



APPLICATION FORM

CONTAMINATED PRODUCTS INSURANCE

Important Notice

1. Statement pursuant to Section 25(5) of the Insurance Act (Cap 142) 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.
2. AIG may request further information.

To:	Casualty Department	Email Address:	agt.lia@aig.com
Date of Submission:	(DD/MM/YYYY)		
Name of Producer:		Email Address:	
Producer Code:		Contact No.:	

PLEASE COMPLETE ALL RELEVANT SECTIONS TO ENABLE US TO PROVIDE YOU WITH A QUOTATION

- GENERAL INFORMATION
SECTION 1: PRODUCT INFORMATION
SECTION 2: MANUFACTURING INFORMATION
SECTION 3: SUPPLIER INFORMATION
SECTION 4: FOOD SAFETY AND RISK MANAGEMENT
SECTION 5: RECALL RISK MANAGEMENT
SECTION 6: MALICIOUS PRODUCT TAMPERING
SECTION 7: OTHER ADDITIONAL INFORMATION
SECTION 8: COVERAGE OPTIONS

GENERAL INFORMATION

Name of Proposer (include all subsidiaries):			
Principal Address:			
Telephone No.:		Email Address:	
Nature of Business:			
Period of Insurance:	From:	(DD/MM/YYYY)	To: (DD/MM/YYYY)
Number of years in operation:			
Website (if any):			

SECTION 1: PRODUCT INFORMATION

Your Role: Manufacturer Distributor Trader Others, please specify:

SALES TURNOVER IN USD

Please attach product catalogues, pictures or samples and all contractual agreements, terms & conditions, between the proposer and any vendors of the products for sale.

Please provide the expected and previous annual sales of your product lines to be insured under this policy.

(If more space is required, please provide details on the sheet provided at the end of this document.)

Products	Next Year Est. (USD)	Current Year (USD)	Last Year (USD)	Australia	USA / Canada	Rest of World	Non-Own Label

Please provide on a separate sheet if necessary;

1	Are all the products designed by you?	Yes	No
	If Yes, do you also design the moulds?	Yes	No
	If No, who designed the products?		
2	Coverage desired for all products?	Yes	No
	If No, list specified products to be covered in the table below (attach additional page if necessary). Please continue to complete the application referring only to the products specified below.		
	Product Name	Product Description	Total Annual Sales (USD)

3	Product Category (check all that applies): <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">Baby Food</td> <td style="width: 25%;">Confectionery</td> <td style="width: 25%;">Food Coloring / Flavors</td> <td style="width: 25%;">Performance Food</td> </tr> <tr> <td>Basic Food Ingredients</td> <td>Dairy</td> <td>Grains</td> <td>Ready to Eat / Processed</td> </tr> <tr> <td>Bakery</td> <td>Fish / Sea Food</td> <td>Meat / Poultry</td> <td>Spices / Sugar</td> </tr> <tr> <td>Beverage</td> <td>Fruits / Vegetables</td> <td>Nuts / Snacks</td> <td>Others:</td> </tr> </table>				Baby Food	Confectionery	Food Coloring / Flavors	Performance Food	Basic Food Ingredients	Dairy	Grains	Ready to Eat / Processed	Bakery	Fish / Sea Food	Meat / Poultry	Spices / Sugar	Beverage	Fruits / Vegetables	Nuts / Snacks	Others:
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4	What is the shelf life of your products (% of total sales)? <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Up to 1 month:</td> <td style="width: 50%;">1 month to 6 months:</td> </tr> <tr> <td>6 months to 1 year:</td> <td>Exceeds 1 year:</td> </tr> </table>				Up to 1 month:	1 month to 6 months:	6 months to 1 year:	Exceeds 1 year:												
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6 months to 1 year:	Exceeds 1 year:																			
5	Product is labeled as follows: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Own label (%):</td> <td style="width: 50%;">Non-branded (%):</td> </tr> <tr> <td colspan="2">Third Party Label (%):</td> </tr> </table>				Own label (%):	Non-branded (%):	Third Party Label (%):													
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Third Party Label (%):																				
6	What percentage of your sales are products intended to be used as a component or ingredient in the manufacturing of a third party product?																			
7	Geographic Breakdown of Sales (%) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">North America:</td> <td style="width: 50%;">Latin America:</td> </tr> <tr> <td>Europe:</td> <td>Japan:</td> </tr> <tr> <td>China:</td> <td>Africa / Middle East:</td> </tr> <tr> <td>Australia & New Zealand:</td> <td>Southeast Asia:</td> </tr> </table>				North America:	Latin America:	Europe:	Japan:	China:	Africa / Middle East:	Australia & New Zealand:	Southeast Asia:								
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8	Please list your top 3 customers by sales <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #d9e1f2;"> <th style="width: 25%;">Customer Name</th> <th style="width: 25%;">Products Supplied</th> <th style="width: 25%;">Type of Business (retailer, manufacturer, wholesalers, others – please specify)</th> <th style="width: 25%;">% of Total Sales</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				Customer Name	Products Supplied	Type of Business (retailer, manufacturer, wholesalers, others – please specify)	% of Total Sales												
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SECTION 2: MANUFACTURING INFORMATION

