

PROPOSAL FORM

Contaminated Product Insurance

Important Notice

Statement pursuant to Section 23(5) of the Insurance Act 1966 or any amendments thereof: you are to disclose in the application, fully and faithfully, all the facts which you know or ought to know, otherwise the policy issued may be void and you may receive nothing from the policy.

If additional space is required, please include the information on page 14 of this document.

General Information

1. Company name			
2. Registered address			
3. Name of contact person			
4. Phone number of contact person		Email address of contact person	
5. Website address			
6. Number of years in operation			
7. Brief description of the Company and its products			
8. Actual Turnover for the last 12 months (SGD)		Turnover of the current year (SGD)	
9. Projected Turnover for term of policy (SGD)			
10. Nature of business	<input type="checkbox"/> Manufacturer (own brands) <input type="checkbox"/> Contract Manufacturer <input type="checkbox"/> Bottler <input type="checkbox"/> Distributor/Wholesaler/Importer <input type="checkbox"/> Retailer <input type="checkbox"/> Packaging Others, please specify:		
11. Is coverage desired for all products?			<input type="checkbox"/> Yes <input type="checkbox"/> No

If no, please list specified products to be covered in the table below. If additional space is required, please include the information on page 14 of this document. Please continue to complete the application and referring only to the products specified below.

Product name	Product description	Total annual sales (SGD)

Product Information

12. Please check the relevant product category/categories from the list below. (Please check all that apply)

Baby Food	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Fruits/Vegetables	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Bakery	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Grains (eg Rice)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Basic Food Ingredients	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Meat/Poultry	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Beverage	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Nuts/Snacks	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Confectionery	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Performance Food	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dairy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Ready-to-eat/Processed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fish/Seafood	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Spices/Sugar	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Food Colouring/Flavours	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

Others, please specify:

13. What is the shelf life of your products (based on percentage of total sales)?

Up to one (1) month	%	Six (6) months to one (1) year	%
One (1) month to six (6) months	%	Exceeds one (1) year	%

14. Products are labeled as follows (based on percentage of Turnover):

Own label	%	Third party label	%	Non-branded	%
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15. What percentage of your sales are products intended to be used as a component or ingredient in the manufacturing of a third-party product? %

16. Please provide the geographic breakdown of sales (%).

North America	%	Latin America	%
China	%	Europe	%
Japan	%	Africa/Middle East	%
Australia & New Zealand	%	Southeast Asia	%

17. Please list your top three (3) customers by sales.

Customer name	Products supplied	Nature of business (ie retailer, manufacturer, wholesaler and/or if others, please specify)	Percentage of total sales
			%
			%
			%

Manufacturing Information

18. Please provide the number manufacturing plants by country/region.

North America		Latin America	
China		Europe	
Japan		Africa/Middle East	
Australia & New Zealand		Southeast Asia	

19. Please provide information about the Company's top three (3) selling products.

Description	Top selling product #1	Top selling product #2	Top selling product #3
Product description or name			
Total annual sales (SGD)	SGD	SGD	SGD
Is this a finished product or intended to be sold as an ingredient?			
Shelf life (weeks or months)			
Percentage of the total sales manufactured by a third party	%	%	%
Average manufactured batch* size for the top selling product (units and value)			
Largest manufactured lot size for the top selling product (units and value)			

*Batch means a specific quantity of product manufactured or packaged during one manufacturing cycle under the same conditions.

20. Please complete the following table for each of the largest three (3) plants or facilities:

Location (city and country)	Top three (3) products manufactured	Annual manufactured output (number of units produced and value)	Number of days per year plant operates	Number of production lines per product	Number of shifts per product	Percentage of unused capacity at plant
	1.	/				%
	2.	/				%
	3.	/				%
	1.	/				%
	2.	/				%
	3.	/				%
	1.	/				%
	2.	/				%
	3.	/				%

21. Maximum value of finished goods stored at any one location

22. Does the Company use aseptic processing or packaging in any of the production facilities?

Yes No

If yes, please answer questions 22.1 and 22.2.

