

IMPORTANT: Duty Of Disclosure

This proposal form is to be completed by the Applicant or an Authorised Officer of the Applicant. The information provided to Vero Liability in this proposal form will be the basis of any contract of insurance entered into.

There are serious consequences if you fail to tell us information which is material to our decision to issue, renew, or alter this policy, or the terms on which we did any of these things.

You must disclose to Vero Liability Insurance Limited all information which is material to it in deciding whether to issue insurance cover to you, and if so on what terms and/or premium. This includes but is not limited to any circumstances or conduct which might lead to a claim being made against you. This may also include information which is additional to the questions that we have asked. The duty to disclose material information occurs prior to the commencement of cover, prior to each renewal or whenever the policy is varied. This means that prior to renewal or any policy variations, as well as advising of new information you may also need to advise us of any alterations to the facts previously notified.

Failing to disclose material information may result in your policy being avoided. This means that your policy would be deemed to have never existed and no claims would be payable.

If there is insufficient space to provide full information in this proposal document, please attach additional sheets. **WHEN IN DOUBT DISCLOSE.**

Applicant Details

Name of applicant including trading names, names of subsidiaries and any other parties to be insured

Address

Website Address

Email Address

Contact Person

Phone Number

Broker / Agent

Details of Principals and Staff

| Numbers of Staff | Employees | | Contractors | |
|-------------------------|-----------|-----------|-------------|-----------|
| | Full time | Part time | Full time | Part time |
| Principals/Directors | | | | |
| Qualified Staff | | | | |
| Other Technical Staff | | | | |
| Administrative/Clerical | | | | |
| Other | | | | |
| Total Payroll \$ | | | | |

Financial Details

Please provide gross turnover for all activities as follows:

| Country | Last Financial Year | Current financial Year estimated | Next financial year estimated |
|-------------------|---------------------|----------------------------------|-------------------------------|
| New Zealand | \$ | \$ | \$ |
| Australia | \$ | \$ | \$ |
| Asia & Pacific | \$ | \$ | \$ |
| Rest of the world | \$ | \$ | \$ |
| Total | \$ | \$ | \$ |

Proposal Form Contaminated Products Liability

Business Details

State fully the nature of your business activities/operations (please include current and past activities)

[Please furnish copies of any brochures, or other documentation which may assist Vero Liability in gaining a complete appreciation of your business/profession.]

When was the business established?

Has the name of the business ever changed? Yes No

▶ If Yes, please advise

Has any other business amalgamated or merged with you? Yes No

▶ If Yes, please advise

Have you purchased another business? Yes No

▶ If Yes, please advise

Have there been any strikes/riots/work stoppages/plant closings in the last five years? Yes No

▶ If Yes, please advise

Have there been any reports of unfair dismissal, health hazards, or wage disputes in the past five years? Yes No

▶ If Yes, please advise

Have there been any wrongful termination lawsuits filed or threatened in the last five years? Yes No

▶ If Yes, please advise

Has you ever been a target of political, racial environmental or other ideological groups? Yes No

▶ If Yes, please advise

Do you use or pay for research of animal testing products or import/export with volatile countries or undertake other activities which might make you a target of ideological groups? Yes No

▶ If Yes, please advise

Do you have the following written quality control procedures?

| | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Last review date |
|------------------------|------------------------------|-----------------------------|------------------|
| Quality Control Plan | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Product Recall Plan | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Crisis Management Plan | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |

Is a batch coding system used? Yes No

▶ If Yes, please advise

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Who can initiate a major product recall?

Do the quality control procedures incorporate a Hazard Analysis and Critical Control Point (HACCP) Yes No

▶ If Yes, please advise divisions that do not have HACCP programme for all products

Please advise expenditure on Advertising and Public Relations:

| Name of Agency | Expenditure last year | Expenditure this Year |
|----------------|-----------------------|-----------------------|
| | \$ | \$ |
| | \$ | \$ |

Have you or your products or any of your premises ever been the subject of comment or complaint by any Government Agency or Department? Yes No

▶ If Yes, please advise

What steps are taken by you to assess the Quality Standards adhered to by your suppliers?

Has the applicant agreed to indemnify or hold harmless any suppliers or customers of components or raw materials? Yes No

▶ If Yes, please advise

Do you use a standard disclaimer and/or remedy clause limiting your liability to replacement, or the cost of replacement components or raw materials? Yes No

▶ If Yes, please attach a copy. If No, please explain why not:

Product Details

Are your products batch produced, or is it a continuing process? Yes No

If batch produced, what is your average batch size?

If continuing process is used, what is your average size run?