9	<p>Number of manufacturing plants:</p> <p>North America: Latin America:</p> <p>Europe: Japan:</p> <p>China: Africa / Middle East:</p> <p>Australia & New Zealand: Southeast Asia:</p>
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10	Please complete for the top 3 selling products			
		Top Selling Product #1	Top Selling Product #2	Top Selling Product #3
	Product Description or Name			
	Total Annual Sales (Value)			
	Is this a finished product or intended to be sold as an ingredient?			
	Shelf Life (weeks or months)			
	% of Total Sales Manufactured by a 3rd 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			

Please complete the following information for each of the largest 3 plants or facilities								
11	Location (City & Country)	Top 3 Products manufactured	Annual Manufactured Output (number of units produced AND value)	Number of days/year plant operates	Number of production lines per product	Number of shifts per product	% unused capacity at plant	
		1.						
		2.						
		3.						
		1.						
		2.						
		3.						
		1.						
		2.						
		3.						
	12	Maximum value of finished goods stored at any one location:						
	13	Does the company use aseptic processing or packaging in any of the product facilities					Yes	No
	If Yes, what percentage of products is aseptic?							
	What plants produce aseptic products?							
14	Does the company use glass bottles or jars in any of the production facilities							
	If Yes, please provide the following:					Yes	No	
	a) Product Description:							
	b) % of Revenue:							

SECTION 3: SUPPLIER INFORMATION

15	<p>Please indicate the geographic sourcing of raw materials / ingredients / supplies / packaging as a % of total</p> <p>North America: _____ Latin America: _____</p> <p>Europe: _____ Japan: _____</p> <p>China: _____ Africa / Middle East: _____</p> <p>Australia & New Zealand: _____ Southeast Asia: _____</p>																
16	<p>Do you have a Supplier Approval Program? If yes, please provide a copy</p> <p style="text-align: right;">Yes No</p>																
17	<p>Do you require your suppliers and/or third party or contract manufacturers to have a HACCP program?</p> <p style="text-align: right;">Yes No</p> <p>If No, please explain:</p>																
18	<p>Do you audit your suppliers? (if Yes, please provide copies of last audits for the top suppliers)</p> <p style="text-align: right;">Yes No</p>																
19	<p>Are processes in place to assess the ability of your suppliers to meet your specifications?</p> <p style="text-align: right;">Yes No</p> <p>Please check all that apply:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Incoming quarantine <input type="checkbox"/> Purchasing requires written questionnaire and vetting of supplier <input type="checkbox"/> Qualifying audit(s) by QMS staff or a third party <input type="checkbox"/> Requirement of liability / recall insurance certificates <input type="checkbox"/> Certificate of analysis <input type="checkbox"/> Review of government / consultant inspection reports 																
20	<p>Please describe how you test received products to ensure that the raw materials conform to your specifications.</p>																
21	<p>Please complete for the top 3 suppliers (if imported from South East Asia or China, complete question 22)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #d9e1f2;"> <th style="width: 25%;">Name of Supplier</th> <th style="width: 25%;">Ingredient / Material Supplied</th> <th style="width: 25%;">Country of Origin</th> <th style="width: 25%;">Annual Volume Supplied</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Name of Supplier	Ingredient / Material Supplied	Country of Origin	Annual Volume Supplied												
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	<p>Do you import materials/ingredients/finished products from Southeast Asia and/or China? Yes No</p> <p>If yes, complete table below:</p>																				
22	<table border="1"> <thead> <tr> <th>Country</th> <th>Describe material / ingredient or finished product</th> <th>Amount of product annually (units/value)</th> <th>Tests performed to ensure product free from contaminants</th> <th>Frequency of testing</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Country	Describe material / ingredient or finished product	Amount of product annually (units/value)	Tests performed to ensure product free from contaminants	Frequency of testing															
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23	<p>If importing any protein-based products (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</p>																				
24	<p>Have you agreed to indemnify or hold harmless any supplier? Yes No</p> <p>If Yes, please describe :</p>																				
25	<p>Are your suppliers contractually obligated to indemnify you in the event of a product contamination caused by their products? Yes No</p>																				
26	<p>Do you require your suppliers to carry Product Liability Insurance? Yes No</p> <p>If yes, what limits are they required to purchase?</p>																				
	<p>(a) Are you requiring to be added to their policy as additional insured? Yes No</p>																				
	<p>(b) 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</p>																				
27	<p>Do you require your suppliers to carry Product Recall Insurance? Yes No</p> <p>If yes, what limits are they required to purchase?</p>																				