22.1 What percentage of products is aseptic? %

22.2 What plants produce aseptic products?

23. Does the Company use glass bottles or jars in any of the production facilities? Yes No

If yes, please provide the following:

Product description	Percentage of revenue
	%
	%
	%

Supplier Information

24. Please indicate the geographic sourcing of raw materials/ingredients/supplies/packaging as a percentage of total.

North America	%	Latin America	%
China	%	Europe	%
Japan	%	Africa/Middle East	%
Australia & New Zealand	%	Southeast Asia	%

25. Do you have a Supplier Approval Program? Yes No

If yes, please provide more details when you submit the completed form to the AIG underwriter.

26. Do you require your suppliers and/or third party or contract manufacturers to have a Hazard Analysis Critical Control Points (HACCP) program? Yes No

If no, please explain:

27. Do you audit your suppliers? Yes No

If yes, please provide copies of the last audits conducted for the top suppliers when you submit the completed form to the AIG underwriter.

28. Are processes in place to assess the ability of your suppliers to meet your specifications? Yes No

If yes, please check all that apply:

- Incoming quarantine
- Certificate of analysis
- Qualifying audit(s) by quality management system (QMS) staff or a third party
- Requirement of liability/recall insurance certificates
- Review of government/consultant inspection reports
- Purchasing requires written questionnaire and vetting of supplier

29. Please describe how you test received products to ensure that the ingredients conform to your specifications.

30. Please provide information on the Company's top three (3) suppliers. (If imported from Southeast Asia or China, please complete question 31).

Supplier name	Ingredient/material supplied	Country of origin	Annual volume supplied

31. Do you import materials/ingredients/finished products from Southeast Asia and/or China? Yes No

If yes, please complete the table below.

Country	Describe material/ingredient or finished product	Amount of product annually (units/value)	Tests performed to ensure product is free from contaminants	Frequency of testing

32. If importing any protein-based products (eg dairy, gluten, animal feed, eggs, etc.) or their derivatives from Asia, do you test for the presence of melamine or cyanuric acid or other possible illegal contaminants? Yes No

33. Have you agreed to indemnify or hold harmless any supplier? Yes No

If yes, please describe:

34. Are your suppliers contractually obligated to indemnify you in the event of a product contamination caused by their products? Yes No

35. Do you require your suppliers to carry Product Liability insurance? Yes No

If yes, please answer questions 35.1 to 35.3.

35.1 What limits are they required to purchase?

35.2 Are you requiring to be added to their policy as additional insured? Yes No

35.3 Does the Product Liability insurance provide indemnity for recall expenses and damage to your products if caused by a defective or contaminated ingredient? Yes No

36. Do you require your suppliers to carry Product Recall insurance?

Yes No

If yes, what limits are they required to purchase?

Food Safety and Risk Management

37. Is there a person dedicated full time to Quality Assurance/Food Safety?

Yes No

If no, please explain:

38. Do you have a written quality assurance plan, quality management system, Good Agricultural Practices, Good Manufacturing Practices or similar program?

Yes No

If yes, please attach a copy of the table of contents or summary document when you submit the completed form to the AIG underwriter.

39. Do you have a HACCP program for all products?

Yes No

If yes, please attach a copy of the HACCP flowchart or CCPs for primary products produced when you submit the completed form to the AIG underwriter.

If no, please explain:

40. Was your HACCP plan reviewed and validated by a third party?

Yes No

If yes, please indicate the name of the third party:

41. Has the HACCP plan been revalidated when product/process changes have occurred?

Yes No

42. Is there backwards traceability for ingredients and packaging used in the manufacturing of products?

Yes No

43. If you receive Certificates of Analysis (CoAs), do you randomly test against them to ensure conformance?

Yes No

If yes, please answer questions 43.1 and 43.2.

