Product Recall Insurance

Consumer goods and component parts proposal

IMPORTANT NOTICES TO THE APPLICANT

COMPLETING THIS PROPOSAL FORM

This proposal forms the basis of any insurance contract entered. Please complete it fully and carefully, remembering to sign the declaration. If you have insufficient space to complete any of your answers, please attach a signed and dated addendum. Any documents attached to the proposal will form part of the proposal. If you have any doubt over the questions or completing this proposal, please contact your insurance agent, as any non-disclosure may affect your right of recovery under this policy.

DUTY OF DISCLOSURE

Before you enter into an insurance contract, you have a duty to tell the insurer anything that you know, or could reasonably be expected to know, may affect the insurer's decision to insure you and on what terms.

You have this duty until the insurer agrees to insure you. You have the same duty before you renew, extend, vary or reinstate an insurance contract.

You do not need to tell the insurer anything that:

- reduces the risk the insurer insures you for; or
- is common knowledge; or
- the insurer knows or should know as an insurer; or
- the insurer waives your duty to tell the insurer about.

IF YOU DO NOT TELL THE INSURER SOMETHING

If you do not tell the insurer anything you are required to, the insurer may cancel your contract or reduce the amount the insurer will pay you if you make a claim, or both.

If your failure to tell the insurer is fraudulent, the insurer may refuse to pay a claim and treat the contract as if it never existed.

SUBROGATION AGREEMENT

If another person or company is liable to compensate you or hold you harmless for part or all of any loss or damage otherwise covered by our policy, but you agree with that person or company (either before or after the inception of our policy) that you would not seek to recover any loss or damage from them, we will not cover you for this loss or damage.

PRIVACY STATEMENT

Delta Insurance Australia Pty Ltd is committed to protecting your privacy. We have adopted the Australian Privacy Principles (APPs) contained in the Privacy Act 1988 (Cth) (Privacy Act). The APPs govern the way in which we collect, use, disclose, store, secure and dispose of your Personal Information.

Any Personal Information we collect about you will only be used for the purposes indicated in our Privacy Policy and only in the instance you have provided us with your consent or as otherwise required by law.

We will need to collect personal information from you or your insurance agent to assist with assessing your risk so that we can offer our products and services.

USE OF YOUR INFORMATION

The information collected will be used for the purpose in assisting us with underwriting and administrating your insurance cover on behalf of the Insurers we represent. Where reasonable and practicable to do so, we will collect your Personal Information only from you. To verify your identity, we may obtain or verify your Personal Information from a third party.

Information collected can also be used towards improving our customer service, product data research analysis and to advise you of any other products and services that may be of interest to you.

SECURITY OF YOUR INFORMATION

Your Personal Information is stored in a manner that reasonably protects it from misuse and loss and from unauthorised access, modification, or disclosure.

When your Personal Information is no longer needed for the purpose for which it was obtained, we will take reasonable steps to destroy or permanently de-identify your Personal Information. However, most of the Personal Information is or will be stored in client files which will be kept by us for a minimum of 7 years.

Whilst underwriting and reviewing your policy, we may share your information with your insurance agent, claims assessors, and to third party administrators providing related services to your insurance policy. Your information will be provided to the Insurer's we represent, based in the UK and whose details we will provide to you when issuing an insurance quotation.

By providing us with your Personal Information, you consent to us disclosing your information to such entities without obtaining your consent on a case-by-case basis.

FURTHER INFORMATION

We understand that you may not want to share with us the information which is requested to review your insurance policy, and this may affect our ability in providing and assessing an insurance policy.

For more information regarding how we collect, store, use and disclose your information, please read our privacy policy located at www.deltainsurance.com.au or alternatively you can contact us at contactus@deltainsurance.com.au.

Delta Insurance Australia Pty Ltd (ABN 83 652 033 933) is an Authorised Corporate Representative (CAR 001296353) of DIA Licence Pty Ltd (ACN 654 160 513) AFSL 535427

APPLICANT DETAILS

1 Name of Applicant (including all subsidiaries to be Insured):

2 ABN:

3 Principal Address:

4 Year Established:

5 Website Address:

6 Has the applicant traded continuously for more than 12 months? ○ Yes ○ No

7 Description of Operations and Products:

8 Is coverage Contract Specific? ○ Yes ○ No

If Yes, please provide details:

SALES INFORMATION

9 Please provide the following annual sales:

Estimated Sales for Upcoming Year: $ Current Year Sales: $

10 What percentage of sales are manufactured by contract manufacturers? %

11 If applicable, are formal manufacturing agreements in place with all contract manufacturers? ○ Yes ○ No

12 Total number of manufacturing facilities: Domestic: Overseas:

13 Please provide the following information on the top manufacturing facility:

Location: Total Sales: $ Daily Output: $

PRODUCT AND CUSTOMER INFORMATION

14 Please provide the following information on the top three products:

Product	Annual Total Sales	Average Batch Size
	$	$
	$	$
	$	$

15 Please confirm the following information regarding your products:

(a) Do you manufacturer products to customer specification? ○ Yes ○ No

(b) Are you responsible for the design of the products? ○ Yes ○ No

(c) What is the lifespan of your products?

