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PROPOSAL FORM – PRODUCT RECALL

INGESTIBLE AND TOPICAL CONTAMINATED PRODUCTS INSURANCE

Please answer all questions in full.

Please supply attachments where requested.

This Proposal form must be signed and dated by the authorised person responsible for obtaining this insurance.

In the Event of Binding a full submission is required by Underwriters – Terms and Conditions are subject to change.

1. PROPOSER/ APPLICANT (Name of company and subsidiaries to be insured under this Policy):

Company Address: _____

Website address: _____

Contact name for Crisis management issues: _____

Position held/title: _____

(Details for Crisis Consultants to contact for desk-top review of plans)

Tel: _____ Fax: _____

E-mail: _____

Date company first established / incorporation: _____

B) BUSINESS DETAILS

Business Description (Manufacturer, processor, bottler, distributor, importer, retail, etc.):

Product Type: Meat Poultry Seafood Bakery Prepared Meals
 Fruit Vegetables Snack-food Dairy
 Other (Please specify) _____

Anticipated Sales for the next 12 months: \$_____ Actual Sales for last 12 months: \$_____

Previous 12 months: \$_____

Total Number of Plants / Facilities: _____

Total Number of Product Lines: _____ (Please provide itemised list of products manufactured on site)

Please list countries where the Applicant and/or Contract Manufacturers manufacture / processes product(s):

Please provide split of sales as follows:

Geographical Sales (%)	Products (%)
USA / Canada: _____ %	Branded: _____ %
UK / Eire: _____ %	Non-Branded: _____ %
Europe: _____ %	Own Label*: _____ % (*3rd Party Products)
Asia / Pacific: _____ %	
Other: _____ %	

LIST CUSTOMERS AND SALES (%) SPLIT	%	LIST SUPPLIERS
	%	
	%	
	%	
	%	
	%	
	%	

(You may attach separate lists if sufficient space is not available for all your customers and suppliers)

3. PRODUCT DETAILS

a) Please provide details on your products as follows:

PRODUCT TYPE	COOKED, RAW, FROZEN, BRINED AMBIENT, LOW / HIGH ACID	SALES ('000)	AVERAGE BATCH VALUE ('000)	AVERAGE BATCH SIZE ('000)	SHELF LIFE, 'BEST BEFORE' OR 'USE BY' (PLEASE SPECIFY)	TYPE OF PACKING (VACUUM, GAS, FLUSHED, SOUSE VIDE, MODIFIED ATMOSPHERE PACKED; PLEASE DETAIL)	TAMPER EVIDENT	PROFIT MARGIN
							<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	%

b) Please provide a FULL listing of products (including % of overall sales) manufactured by a third party / contract manufacturer. (Please attach further information to this proposal if this space is not sufficient):

PRODUCTS	% OVERALL SALES
	%
	%
	%
	%
	%
	%

c) Are all products manufactured by a third party / contract manufacturer governed by HACCP? Yes No

d) Are all product specifications of products manufactured by a third party / contract packer agreed by you? Yes No

e) Do you have any hold harmless agreements in relation a third party manufacturing on you behalf? Yes No

If Yes, please provide details: _____

4. QUALITY ASSURANCE / PREREQUISITES

- a) Do you have a Quality Assurance / Control Department? Yes No (Please attach copy)
- b) Do you have a formal, written, HACCP plan? Yes No
- c) Does the HACCP plan include all critical control points? Yes No (
- d) Does the HACCP plan include Critical limits? Yes No (
- e) Does the HACCP plan include a Decision Tree? Yes No
- f) Date HACCP was last reviewed / audited and by whom: _____ / _____ / _____ (M/D/Y)
(Please attach copy of audit)
- g) Does the HACCP plan include Corrective Actions Yes No
(Please attach a copy of your HACCP plan)
- h) Please provide the Name, including relevant qualifications, of the person responsible for Quality Assurance / Control:
Name: _____ Qualification: _____
- i) Please provide details of your Prerequisites (e.g. SSOPs, etc.):
(Please attach further information to this proposal if this space is not sufficient)
- _____
- _____
- j) Have you, your premises, or products ever been the subject of complaint from a governmental body or food regulatory body? Yes No If Yes, then please provide details:
- _____
- _____
- k) Are internal and external food safety audits carried out? Yes No
(Please specify and attach details of major recommendations that have yet to be implemented)
- _____
- _____
- l) How often are these audits carried out? _____
- m) Do you audit your suppliers? Yes No (If No, please answer the question below)
- n) If you do not audit your suppliers, do you require them to complete a self-assessment questionnaire? Yes No
- o) Do all products (including labelling and packaging) comply with legal requirements for the countries they are sold in? Yes No
- p) How many mock recalls are conducted by the Applicant annually? _____
- q) Does the Applicant and its third party manufacturers / contract manufacturers hold a third party accreditation (ISO, EFSIS, AUS-QUAL, etc.)? Yes No Please provide details: _____

5. TESTING AND TRACEABILITY

- a) Do you have an on-site accredited laboratory? (see question below) Yes No
- b) If Yes, is this laboratory capable of providing full chemical, microbiological and nutritional profiles? Yes No