43.1 What is the frequency of testing?

43.2 What is the percentage of shipments tested? %

44. What kill steps or food processing safety controls are in place to reduce the likelihood of a contamination event? Please describe:

45. Who performed the microbiological testing to validate your pathogen kill step(s)?

46. With regard to the testing of your products, please mark the applicable boxes below:

Type of test	Raw materials	In-line during production	End of line
Chemical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Metal detection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microbiological	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others, please specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

47. If microbiological/pathogen tests are performed, is there a hold period before shipping? Yes No

48. Are rapid tests used? Yes No

If yes, please describe:

49. What testing laboratory does your Company use? Internal Third party

If you ticked Third Party above, please provide name(s):

50. Has a third-party or government inspection/audit been performed in the past 12-18 months? Yes No

If yes, has an audit or inspection been performed at each location? Yes No

If no, please explain why:

51. Please provide the following information if you are audited by a third party.

Name of consultant	Type of audit (eg BRC, IFS, EFSIS)	Score	Audit date								
			<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y				
			<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y				
			<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y				

52. Were there any recommendations deemed “critical” or “major”? Yes No

If yes, please attach the details or a corrective action plan when you submit the completed form to the AIG underwriter.

53. What was the last date of a governmental agency or regulatory inspection?

D	D	M	M	Y	Y	Y	Y
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54. Has the Company ever received a regulatory warning letter? Yes No

If yes, please provide a copy or a summary of the letter and corrective actions taken when you submit the completed form to the AIG underwriter.

55. Has the Company ever been subject to seizure/injunction by a regulatory agency? Yes No

56. Have the Company’s products or any of its premises ever been the subject of comment or complaint by any governmental agency or department? Yes No

If yes, please complete 56.1 to 56.5:

56.1	Agency or department involved									
56.2	Date of comment or complaint	<table border="1" style="display: inline-table;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y			
56.3	Nature of comment or complaint									
56.4	Outcome of such comment or complaint									
56.5	Date resolved	<table border="1" style="display: inline-table;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y			

Recall Risk Management

57. Does the Company have a current recall plan? Yes No

If yes, please provide the date of the last update.

D	D	M	M	Y	Y	Y	Y
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58. Are mock recall simulations conducted annually? Yes No

Please provide the date of the last update.

D	D	M	M	Y	Y	Y	Y
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59. Is batch coding system utilised? Yes No

If yes, please describe coding (eg Julian, date, hour, minute, shift, etc.):

Malicious Product Tampering

60. Has a process security/bioterrorism audit been conducted? Yes No

61. Does the Company comply with the applicable food security and bioterrorism guidelines issued by relevant regulatory agencies? Yes No

62. Does the Company know of any actual, threatened or suspected malicious product tampering, or any actual or suspected accidental contamination involving any of the Company's products during the last five (5) years? Yes No

If yes, please attach a summary of the details when you submit the completed form to the AIG underwriter.

63. Does the Company use or pay for the animal testing of products? Yes No

If yes, please describe:

64. Does the Company import or export from politically volatile countries? Yes No

If yes, please describe:

65. Does the Company undertake other activities which might make it a target of an extremist or special interest group? Yes No

If yes, please describe:

Loss History

66. In the past five (5) years, has the Company had any voluntary product withdrawals or recalls; silent recalls or contamination incidents exceeding SGD25,000? Yes No

If yes, to any of the above, please provide the following information for each incident. If additional space is required, please include the information on page 14 of this document.

	Incident 1	Incident 2
Product		
Cause of contamination/recall		
Plant/location where incident occurred		
Was a product recall effected?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Recall	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Total cost of the contamination/recall: - No. of units recalled - Value of product recalled - Recall expenses (including consultants) - Business interruption - Third party liability indemnity		
Corrective action		

67. Were any contracts lost/discontinued as a result?

Yes No

If yes, please explain:

68. Does the Company know of any actual, threatened or suspected product tampering involving any of the Company's products during the last 12 months?

