

Product Recall, Contamination and Malicious Tamper Insurance

Proposal Form

Instructions

Please read the Important Information Section on page 5 before completing this form.

Please contact us if you would like a hard copy of the relevant insurance policy or a summary of cover provided by Chubb.

General Details

1. Insured Name (please provide all names to be Insured):					
2. Policy Period:	From:			To:	
3. Business Description:					
4. Website:					
5. Turnover (NZD):	Estimated:	Actual:		Projected:	
6. Please detail the geographic breakdown of sales (%):					
Europe:		North America:		Latin America:	
Japan:		China:		SE Asia:	
Australia:		New Zealand:		Africa/Middle East:	
7. Please list your products as a percentage of sales (estimated):					
8. Limit Required:					
ACI:					
GR:					
MPT:					
PE:					
Other:					
9. Self-Insured Retention (SIR):					
ACI/GR:					
MPT/PE:					

Details of Operation

1. Type of operation (check all that apply):	
<input type="checkbox"/> Manufacturer (Own Design)	<input type="checkbox"/> Importer
<input type="checkbox"/> Co-Packer	<input type="checkbox"/> Retailer
<input type="checkbox"/> Bottler	<input type="checkbox"/> Packaging
<input type="checkbox"/> Contract Manufacturer (Clients Design)	<input type="checkbox"/> Supplier
<input type="checkbox"/> Manufacturer (Clients and Own Design)	Other:
<input type="checkbox"/> Distributor / Wholesaler	

Details of Operation *continued*

2. Number of manufacturing sites:					
3. Please enter total number of manufacturing sites per region:					
Europe:		North America:		Latin America:	
Japan:		China:		SE Asia:	
Australia:		New Zealand:		Africa/Middle East:	
4. Sales manufactured at largest plant (NZD):					
5. Number of production lines at largest plant:					
6. Does production run 24hrs per day?					<input type="checkbox"/> Yes <input type="checkbox"/> No

Product Details

1. Top brand /product including estimated sales:					
2. Are the majority of products branded?					<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are the majority of goods under the insureds own label?					<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are more than 25% of products manufactured by an outside vendor?					<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are products manufactured and packed in a secure manner that prevents cross contamination?					<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Are labels routinely inspected for legislative accuracy and content (please attach any relevant information)					<input type="checkbox"/> Yes <input type="checkbox"/> No
Allergen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Technical?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Legal?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other:			

Supplier Details

1. Do the suppliers have process change protocol in place?					<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does the insured have a Vendor Approval Program in place?					<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Please describe the process in place to assess the ability of your suppliers to meet your specifications. (please attach relevant information)					
4. Does the insured audit third party suppliers?					<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Does the insured have contracts in place with all suppliers? If so, please supply copies of the contracts					<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you agreed to indemnify or hold harmless any supplier?					<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please detail:					
7. Are your suppliers contractually obligated to indemnify you in the event of a product contamination caused by their products?					<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Top 5 suppliers:					
Company:		Type of product:			
Company:		Type of product:			
Company:		Type of product:			
Company:		Type of product:			
Company:		Type of product:			

Quality Control & Testing

1. Does insured have a Quality Assurance Plan / control manual in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does insured have a HACCP plan in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, Were there any HACCP recommendations deemed “critical” or “major” or regulatory warning letters issued as a result of your inspections/audits? If Yes, please attach the details and a corrective action plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Does insured have SSOPs or GMPs in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Does insured practice preventative or predictive maintenance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. If you receive Certificates of Analysis for Raw Materials/Ingredients/Supplies/Packaging do you randomly test against them to ensure conformance?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If Yes, what is the frequency of testing?	
What is the percentage of shipments tested?	

6. Is product testing at critical control points conducted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Is there a hold period before shipping?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Is there a positive release procedure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Is there an incoming quarantine process?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. If microbiological/pathogen tests are performed, is there a “hold and release” period before shipping?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If Yes, please describe below or attach any relevant information:

11. Are food safety audits performed by an accredited third party?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Do you use an external Laboratory or do you have an Analytical Lab or Testing Facility on site?	<input type="checkbox"/> Internal <input type="checkbox"/> External
13. Is the Laboratory third party or NATA certified?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If Yes, please provide the name(s) of the external laboratory or your own relevant certification:

14. With regard to the testing/Control of your products, please mark the applicable boxes:

Type of Test	Raw Materials	In-line during Production	End of Line	Externally Tested
Microbiological				<input type="checkbox"/> Yes <input type="checkbox"/> No
X-ray				<input type="checkbox"/> Yes <input type="checkbox"/> No
Metal Detection				<input type="checkbox"/> Yes <input type="checkbox"/> No
Chemical/Composition				<input type="checkbox"/> Yes <input type="checkbox"/> No
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No