16 Are failure rates of products monitored? ○ Yes ○ No

If Yes, what are typical failure rates?

17 Do all products, user instructions, manuals, packaging and labelling conform in all respects with the requirements of any local statute or regulation of any government, local or state authority having jurisdiction thereof? ○ Yes ○ No

18 Please provide the following information on the top three customers:

Customer Name	Percentage of sales
	%
	%
	%

QUALITY CONTROL INFORMATION

19 Please confirm if you have the following in place:

(a) Quality Control / Assurance Program (incl. SOPs and GMPs)? ○ Yes ○ No

(b) Six Sigma? ○ Yes ○ No

(c) Predictive and / or Preventative Maintenance? ○ Yes ○ No

(d) Lean Manufacturing? ○ Yes ○ No

(e) Testing at End Products? ○ Yes ○ No

(f) Do customers test upon receipt? ○ Yes ○ No

(g) Audits performed by an accredited third party? ○ Yes ○ No

20 Are all contract manufacturers audited by an accredited third party? ○ Yes ○ No

21 What Quality Management Systems do you have in place?

SUPPLIER INFORMATION

22 Please provide the following information on top three suppliers:

Supplier Name	Overseas	Product(s)	% of suppliers
	○ Yes ○ No		%
	○ Yes ○ No		%
	○ Yes ○ No		%

23 Please list the split of suppliers by percentage: Domestic: ____ % Overseas: ____ %

24 Please confirm if you have the following in place:

(a) Supplier/Vendor Approval Program? ○ Yes ○ No

(b) Supplier Audits? ○ Yes ○ No

(c) Products ordered to specification? ○ Yes ○ No

25 Has the applicant agreed to indemnify, waive rights of recovery or hold harmless any supplier, service provider or any other party? ○ Yes ○ No

If Yes, please provide details:

26 Please confirm if you have the following in place:

(a) Recall Plan? ○ Yes ○ No

If Yes, when was plan last updated?

(b) Mock Recalls? ○ Yes ○ No

If Yes, how frequently?

(c) Collect and monitor customer complaints? ○ Yes ○ No

27 Do you have an electronic traceability process in place? ○ Yes ○ No

Products are traceable by: ○ Product ○ Day ○ Hour ○ Shift ○ Other:

STAMP DUTY

28 Please provide the approximate percentage of sales applicable to each state or territory:

NSW	VIC	QLD	SA	NT	WA	ACT	TAS	O/S	Total
									0

COVER REQUIRED

Limit of Indemnity	○ $100,000	○ $250,000	○ $500,000	○ $1m	○ Other (specify): $
Retention	○ $5,000	○ $5,000	○ $5,000	○ $10,000	○ Other (Specify): $

INSURANCE HISTORY

29 Has the Applicant ever had any insurance declined or cancelled, renewal refused, special conditions imposed or a claim rejected? ○ Yes ○ No

If Yes, please provide details:

30 Please provide details of any current Product Recall insurance coverage that you have in place:

Current Insurer: Expiry Date: / /

Limit of Indemnity: $ Retention: $ Retroactive Date:

LOSS HISTORY

31 Please read the following statements and confirm their accuracy as indicated below:

(a) In the last five years have you withdrawn or recalled any products, had any product alteration incidents, had an incident where your product has been found to have a product or manufacturing defect, or have you been responsible for such costs incurred by any third party arising out of such event regardless of any subrogation? ○ Yes ○ No

If Yes, please provide root cause, total costs, and corrective actions taken:

(b) Does the company, its directors and officers have any knowledge of any current situation, fact or circumstances which might lead to a claim under this policy? ○ Yes ○ No

If Yes, please provide details:

INSURED CONTACT INFORMATION

32 Main Contact's Name:

Email: Phone Number:

33 Quality Control/Safety Manager's Name:

Email: Phone Number:

DECLARATION

I as the authorised undersigned partner, principal, or director, after full enquiry declare as follows:

(a) I am authorised by all Applicants to make this proposal

(b) I have read and understood the duty of disclosure, located at the front of this proposal form

(c) I have read and understood this proposal and any accompanying documentation, and acknowledge the contents herein are true and accurate

(d) I understand that, up until a contract of insurance is entered into, I am under an ongoing obligation to immediately inform Delta Insurance Australia of any change in the facts or statements contained in this proposal form or in the accompanying documentation

(e) I understand that should information provided be misleading or fraudulent, the contract may be voided in its entirety as per the Insurance Contracts Act 1984.

I agree although the signing of this proposal does not bind the underwriter to effect insurance, I acknowledge that the particulars and statements contained in this proposal and in the accompanying documentations shall be the basis of the insurance contract should a policy be effected; and further, I acknowledge that the proposal and the accompanying documentation will be incorporated in such policy.

Full Name: Title:

Signature: Date:

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