SECTION 4: FOOD SAFETY AND RISK MANAGEMENT

28	<p>Is there a person dedicated full time to Quality Assurance/Food Safety?</p> <p>If No, please explain:</p>	Yes	No
29	<p>Do you have a written quality assurance plan, quality management system, Good Agricultural Practices, Good Manufacturing Practices or similar program?</p> <p>If yes, please attach a copy of the table of contents or summary document.</p>	Yes	No
30	<p>Do you have a HACCP program for all products?</p> <p>If Yes, please attach copy of HACCP flow chart or CCPs for primary products produced.</p> <p>If No, please explain:</p>	Yes	No
31	<p>Was your HACCP plan reviewed and validated by a third party?</p> <p>If Yes, please indicate the third party:</p>	Yes	No
32	<p>Has the HACCP plan been revalidated when product/ process changes have occurred?</p>	Yes	No
33	<p>Is there backwards traceability for ingredients and packaging used in the manufacturing of products?</p>	Yes	No
34	<p>If you receive Certificates of Analysis (CoAs), do you randomly test against them to ensure conformance?</p> <p>If Yes, what is the frequency of testing:</p> <p>What is the percentage of shipments tested:</p>	Yes	No
35	<p>What kill steps or food processing safety controls are in place to reduce the likelihood of a contamination event? Please describe</p>		
36	<p>Who performed the microbiological testing to validate your pathogen kill step(s)?</p>		

With regard to the testing of your products, please mark the applicable boxes:				
37	Type of Test	Raw Materials	In-line during production	End of Line
	Microbiological			
	X-ray			
	Metal Detection			
	Chemical			
	Other			
38	If microbiological/pathogen tests are performed, is there a hold period before shipping?		Yes	No
39	Are "rapid tests" used? If Yes, please describe:		Yes	No
40	What testing Laboratory does your company use: If Third Party (external) please provide name(s):		Internal	Third Party
41	Has a third-party or government inspection/audit been performed in the past 12-18 months? a) If Yes, has an audit or inspection performed at each location? b) If No, please explain why:		Yes	No

	Provide the following information if you are audited by a third party:		
42			
	Name of Consultant	Type of Audit (e.g. BRC, IFS, EFSIS)	Score
	Audit Date		
43	Were there any recommendations deemed “critical” or “major”? If yes, please attach the details or a corrective action plan	Yes	No
44	What was the last date of a governmental agency or regulatory inspection? Please describe and attach a copy of the report.		
45	Has the applicant ever received a regulatory warning letter? If yes please provide a copy or a summary of the letter and corrective actions taken	Yes	No
46	Has the applicant ever been subject to seizure/ injunction by a regulatory agency?	Yes	No
47	Has 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 the following:		
	Agency or department involved		
	Date and Nature of Comment or Complaint		
	Outcome of such comment of complaint		
	Date Resolved		

SECTION 5: RECALL RISK MANAGEMENT

48	<p>Does the applicant have a current recall plan? Please attach a copy of the current plan.</p> <p>If yes, date of the last update:</p>	Yes	No
49	<p>Are mock recall simulations conducted annually?</p> <p>Please provide the date of the last simulation:</p>	Yes	No
50	<p>Is a batch coding system utilized?</p> <p>If yes, please describe coding (e.g. Julian, date, hour, minute, shift, etc.)</p>	Yes	No

SECTION 6: MALICIOUS PRODUCT TAMPERING

51	<p>Has a process security/bioterrorism audit been conducted?</p>	Yes	No
52	<p>Does the applicant comply with the applicable food security and bioterrorism guidelines issued by relevant regulatory agencies?</p>	Yes	No
53	<p>Does the applicant know of any actual, threatened or suspected malicious product tampering, or any actual or suspected accidental contamination involving any of the applicant's products during the last 5 years?</p> <p>If yes, please attach a summary of the details</p>	Yes	No
54	<p>Does the applicant use or pay for the animal testing of products?</p> <p>If Yes, please describe:</p>	Yes	No
55	<p>Does the applicant import or export from politically volatile countries?</p> <p>If Yes, please describe:</p>	Yes	No
56	<p>Does the applicant undertake other activities which might make it a target of an extremist or special interest group?</p> <p>If Yes, please describe:</p>	Yes	No

