

Allianz Global Corporate & Specialty

Consumer Goods Product Recall Insurance

Proposal Form

Allianz 

All questions must be answered fully. Please attach additional sheets if more space is required.

This Proposal must be signed and dated by the Applicant.

Section I – Applicant details

▶ Name of company and subsidiaries to be covered under this policy:

▶ Registered company address:

▶ Website:

▶ Date company first established:

▶ Main contact for this insurance

Name:

Title:

Phone:

Fax/email:

Section II – Business Activity

▶ Please provide a description of the company’s business activities (including whether manufacturer, processor, distributor, importer, retailer etc):

▶ Company Sales in ‘000s (please specify currency):

Upcoming 12 months:

Previous 12 months:

▶ Company activity by geography:

	Manufacturing - as % of total production		Sales as % of total Revenue
UK/ Europe:		UK/ Europe:	
USA/Canada:		USA/Canada:	
Asia:		Asia:	
Rest of World:		Rest of World:	

▶ What percentage of the company’s products is sold as:

Third party brand:

Company brand:

Non branded:

▶ Please list Top 5 customers by % of sales:

Customer name	Type of customer: manufacturer/ distributor/ retailer	% Sales

Section III – Products and Processing

► Please indicate the number of manufacturing plants you operate in the following territories:

UK/ Europe:

USA/ Canada:

Asia:

Rest of World:

► Please provide the following information in respect of your top 5 production facilities:

Name & Location	Type of products manufactured	Number of production lines	Annual Sales	Daily output	
				Sales	Units

► Please list your top 5 selling products:

Name/Description	Name of manufacturer if outside vendor	Average batch size		Largest batch size	
		Sales	Units	Sales	Units

► Do your products require:

external power source to operate: Yes No

installation: Yes No

assembly after delivery: Yes No

special storage facilities: Yes No

► What percentage of your products is:

Finished products:

Components of third party products:

► Are any of your products destined to be incorporated into marine craft or aircraft?

Yes No

If yes, please provide details

► What is the average useful life of your products?

Average:

Longest:

► Please list your top 5 suppliers:

Supplier name	Country of origin	Products supplied	Audited
			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"/>

▶ What audit programme do you have in place with your suppliers?

▶ If no audit programme is in place, what measures do you put in place to ensure product safety?

▶ Do you have any of the following agreements with your suppliers?

Hold harmless agreements Yes No

Limited liability agreements Yes No

If Yes for either of the above, please specify

▶ Which of your products are manufactured by third parties?

▶ What percentage of sales does this represent?

▶ How many outside vendors do you work with?

Domestic:

Foreign:

▶ What is the average length of your contractual relationship with key vendors?

▶ Have you got a Vendor Approval Programme in place?

Yes No

▶ What audit programme do you have in place with your third party manufacturers?

► If no audit programme in place, what measures do you put in place to ensure product safety and conformity?

► Do you have any of the following agreements with your third party manufacturers?

Hold harmless agreements Yes No

Limited liability agreements Yes No

If Yes for either of the above, please specify

► Are the design and product specifications created by you?

Yes No

► How many storage facilities do you operate?

► What is the maximum value of product stored at any one location?

► What percentage of products is stored by third parties?

► What audits are performed on your own and third party storage locations ?

Section IV – Testing and Traceability

▶ Do you have an on-site laboratory?

Yes No

▶ Do you use any external accredited testing laboratory ?

Yes No

If Yes, please provide details (name, location, accreditations etc):

▶ Do you have a testing programme on the following?:

Incoming materials (including packaging and labels): Yes No

Manufacturing/ processing Yes No

End product (incl. packaging and labels) Yes No

▶ Are labels inspected?

Yes No

▶ Do warning labels meet applicable industry standards?

Yes No

▶ Are all products subject to a specific batch coding system?

Yes No

▶ Please outline your traceability system:

▶ What percentage of products can be identified by the following:

Product name:

Batch:

Day of production:

Hour of production:

Production shift:

Other:

Section V – Quality Control and Product Safety

▶ Do you have a Quality Assurance Department?

Yes No

▶ Please specify name and qualifications of person in charge of this department:

Name:

Qualifications:

▶ Do you have a written in-force Quality Assurance Plan?

Yes No

If Yes, please provide a copy

▶ When was this plan last reviewed/audited?

Internally:

By whom:

Externally:

By whom:

▶ Do you have Six Sigma protocols in place?

Yes No

Please provide copies

▶ Have you, your premises, or products ever been the subject of complaint or investigation by a relevant regulatory authority?

Yes No

If Yes, please specify

▶ How often are product safety audits carried out?

By customers

By third parties

By internal staff

▶ Do all products comply with relevant regulation and/ or local law for countries they are sold in?

Yes No

▶ Do you hold any third party accreditations?

Yes No

If Yes, please specify

▶ Do your third party manufacturers hold any third party accreditations?

Yes No

If Yes, please specify

Section VI – Recall Preparedness

▶ Please confirm you have the following, when they were last updated and attach copies:

	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Last updated
Recall Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Crisis Management Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Quality Assurance programme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

▶ How often are mock recalls carried out?

▶ Have you carried out recall loss scenarios: Yes No

If Yes, what were the estimates for:

Average loss:

Largest loss:

Section VII – Loss History

► In the last 10 years have you experienced a withdrawal or recall of any products or have you been responsible for the costs incurred by a third party in recalling or withdrawing any products, whether or not insured or insurable under a product recall policy?

Yes No

If Yes, please attach a full explanation of losses including the following:

- products involved
- cause of loss
- full quantum breakdown of loss (transportation, warehousing, destruction etc)
- recoveries against third parties
- remedial actions taken to prevent further losses from occurring

► Do you know of any incident, situation, fact or circumstance that might lead to a claim in relation to the insurance to which this proposal is directed?

Yes No

If Yes, please specify

Declaration

Disclaimer

In deciding whether to accept the insurance and in setting the terms and premium, insurers have relied on the information you have given.

You must:

give a fair presentation of the risk to be insured by clearly disclosing all material facts and circumstances (whether or not subject to a specific question) which you, your senior management and those responsible for arranging this insurance, know or ought to know following a reasonable search; take care by ensuring that all information provided is correct, accurate and complete.

Signed:

Date:

Name:

Position: