



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 rd 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 apply¹)

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

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: - # units recalled - Value of product recalled - Recall expenses (including consultants) - Business Interruption - 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:

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

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

DECLARATION

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.

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.