

ZK - 24-25/v2

Maxima Product Liability Insurance Product Recall Insurance - Proposal Form

PLPR

Note to the Proposer

- Please note that this proposal form is being completed on behalf of all insureds.
- Signing or completing this proposal does not bind the Proposer, or any individual or entity he or she is representing, to complete this insurance.
- Please answer all questions. If any of the questions are not applicable, please state "N/A".
- Please provide by addendum any supplementary information which is material to the questions herein.

PROPOSER DETAILS

1. (a) Name of Proposer:

(b) Principal Address:

(c) Main contact name for pre-incident consultancy and response:

(d) Main contact email: (e) Main contact telephone:

(f) Website: (g) Description of Proposer's business activities:

Primary operation: Manufacturer Distributor Retailer

NON-MANUFACTURING RISKS PLEASE COMPLETE APPENDIX 1

2. (a) Limit of Liability requested

(b) Deductible

3. (a) Estimated annual turnover prior year

(b) Projected annual turnover next year

4. (a) Number of manufacturing premises

(b) Number of storage/distribution premises

(c) Are any of the above premises overseas? Yes No

If so, in which countries?

5. Total number of employees

PRODUCT DETAILS

6. Are products exported? If so, please provide breakdown of sales by country/region below:

Country	200_ (actual)	200_ (actual)	200_ (projected)

7. Please complete the following table for your top 3 products:

Product Type:			
Product (brand) Name:			
Annual Turnover of Product:			
Daily Production:			
a) sales			
b) units			
Is it a finished product or a component?			
If a component, what is the finished product?			
If a component, what is the value of:			
a) the component?			
b) the finished product?			
Production Location:			
Number of production Lines:			
Largest traceable batch size or value:			
Average traceable batch size or value:			

8. Please indicate any new product types that have commenced production or have entered the public stream of commerce within the last 12 months:

9. Does the Company agree to indemnify or hold harmless any suppliers of components or raw materials? Yes No

If yes, provide details:

10. What percentage (if any) of your manufacturing is contracted out to third parties?

IF MORE THAN 50% PLEASE COMPLETE APPENDIX 1

11. Do any products require an external power source to operate? Yes No

12. Do any products require installation? Yes No

If so, what is the average cost of installation per product?

QUALITY CONTROL AND ASSURANCE

13. Do you have a Certified Quality Management System? Yes No

If yes, please specify certification. If not certified, please advise what Quality Management Systems you have in place.

14. a) Are Quality Assurance audits performed in-house or by an independent third party?

b) How often are these audits performed?

15. Do all of the products which are the subject of this proposal conform in all respects with requirements of law or regulation, including applicable industry guidelines or any other jurisdiction thereof? Yes No

If no, provide details:

16. Do all labels, user instructions, manuals and packaging meet applicable industry standards? Yes No

17. a) Is there a Quality Control Department? Yes No

b) Who is responsible for overseeing and implementing QA procedures?

18. a) Do you require your suppliers of components or raw materials to abide by specified quality standards? Yes No

b) What steps are taken to monitor and assess the quality standards adhered to by these suppliers? (Application, references, inspection reports, etc.)

19. How do you collect and monitor customer complaints?

PRODUCT TESTING

THIS SECTION IS INTENDED FOR MANUFACTURERS. NON-MANUFACTURERS PLEASE COMPLETE APPENDIX 1

20. Please specify what type of testing is carried out:

a) in-line

b) end of line

c) raw materials

d) other

21. Is this testing carried out: in-house by a third party

PLEASE PROVIDE SAMPLES OF TESTING DOCUMENTATION/CERTIFICATION AS APPLICABLE.

RECALL MANAGEMENT

22. Do you have a current recall plan? Yes No

When were these plans last reviewed and/or updated?

23. Is a batch coding system utilized? Yes No

If yes, please specify type of batch coding used:

24. Does your batch coding system allow 100% traceability? Yes No

25. Do you carry out mock recalls and traceability tests? Yes No

If yes, when were the last tests carried out?

26. Please estimate the cost to recall your leading brand:

(include recall costs, lost sales/profit, re-marketing costs etc)

LOSS INFORMATION

27. Has the company's products or any of its premises ever been the subject of review, comment or complaint by any governmental agency or department or local authority agency or department? Yes No

If yes, please provide details (which agency, date, nature of complaint, outcome, date resolved):

28. Have any products been recalled in the last ten (10) years? Yes No

IF YES PLEASE COMPLETE APPENDIX 2.

29. Are you aware of any specific or material fact which may reasonably give rise to a claim under the proposed policy? Yes No

If yes, provide details:

30. a) Has the Company had any strikes, riots, work-stoppages, or plant closings in the last three (3) years? Yes No

b) Has the Company ever been a direct target of political, racial, environmental, or other extremist or special interest groups? Yes No

If yes, provide details:

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

DECLARATION

I / We do hereby solemnly declare and state that all information given above is true to my / our knowledge. In case such information is found at any time in future to be false or misleading or it is found by the insurer that I / We have not disclosed any fact which is material to the assessment of the risk, the insurance cover granted to me / us shall be deemed to be null and void and I / We shall not be entitled to any benefit hereunder

Authorised Signatory

Company Stamp

Position in Your Company:

Place*

Date*

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.

PLEASE ENCLOSE WITH THIS PROPOSAL FORM

Current Recall Manual or Plan

Current Quality Control Plan

Samples of any documentation or certification referred to in this proposal

Appendix 1 – Suppliers information

THIS APPENDIX SHOULD BE COMPLETED BY NON-MANUFACTURERS (EG. DISTRIBUTORS, WHOLESALERS, RETAILERS), OR BY COMPANIES WHO SUB-CONTRACT MORE THAN 50% OF THEIR MANUFACTURING TO THIRD PARTIES. "SUPPLIERS" WHEN USED IN THE FOLLOWING QUESTIONS SHOULD BE DEEMED TO INCLUDE CONTRACT MANUFACTURERS.

1. (a) Number of suppliers

(b) Average length of relationship with suppliers

(c) Are any suppliers located overseas? Yes No

If so, in which countries?

2. Does the Company agree by contract to indemnify or hold harmless? Yes No

If yes, provide details:

3. (a) Do you require your suppliers to abide by specified quality standards? Yes No

(b) What steps are taken to monitor and assess the quality standards adhered to by these suppliers? (Application, references, inspection reports, etc.)

4. Do you carry out testing on products received from your suppliers? Yes No

Please provide details:

If not, please provide details of product testing carried out by your suppliers:

5. Please give any further applicable details of your supplier selection and management/evaluation procedures, attaching any relevant documentation.

Appendix 2 – Claims information

THIS APPENDIX SHOULD BE COMPLETED IF ANY PRODUCTS HAVE BEEN RECALLED IN THE LAST TEN YEARS

1. (a) What product was recalled?

(b) What was the cause of the recall?

2. Date of recall:

3. How many product lines were affected?

4. How many batches/units of product were recalled?

5. What was the total cost of the recall? Please include recall costs, lost sales, remarketing and any other related costs.

6. Were any contracts lost as a result of the recall? Yes No

If so, please provide details

7. Please provide details below of any measures taken since the recall to prevent a Recurrence?

8. Were your recall and traceability procedures successful during the recall? Yes No

If not, have your procedures since been updated? Yes No