Recall Preparedness & Traceability

1. Does the insured have a recall plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does the insured perform mock recalls?	<input type="checkbox"/> Yes <input type="checkbox"/> No
When was the last mock recall performed?	
Any recommendations from the mock recall?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, when was it last updated?	
3. Does the insured utilise a batch coding system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Can the insured trace products once they have left its care, custody and control?	<input type="checkbox"/> Yes <input type="checkbox"/> No

5. Is there backwards traceability for all ingredients/components and packaging used in the manufacturing of products?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If Yes, please detail below or attach details, i.e. is Batch Coding used?

Malicious Product Tampering

1. Is the insured a potential extremist target?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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2. Has the applicant ever been a target of political, racial, environmental, animal rights or other ideological groups?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If Yes, please describe:

3. Does the applicant know of any actual, threatened or suspected malicious product tampering involving any of the applicant's products during the last 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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4. Do you use Tamper evident/Tamper resistant packaging?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If Yes, please describe:

Loss History

1. In the past 5 years, have you had any claims, product withdrawals, recalls, silent recalls or contamination incidents? If Yes, please describe below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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	1.	2.
Cause of Recall: i.e. First Party (Malicious Tamper, Accidental Contamination) Third Party Government Initiated		
Plant/location where incident (which triggered the loss) occurred		
Date of Recall		
Total cost of the Recall: • Units Recalled • Value of product recalled • Recall expenses (Including Consultants) • Business Interruption • Third Party Liability Indemnity		
Corrective Action		

Declaration

On behalf of the applicant, I/we declare that:

- I/we have read and understood Chubb's Financial Strength Rating, Duty of Disclosure and Privacy Statement in this form;
- all information provided (and where applicable, previously provided) is true and correct and I/we have made a fair presentation of the risk, by disclosing all material matters which I/we know or ought to know or, failing that, by giving the insurer sufficient information to put a prudent insurer on notice that it needs to make further enquiries in order to reveal material circumstances;
- I/we undertake to inform the insurer promptly in writing of any material alteration to the facts declared that occurs prior to completion of the contract of insurance;
- I/we have obtained, and will obtain in the future, the consent to the disclosure and use of personal information from those persons whose personal information is supplied in relation to this form for the purposes of (i) underwriting the risks and (ii) administering and performing any resulting insurance contract.

This form must be signed by the applicant's Chairman of the Board, Managing Director, Chief Executive Officer or Chief Financial Officer.

Signed			
Name		Date	
Position			

Important Information

In this section “We”, “Our” and “Us” means Chubb Insurance New Zealand Limited (Chubb). “You” and “Your” refers to Our customers and prospective customers as well as those who use Our website.

Duty of Disclosure

Your Duty of Disclosure

Before entering into a contract of insurance with Chubb, each prospective insured has a duty to disclose to Chubb information that is material to Chubb’s decision whether to accept the insurance and, if so, on what terms. This includes material information about the insured, any other people and all property and risks insured under the policy. Information may be material whether or not a specific question is asked.

There is the same duty to disclose material information to Chubb before renewal, extension, variation or reinstatement of a contract of insurance with Chubb. You should also provide all material information when You make a claim or if circumstances change during the term of the contract of insurance.

It is important that each prospective insured understands all information provided in support of the application for insurance and that it is correct, as each prospective insured will be bound by the answers and by the information they have provided.

The duty of disclosure continues after the application for insurance has been completed up until the time the contract of insurance is entered into.

Consequences of Non-Disclosure

If an insured fails to comply with their duty of disclosure, Chubb may be entitled, without prejudice to its other rights, to reduce its liability under the contract in respect of a claim or refuse to pay the entire claim. Chubb may also have the right to avoid the contract from its beginning. This means the contract will be treated as if it never existed and no claims will be payable.

Financial Strength Rating

At the time of print, Chubb has an “AA-” insurer financial strength rating given by S&P Global Ratings. The rating scale is:

The rating scale is:			
AAA Extremely Strong	BBB Good	CCC Very Weak	SD or D Selective default or default
AA Very Strong	BB Marginal	CC Extremely Weak	R Regulatory Action
A Strong	B Weak		NR Not Rated

The rating from ‘AA’ to ‘CCC’ may be modified by the addition of a plus (+) or minus (-) sign to show relative standings within the major rating categories. A full description of the rating scale is available on the S&P Global Ratings [website](#).

