a) Please select which of the following:

British Retail Consortium Global Food Standard Yes No

International Food Standard Yes No

EFSIS Yes No

FPA - SAFE Yes No

(b) How often are 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:

13. 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? _____

(d) Do you have a formal supplier qualification process? Yes No

14. 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			

15.(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 is it? _____

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 all certificates of product conformance from the suppliers received? Yes No
16. Are all your product labels inspected? Yes No
- If "yes", when and by whom: _____

17. 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

18. 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: _____

19. Claims history of the company
- (a) Products recalled due to an accidental contamination and/or malicious 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)

20. Does the company know of any actual, threatened or suspected product tampering involving any of the company's products during the last twelve (12) months? Yes No
- If "yes", please give details: _____

21. Does the company, its directors and officers, or any other person known to the Insured have knowledge or information regarding any specific fact which may reasonably give Yes No

rise to a claim under the proposed policy?

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

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.

Signed: _____

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

Company: _____

Date: _____

Please enclose with this Proposal Form

Recall Manuals

Crisis Management Plan

HACCP Plan

HACCP Flowchart

Limits of Liability requested:

(a) Accidental Contamination _____

(b) Malicious Tampering _____

Self-Insurance Retention requested:

(a) Accidental Contamination _____

(b) Malicious Tampering _____