- c) Do you have use of an external accredited testing laboratory providing full chemical, microbiological and nutritional profiles? Yes No
 If Yes, please provide details: _____
- d) Does an external accredited laboratory verify your own on-site accredited laboratory results? Yes No
- e) Is monitoring (control specification) carried out at critical control points? Yes No
- f) Do you sample test supplies and raw materials / components entering the plant? Yes No
- g) Please confirm that ingredients, additives and processing aids (such as flavourings, spices, extracts, etc.) are checked for the presence of allergens. Yes No
- h) Do you operate a positive release process for all products? Yes No
- i) Do you monitor and check labelling for allergens, instructions for use, etc.? Yes No
- j) Is stress and suitability testing completed on product packaging? Yes No
- k) Please complete the following table.

PRODUCTS	RAW MATERIALS	CRITICAL CONTROL POINTS	END PRODUCT TESTING
VISUAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MICROBIOLOGICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
METAL DETECTORS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-RAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHEMICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- l) Do you utilise a batch / lot coding system? Yes No
 Please provide details: _____
- m) Can you trace your completed product from raw material receipt to despatch? Yes No
- n) Can you trace your completed product forwards through your customers? Yes No
- o) How often do you test the traceability system? _____
- p) Please outline the traceability system you use: (Please attach further information to this proposal if this space is not sufficient)
- _____
- _____
- q) Do you have clearly defined high and low risk areas to reduce / prevent cross contamination? Yes No
- r) Does the Applicant make provision for the strict control and separate storage of known allergen material? Yes No

- s) Does the Applicant have total separation from other production area for the production of allergen free products? Yes No
- t) Are all food personnel fully trained in food safety and hygiene matters commensurate with their work? Yes No
 No.: _____

6. EMPLOYEE SECURITY AND TRAINING, PRODUCT SECURITY

- a) Have you ever been the target, directly or indirectly, of any single issue protest group? Yes No
 (e.g., PETA, ALF, SHAC or other) If Yes, please provide details: _____

- b) Have you ever been politically, criminally or racially targeted? Yes No
 If Yes, please provide details: _____
- c) What percentage of your workforce during the course of a 12 month period is seasonal? _____%
- d) Do all you plants have clear hygiene signage (in relevant languages for the workforce)? Yes No
- e) Do you have a staff vetting policy? Yes No
- f) Have you experienced any employee disputes, plants closures, strikes in the last 5 years Yes No
 If Yes, please provide details: _____
- g) In the next 12 months are there any plans to reduce the workforce, close a plant(s), or relocate? Yes No
 If Yes, please provide details: _____

7. PLANS Please confirm that you have the following and attach copies:

- a) Recall Plan Yes No
- b) Crisis Plan Yes No
- c) How often are all your plans reviewed and updated? _____
 Please provide details: _____
- d) Please advise date when each plan was last updated: Recall Plan: _____
 Crisis Plan: _____
 HACCP Plan: _____

8. LOSS HISTORY

- a) In the last 10 years have you recalled, or withdrawn, any products for which you have incurred costs or have incurred costs on behalf of a third-party whatsoever? Yes No
 If Yes, please attach a full explanation of loss(es) including the following:
- the product(s) involved
 - cause of loss
 - recoveries against third parties
 - remedial action taken to prevent further losses occurring again.
 - full quantum breakdown of loss (transportation, warehousing, destruction, etc.

b) Do you know of any situation that may lead to a claim under a contaminated products insurance policy? Yes No

If Yes, please provide details: _____

9. LIMIT / RETENTION

Please provide your preferred limit(s) and retention(s) below:

a) Limit

Product Contamination: _____ (Incl. Malicious Product Tamper)

Product Extortion: _____

b) Retention

Product Contamination: _____ (Incl. Malicious Product Tamper)

Product Extortion: _____

10. DECLARATION

I declare that after full enquiry, the contents of this proposal are true and that I have not misstated, omitted or suppressed any material fact or information. I agree that this proposal together with any other information supplied by me shall form the basis of any contract of insurance which may be affected. If there is any material alteration to the facts and information which I have provided or any new material matter arises before completion of the contract of insurance, I undertake to inform insurers. I hereby consent to any information I have provided being processed by you for the purposes of providing insurance claims handling, which may necessitate sharing such information with third parties.

Signature: _____ Date: _____

GESTIONNAIRES
D'ASSURANCES

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CONSULTANT COMMUNICATIONS ENDORSEMENT COMPLIANCE

As part of this Insurance offering, Underwriters may provide the independent response service of a retained crisis management Company. This service is provided to assist the Insured in the response to an Insured Event. Any Incident Response service provided does not form part of the pre-incident work carried out by the Company, and is provided at no extra expense to the insured and is not subject to the retention. The Company's Contact information will be provided should this form part of this Insurance offering.

Please provide the best point of contact in your organisation for the consultant to discuss this with:

Name: _____

Email: _____

Telephone Number: _____

Signed Named Insured: _____

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