Our rating is reviewed annually and may change from time to time, so please refer to Our website for Our latest financial strength rating.

Fair Insurance Code

We are a member of the Insurance Council of New Zealand (ICNZ) and a signatory to ICNZ’s Fair Insurance Code (the Code). The Code and information about the Code is available at www.icnz.org.nz and on request.



Privacy Statement

This statement is a summary of Our privacy policy and provides an overview of how We collect, disclose and handle Your personal information. Our privacy policy may change from time to time and where this occurs, the updated privacy policy will be posted on Our [website](#).

Chubb is committed to protecting Your privacy. Chubb collects, uses and retains Your personal information in accordance with the requirements of New Zealand's Privacy Act, as amended or replaced from time to time.

Personal Information Handling Practices

When do We collect Your personal information?

Chubb collects Your personal information (which may include health information) from You when You interact with Us, including when You are applying for, changing or renewing an insurance policy with Us or when We are processing a claim, complaint or dispute. Chubb may also (and You authorise Chubb to) collect Your personal information from other parties such as brokers or service providers, as detailed in Our privacy policy.

Purpose of Collection

We collect and hold the information to offer products and services to You, including to assess applications for insurance, to provide and administer insurance products and services, and to handle any claim, complaint or dispute that may be made under a policy.

If You do not provide Us with this information, We may not be able to provide You or Your organisation with insurance or to respond to any claim, complaint or dispute, or offer other products and services to You or Your organisation.

Sometimes, We may also use Your personal information for Our marketing campaigns and research, to improve Our services or in relation to new products, services or information that may be of interest to You.

Recipients of the Information and Disclosure

We may disclose the information We collect to third parties, including:

- contractors and contracted service providers engaged by Us to deliver Our services or carry out certain business activities on Our behalf (such as actuaries, loss adjusters, claims investigators, claims handlers, professional advisers including lawyers, doctors and other medical service providers, credit reference bureaus and call centres);
- intermediaries and service providers engaged by You (such as current or previous brokers, travel agencies and airlines);
- other companies in the Chubb group;
- the policyholder (where the insured person is not the policyholder);
- insurance and reinsurance intermediaries, other insurers, Our reinsurers, marketing agencies; and
- government agencies or organisations (where We are required to by law or otherwise).

These third parties may be located outside New Zealand. In such circumstances We also take steps to ensure Your personal information remains adequately protected.

From time to time, We may use Your personal information to send You offers or information regarding Our products that may be of interest to You. If You do not wish to receive such information, please contact Our Privacy Officer using the contact details provided below.

Rights of Access to, and Correction of, Information

If You would like to access a copy of Your personal information, or to correct or update Your personal information, want to withdraw Your consent to receiving offers of products or services from Us or persons We have an association with, please contact the Privacy Officer by posting correspondence to Chubb Insurance New Zealand Limited, PO Box 734, Auckland; telephoning: +64 (9) 3771459; or emailing Privacy.NZ@chubb.com.

How to Make a Complaint

If You have a complaint or would like more information about how We manage Your Personal Information, please review Our [Privacy Policy](#) for more details, or contact Our Privacy Officer at the details above.

You also have a right to address Your complaint directly to the Privacy Commissioner by telephoning 0800 803 909, emailing enquiries@privacy.org.nz or using the online form available on the Privacy Commissioner's website at www.privacy.org.nz.

About Chubb in New Zealand

Chubb is the world's largest publicly traded property and casualty insurance company. With operations in 54 countries and territories, Chubb provides corporate and commercial property and casualty insurance, personal accident and supplemental health insurance, reinsurance and life insurance to a diverse group of clients. As an underwriting company, we assess, assume and manage risk with insight and discipline. We service and pay our claims fairly and promptly. The company is also defined by its extensive product and service offerings, broad distribution capabilities, exceptional financial strength and local operations globally. Parent company Chubb Limited is listed on the New York Stock Exchange (NYSE: CB) and is a component of the S&P 500 index. Chubb maintains executive offices in Zurich, New York, London, Paris and other locations, and employs approximately 33,000 people worldwide.

Chubb's operation in New Zealand (Chubb Insurance New Zealand Limited) offers corporate and commercial property & casualty, group personal accident and corporate travel insurance products. Chubb in NZ also serves individuals with a substantial home and contents portfolio to protect, and individuals purchasing travel and personal accident insurance. It leverages global expertise and local acumen to tailor solutions to mitigate risks for clients ranging from large multinational companies to local corporates and SMEs, with all product offerings transacted through brokers.

More information can be found at www.chubb.com/nz.

Contact Us

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