

D. DIVISION OR SUBSIDIARIES of Applicant and products to be included under this coverage.

Name of Division or Subsidiary	Country	Product	Tamper resistant packaging	Shelf Life	Annual Business Interruption Values &/or % of Total Sales	Sales (\$000)		
						200__ (est)	200__	200__
			YES <input type="checkbox"/> NO <input type="checkbox"/>					
			YES <input type="checkbox"/> NO <input type="checkbox"/>					
			YES <input type="checkbox"/> NO <input type="checkbox"/>					
			YES <input type="checkbox"/> NO <input type="checkbox"/>					
			YES <input type="checkbox"/> NO <input type="checkbox"/>					
			YES <input type="checkbox"/> NO <input type="checkbox"/>					
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			YES <input type="checkbox"/> NO <input type="checkbox"/>					
			YES <input type="checkbox"/> NO <input type="checkbox"/>					
			YES <input type="checkbox"/> NO <input type="checkbox"/>					

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

Product	Name of Company	Sales 200 ____ (Est.)

F. Has the Applicant agreed to indemnify or hold harmless any suppliers or customers of components or raw materials? YES NO

If yes, please provide details.

G. Total Employees

N Z Overseas Total Payroll \$ \$

2. EMPLOYEE RELATIONS

A. Have there been any strikes/riots/work stoppages/plant closings in the last five years? YES NO

If yes, please provide details.

B. Have there been any reports of unfair dismissal, health hazards, or wage disputes in the last five years? YES NO

If yes, please provide details.

C. List below any wrongful termination lawsuits filed or threatened in the last five years.

3. EXTREMISTS EXPOSURE

A. Has the Applicant ever been a target of political, racial, environmental, or other ideological groups? YES NO

If yes, please provide details.

B. Does the Applicant use or pay for research of animal testing for products, import/export with volatile countries (e.g. Israel, South Africa) or undertake other activities which might make it a target of ideological groups? YES NO

If yes, please provide details.

4. QUALITY CONTROL

Does the Applicant, and all of its divisions and subsidiaries, have in place written quality control procedures? YES NO

If yes, please supply the following details.

A. When were these plans last reviewed and/or updated?

Quality Control Plan	<input type="text"/>
Product Recall Plans	<input type="text"/>
Crisis Management Plans	<input type="text"/>

B. Is a batch coding system utilised?

YES NO

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

C. Who can initiate a major product recall?

D. Do the quality procedures incorporate a Hazard Analysis and Critical Control Point (HACCP) programme for **all products**?

YES NO

If no, please list below those divisions/subsidiaries who do not have a HACCP programme for all products.

E. Does the Applicant and all of its divisions and subsidiary companies require its **suppliers** to abide by HACCP Standards?

YES NO

5. ADVERTISING AND PUBLIC RELATIONS

A. Agency(ies) used?

(1) Advertising

(2) Public Relations

B. Expenditures?

200 ____ (Est.) 200 ____ 200 ____

(1) Advertising

\$	\$	\$
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(2) Public Relations

\$	\$	\$
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C. Have the Applicant, its division(s) or subsidiary(s) products or any of their premises ever been the subject of comment or complaint by any Government Agency or Department?

YES NO

If yes, please provide the following:

(1) Which Agency/Department

(2) Date and Nature of Comment or Complaint

(3) Outcome of such comment or complaint

(4) Date Resolved

(5) Please attach copy of report or similar.

D. What steps are taken by the Applicant, its divisions and subsidiaries to assess the Quality Standards adhered to by its suppliers?

(Application, Questionnaire, References, Health Inspection Reports etc)

E. Are the Applicant's products batch produced, or is it a continuing process?

If batch produced, what is the Applicant's average batch size and is batch coding used?

F. If continuing process is used, what is the Applicant's average size run?

G. Does your coding system allow for the following identification?

- | | | | | |
|---------------------|-----|--------------------------|----|--------------------------|
| Product Name | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| Producing Facility | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| Manufacture | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| Batch Number | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| Date of Manufacture | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| Other | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| Serial Number | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |

H. If any products become part of another company's product, please supply details of such and to whom sold.

I. If any of the Applicant's products are sold to be repackaged under another name, to whom are they sold and what is their eventual name?

J. Do all of the products, which are the subject of this application conform in all respects with requirements of any local statute or regulation of any Government Agency, Department or Commission having jurisdiction thereof?

YES NO

K. Advise method of distribution of your products:

(1) How transported (truck, rail, mail etc.)

(2) Type of packaging (drums, bulk, etc.)

(3) Steps to end-user (in house vs wholesale)

L. Does the Applicant maintain any form of data processing inventory control system?

- | | | | | |
|--------------------------------------|-----|--------------------------|----|--------------------------|
| Product Inventory | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| Sales to and identity of wholesalers | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| Distributors | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| Retailers | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |

M. To your knowledge do the Applicant's, wholesalers and/or distribution maintain records of the final retail outlets of the Applicant's products? State, as far as possible, how long each of the above records are kept.