Yes No

If yes, please provide details:

69. Does the Company, its directors and officers, or any other person known to the Company, have knowledge or information of any specific fact which may reasonably give rise to a claim under the proposed policy?

Yes No

If yes, please provide details:

70. Estimate the cost to recall the Company's leading brand:

Maximum (SGD)

SGD

Minimum (SGD)

SGD

Average (SGD)

SGD

Coverage Options

Please check the coverage, limit and deductible requested.

Standard coverage	Limit per occ/annual aggregate	Deductible
<input type="checkbox"/> Accidental Contamination		
<input type="checkbox"/> Mislabeling		
<input type="checkbox"/> Malicious Product Tampering		

Additional coverage	Limit per occ/annual aggregate	Deductible
<input type="checkbox"/> Accidental Contamination		
<input type="checkbox"/> Mislabeling		
<input type="checkbox"/> Malicious Product Tampering		

Declaration

1. I/We declare that the statements and particulars in this proposal are true and that no material facts have been misstated or suppressed after enquiry. I agree that this proposal, together with any other information supplied shall form the basis of any contract of insurance affected thereon. I undertake to inform the Insurer of any material alteration to those facts occurring before completion of the contract of insurance. A material fact is one which would influence the acceptance of assessment of risk.
2. By submitting information to AIG relating to any identifiable individual, you represent and warrant that you have the authority to provide that personal information to AIG. With respect to any individual about whom you provide personal information to AIG, you undertake and warrant that:
 - 2.1. I/We have informed the individual about the purposes for which his/her personal information is collected, used and disclosed as well as the parties to whom such personal information may be disclosed or transferred by AIG, as set out in the consent clause contained at (2.2) below; and
 - 2.2. the individual agrees and consents that AIG may collect, use and process his/her personal information (whether obtained in this application form or otherwise obtained) and disclose such personal information to the following, whether in or outside of Singapore: (i) AIG's group companies; (ii) AIG's (or AIG's group companies) service providers, reinsurers, agents, distributors, business partners; (iii) brokers, his/her authorised agents or representatives, legal process participants and their advisors, other financial institutions; (iv) governmental/regulatory authorities, industry associations, courts, other alternative dispute resolution forums, for the purposes stated in AIG's Data Privacy Policy which include:
 - 2.2.1. Processing, underwriting, administering and managing his/her relationship with AIG;
 - 2.2.2. Audit, compliance, investigation and inspection purposes and handling regulatory/governmental enquiries;
 - 2.2.3. Compliance with legal or regulatory obligations, risk management procedures and AIG internal policies;
 - 2.2.4. Managing AIG's infrastructure and business operations; and
 - 2.2.5. Carrying out market research and analysis and satisfaction surveys.

Please refer the individual to the full version of AIG's Data Privacy Policy (www.aig.sg/privacy) before you provide the above representation and warranty.

Name									
Title									
Company									
Signature (to be signed by Partner, Director or Principal or equivalent)									
Date	<table border="1" style="display: inline-table;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		

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

Enclosures

Please include copies of the following items, where relevant, when you submit this completed form to the AIG underwriter.

- HACCP Plan and flowcharts
- Most recent audit of top suppliers
- Most recent audit or regulatory inspection report
- Recall Manuals/Crisis Management Plan
- Detailed summary of any known actual, threatened or suspected malicious product tampering, or any actual or suspected accidental contamination involving any of the Company's products during the last five (5) years
- Supplier Approval Program
- Table of contents or summary document of a written quality assurance plan, quality management system, Good Agricultural Practices, Good Manufacturing Practices or similar program
- The last Annual Reports and Accounts of the Company

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.

Additional information (if required)



American International Group, Inc. (AIG) is a leading global insurance organisation. AIG member companies provide insurance solutions that help businesses and individuals in approximately 70 countries and jurisdictions protect their assets and manage risks. AIG common stock is listed on the New York Stock Exchange.

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