SECTION 7: OTHER ADDITIONAL INFORMATION

LOSS HISTORY

57	(a) Has any insurance company declined, cancelled or not renewed any of the company's insurance cover in the past 3 years? Yes No	
	If Yes, please furnish details and name of insurer:	
	(b) Do you use any standard contract to transfer liabilities to other parties? Yes No	
	If Yes, please provide a copy.	
	(c) Do you use any standard contract to transfer liabilities to other parties? Yes No	
	In the past 5 years, have you had any voluntary product withdrawals or recalls; silent recalls or contamination incidents exceeding US\$ 25,000? Yes No	
58	If Yes to any of the above, please provide the following information for each incident. Use a separate sheet if necessary.	
	Product	
	Cause of Contamination / Recall	
	Plant / Location where incident (which triggered the loss) occurred	
	Was a product recall effected? (Y/N)	
	Date of Recall	
	Total Cost of the Contamination / Recall: <ul style="list-style-type: none"> ▪ # of units recalled ▪ Value of product recalled ▪ Recall expenses (including consultants) ▪ Business Interruption ▪ Third Party Liability Indemnity 	
	Corrective Action	

59	Were any contracts lost/discontinued as a result? If Yes, please explain:	Yes	No
60	Does the Company know of any actual, threatened or suspected product tampering involving any of the company's products during the last 12 months? If Yes, please provide details:	Yes	No
61	Does the company, its directors and officers or any other person known to the Insured have knowledge or information of any specific fact which may reasonably give rise to a claim under the proposed policy? If Yes, please provide details:	Yes	No
62	Estimate the cost to recall your leading brand:	Maximum: \$ Minimum: \$ Average: \$	

SECTION 8: COVERAGE OPTIONS

Please check the coverage, limit and deductible requested:

STANDARD COVERAGE	Limit per occ / annual aggregate	Deductible
Accidental Contamination		
Mislabeled		
Malicious Product Tampering		

ADDITIONAL COVERAGE	Limit per occ / annual aggregate	Deductible
Impaired Ingredients		
Government Recall		
Adverse Publicity		

ENCLOSURES. Please enclose the following:

The last Annual Reports and Accounts for the Company		Most recent third party audit or regulatory inspection	
Recall Manuals / Crisis Management Plan		HACCP Plan and flowcharts	

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.

ATTENTION: INCOMPLETE PROPOSAL FORM WILL NOT BE ATTENDED TO

DECLARATION

NOTE: SIGNING THIS PROPOSAL DOES NOT BIND THE PROPOSER TO COMPLETE THIS INSURANCE.

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. In undertake to inform the Insurers 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:
 - i. 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 (ii) below; and
 - ii. 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:
 - (a) Processing, underwriting, administering and managing his/her relationship with AIG;
 - (b) Audit, compliance, investigation and inspection purposes and handling regulatory / governmental enquiries;
 - (c) Compliance with legal or regulatory obligations, risk management procedures and AIG internal policies;
 - (d) Managing AIG's infrastructure and business operations; and
 - (e) Carrying out market research and analysis and satisfaction surveys.

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

Signature of Employer & Company Stamp:	
Date:	(DD/MM/YYYY)

ADDITIONAL SECTIONS – if space is required in previous sections.

SECTION 1: PRODUCT LIABILITY – Additional Section

Please use this section to add more if necessary.

SALES TURNOVER IN USD

Please attach product catalogues, pictures or samples and all contractual agreements, terms & conditions, between the proposer and any vendors of the products for sale.

Please provide the expected and previous annual sales of your product lines

Products	Next Year Est. (USD)	Current Year (USD)	Last Year (USD)	Australia	USA / Canada	Rest of World	Non-Own Label



American International Group, Inc. (AIG) is a leading global insurance organization. Building on 100 years of experience, today AIG member companies provide a wide range of property casualty insurance, life insurance, retirement solutions, and other financial services to customers in more than 80 countries and jurisdictions. These diverse offerings include products and services that help businesses and individuals protect their assets, manage risks and provide for retirement security. AIG common stock is listed on the New York Stock Exchange.

Additional information about AIG can be found at www.aig.com and at www.aig.sg | YouTube: www.youtube.com/aig | Twitter: [@AIGinsurance](https://twitter.com/AIGinsurance) www.twitter.com/AIGinsurance | LinkedIn: www.linkedin.com/company/aig. These references with additional information about AIG have been provided as a convenience, and the information contained on such websites is not incorporated by reference into this material.

AIG is the marketing name for the worldwide property-casualty, life and retirement, and general insurance operations of American International Group, Inc. For additional information, please visit our website at www.aig.com and at www.aig.sg. All products and services are written or provided by subsidiaries or affiliates of American International Group, Inc. Products or services may not be available in all countries and jurisdictions, and coverage is subject to underwriting requirements and actual policy language. Non-insurance products and services may be provided by independent third parties. Certain property-casualty coverages may be provided by a surplus lines insurer. Surplus lines insurers do not generally participate in state guaranty funds, and insureds are therefore not protected by such funds.

Contact

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#09-16 Singapore 079120

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