



## Product Contamination Insurance

### Proposer Details

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

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(b) Company address:

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(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)

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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:

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(d) cont

Rest of World:

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

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(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:

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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: \_\_\_\_\_

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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:

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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: \_\_\_\_\_

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(b) Does the company use or pay for animal testing of products?

Yes     No    If yes, please provide details: \_\_\_\_\_

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(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: \_\_\_\_\_

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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:

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

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

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(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.)

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(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 \_\_\_\_\_