Does your coding system allow for the following identification:

Product Name Yes No

Producing Facility Yes No

Manufacture Date Yes No

Batch Number Yes No

Serial Number Yes No

Other (please specify) Yes No

Please advise method of distribution of your products

How transported:

Type of Packaging:

Steps to end user:

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To your knowledge do your wholesalers and/or distributors maintain records of the final retail outlets of your products Yes No

How long are each of these records kept?

Is product testing utilised for all products? Yes No

Please advise method of testing of your products

At what point in the manufacturing process is testing performed

Does testing occur at Critical Control Points? Yes No

Do you have an internal laboratory? Yes No ▶

▶ If No, please advise external laboratory

Do you test raw materials? Yes No

Are Quality Assurance Audits performed by an independent third party? Yes ▶ No

▶ If Yes, by whom?

How often are the audits conducted?

In the past two years have any major recommendations been made? Yes ▶ No

▶ If Yes, please advise

Were the recommendations implemented? Yes No

Are labels inspected? Yes No

Have any products become part of another company's product? Yes ▶ No

▶ If Yes, please advise details of products and to whom sold

Have any products been sold to be repackaged under another name? Yes ▶ No

▶ If Yes, please advise to whom were they sold and their eventual name

Do all products conform in all respects with requirements of any local statute or regulation of any Government Agency, Department or Commission having jurisdiction thereof? Yes No

Do you manufacture products for other parties or do you have other parties' goods in your Care Custody or Control? Yes ▶ No

▶ If Yes, please advise details of products and for whom

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Product Details

| Name of Division or Subsidiary | Country | Product | Tamper Resistant Packaging? | Shelf Life | Annual Business Interruption Values and/or % of Total sales | Sales | | |
|---|---------|---------|--|------------|---|------------------|---------------------|---------------------|
| | | | | | | Last year actual | This year estimated | Next year estimated |
| | | | 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"/> | | % | \$ | \$ | \$ |
| | | | 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"/> | | % | \$ | \$ | \$ |
| | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | % | \$ | \$ | \$ |
| Please also advise your products that are sold as part of another company's label or brand name | | | | | | | | |
| | | | 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"/> | | % | \$ | \$ | \$ |
| | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | % | \$ | \$ | \$ |

Proposal Form Contaminated Products Liability

Prior Insurance

Has any insurer in respect of the risks to which this proposal relates ever:

| | | |
|--|------------------------------|-----------------------------|
| 1. declined a proposal, refused renewal or terminated any insurance? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. required an increased premium or imposed special conditions? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. declined an insurance claim by the Applicant or reduced its liability to pay an insurance claim in full (other than by application of an Excess)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

▶ If Yes to any of the above please give details

Claims Experience

Has any claim been made against the Applicant or any principal or director (including principal or director of any previous business) consultant or employee in respect of the risks to which this proposal relates? Yes No

▶ If Yes please give details *

| Date of Claim or Loss | Brief details of claim or loss | Cost (if any of claim paid or loss insured) | Estimated outstanding loss |
|-----------------------|--------------------------------|---|----------------------------|
| | | \$ | \$ |
| | | \$ | \$ |
| | | \$ | \$ |

What action has been taken to prevent a recurrence of the situation which gave rise to each claim or loss?

Is any principal, director, partner, consultant or employee, after enquiry, aware of any circumstances which might give rise to a claim against the Applicant or his/her predecessors in business or any present or former principals, partners, directors, consultants or employees? Yes No

▶ If Yes please give details*

* Please attach supporting documents and additional pages if necessary.

Declaration

On behalf of all proposed Insureds, I/We declare and agree that:

- the information and answers given in this proposal are in every respect true and correct and that Vero Liability has been made aware of all information that may be material in considering this proposal.
- this proposal and declaration shall be the basis of and incorporated in the insurance contract.
- I/We warrant that we will notify Vero Liability of any material alteration to these facts whether occurring before or after the completion of this insurance contract.
- Vero Liability is authorised to give to or obtain from any other insurers or any insurance broker or other party any information relating to this insurance or any other insurance held by me/us or any claim made by me/us.

I/We understand that:

- Vero Liability is collecting the information on this proposal for the purpose of conducting its business, evaluating our insurance requirements and deciding whether to issue insurance cover and if so on what terms.
- failure to provide any of this information may result in Vero Liability refusing to provide the insurance.
- this information will be held by Vero Liability at 23-29 Albert Street, Auckland.
- I/We have certain rights of access to and correction of this information.

Signed:

Title:

Date:

If this proposal form is being completed electronically, please print the completed form to sign.

Note: Completion of this proposal does not bind the Applicant or Vero Liability to enter into a contract of insurance.

Vero Liability Insurance Limited

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