6. PRODUCT TESTING

A. Is product testing utilized for all products?

YES NO

In no, please explain.

B. Please describe the procedures utilized? (e.g. microbiological, X Ray, Metal Detectors etc.)

C. Do all divisions and subsidiaries utilize these procedures?

YES NO

In no, please explain.

D. At what point in the manufacturing process is testing performed?

(in line, end product etc.)

E. Does testing occur at Critical Control Points? Please explain

F. Do you have an in-house testing Laboratory?

YES NO

G. If no, do you retain an outside testing laboratory?

YES NO

If no please state who, where and whether 24 hour

H. Do you Test Raw Material?

YES NO

7. AUDITS

A. Are Quality Assurance Audits performed by an Independent third party?

YES NO

If yes,

For all divisions?

YES NO

By whom?

How often?

B. In the last two years have any major recommendations been made?

YES NO

If yes, please describe.

C. Were they implemented?

YES NO

D. Are labels inspected?

YES NO

If yes, by whom?

8. PREPAREDNESS

A. Does the Applicant and all of its division and subsidiary companies have a written, in force recall plan? YES NO

If yes, annex a copy of the said plan or set forth details.

If no, please list below the name of any such division or subsidiary Company.

B. Does the Applicant and all of its division and subsidiary companies have a written, In Crisis Management plan? YES NO

If no, please list below the name of any such division or subsidiary Company

C. When were each of these plans last reviewed and/or updated and by whom?

D. If the Applicant does not have such a plan and it becomes necessary to recall any of the Applicant's products, what method would be used to secure return of such products?

9. LOSS EXPERIENCE for all Applicants for the last five years.

A. Products recalled for actual, threatened or suspected contamination - please provide details as follows:

Name of Applicant/division/ subsidiary	
Product(s) Involved	
Reason for Recall	
Method Utilized to Recall	
Date Instituted	
Date Closed	
Cost Breakdown of Recall	
Estimate Cost to Rehabilitate or Reintroduce a Product	

B. Does the Applicant know of any actual, threatened, or suspected contamination involving any of the Applicant's products during the last twenty four months? YES NO

If yes, please provide details.

C. Does the Applicant, its Directors, Officers or any other known person have knowledge or information of any specific fact or circumstances which may reasonably give rise to a claim under the proposed policy? YES NO

If yes, please provide details.

D. Does the Applicant, its Directors, Officers or any other known person have knowledge or information of any threat howsoever made by any person through any medium which may reasonably give rise to a claim under the proposed policy? YES NO

If yes, please provide details.

E. (1) Please submit a copy of the latest Annual Report.

(2) Please list details, including name of Insurer and expiry date of the Policy of any previous Contaminated Products insurance.

(3) Has any Insurer declined any proposal, imposed special terms, cancelled, or declined to continue or renew any Contaminated Products or similar insurance policy?

YES NO

If yes, please provide details.

10. LIMIT OF LIABILITY Requested

\$	
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DEDUCTIBLE Requested

\$	
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The answers you have provided to the above questions will usually provide sufficient information for a proper consideration of your application, however, if there are any matters which are material to the risk to which this application relates, you should disclose those facts to us below.

DECLARATION

I (we) declare that the above statements and particulars are true and that I (we) have not suppressed or misstated any facts, and that should any of the information given by me (us) alter between the date of this Application and the inception date of the insurance to which this Application relates, I (we) will give immediate notice thereof. I (we) agree that this Application together with any other information supplied by me (us) shall form the basis of any contract of insurance effected thereon. I (We) agree that this Application is for insurance in accordance with the normal terms and conditions of the Contaminated Products Insurance Policy of Vero Liability Insurance Limited, the terms and conditions of which I (we) have been shown and have read before completing this Application, and which shall be incorporated into and form the basis of this Insurance Contract.

I (we) have read the Important Notice which is attached to this application and I (we) understand the contents of that notice.

IN WITNESS WHEREOF, the Applicant has caused this application to be signed by its duly authorised officer.

Witness		Signed	
Broker		Name	
Address		Position	
Date			

IMPORTANT - You must read this before entering into a Contract of Insurance

A. Your Duty of Disclosure

Before you enter into a contract of general insurance with an insurer, you have a duty, to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the Insurer's decision whether to accept the risk of the insurance and, if so, on what terms. You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of general insurance.

- Your duty however does not require disclosure of matter -
- that diminishes the risk to be undertaken by the insurer;
 - that is of common knowledge;
 - that your insurer knows, or in the ordinary course of his business, ought to know;
 - as to which compliance with your duty is waived by the insurer.

Non-Disclosure

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce his liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.

B. Contract by the Insured Affecting Rights of Subrogation

If the proposed contract of insurance includes a provision which excludes or limits the Insurer's liability in respect of any loss because you are a party to an agreement which excludes or limits your rights to recover damages from a third party in respect of that loss, you are hereby notified that signing any such agreement may place your indemnity under the proposed contract at risk.

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