



Manufacturing
Liability
Proposal form



NOTICE

This proposal forms the basis of any insurance contract entered into. Please complete it fully and carefully, remembering to sign the Declaration. If you have insufficient space to complete any of your answers please continue on a separate attachment.

You have an ongoing duty to disclose all material facts and failure to do so could prejudice future claims.

JURISDICTION

Except to the extent otherwise provided in any subsequently issued policy, the content and use of this form and any agreement entered into pursuant to this form or any dealing in relation to or arising from this form are governed by the laws of New Zealand and in relation to those matters, the parties submit to the jurisdiction of the courts of New Zealand.

APPLICANT DETAILS

- 1 Name(s) in full of all entities to be Insured:

- 2 Postal address:
- 3 Website address:
- 4 Please advise the number of locations: NZ: _____ Overseas: _____
If overseas, please provide details (country and region):
- 5 Staff numbers:
- 6 Current Assets: \$ _____ Current Liabilities: \$ _____
- 7 Non Current Assets: \$ _____ Non current Liabilities: \$ _____

PRODUCT DEFECT SECTION

- 8 Describe products to be covered:

- 9 Please list the locations of your manufacturing facilities or plant including daily output:

- 10 Please provide details of product category and turnover split:

Product/Category	Last year turnover (actual)	Current year turnover (estimate)	Geographical split of this year's turnover			
			NZ/Pacific Islands	Australia	USA/Canada	ROW
	\$	\$	%	%	%	%
	\$	\$	%	%	%	%
	\$	\$	%	%	%	%
	\$	\$	%	%	%	%
Total (Percentages should equal 100%)	\$	\$	%	%	%	%

11 Please provide details on type of product, life expectancy and batch size:

Product/Category	Your involvement (e.g. retail/ manufacture/ wholesale)	Product functions and applications	Life expectancy of the product	Average batch size (number of units and monetary value)	Sold as components?
					<input type="radio"/> Yes <input type="radio"/> No
					<input type="radio"/> Yes <input type="radio"/> No
					<input type="radio"/> Yes <input type="radio"/> No
					<input type="radio"/> Yes <input type="radio"/> No

12 Please list any new products that have entered the market in the last twelve months and list any new products that are planned to be introduced in the forthcoming twelve months:

13 Product details:

- (a) Do you do your own design work? Yes No
- (b) Do you maintain records of any design changes and reasons for change? Yes No
- (c) Are designs subject to independent external review, testing or certification? Yes No
- (d) Are your products designed, tested, labelled and manufactured to meet or exceed all relevant government and industry standards of the territories to which you are supplying? Yes No
- (e) Do you manufacture any of your products to the specification of your customer? Yes No
- (f) If your products are manufactured to the specification of your customers, do they test your products on receipt? Yes No
- (g) Do you receive acceptance sign-off from your customers? Yes No
- (h) Do your products require assembly or installation after delivery? Yes No
- (i) Are your products manufactured by an outside vendor? Yes No
- (j) Are any products or component products imported? Yes No

Please provide additional details where required:

14 Security Details:

- (a) Have you ever been a target of political, racial, environmental, extremist or special interest groups? Yes No
- (b) Do you Import/Export with volatile countries (e.g. Israel, North Korea, etc.)? Yes No
- (c) Have you had strikes/riots/work stoppages/plant closings in the last three years? Yes No
- (d) Have there been any reports of unfair dismissal, health hazards, or wage disputes in the past three years? Yes No

If Yes, to any of the above, please provide details:

15 Quality Assurance and Risk Management:

- (a) Do you have written Quality Control Procedures in place? Yes No

Date last reviewed:

(b) How are the Quality Control Procedures monitored (internal audit/independent consultants)?

(c) Are you accredited with any internationally recognised standards? Yes No

Please provide details:

(d) Is there a written testing procedure? Yes No

(e) Are written testing procedures always followed? Yes No

If No, are any other procedures in place? Please explain:

16 Supplier's Information:

(a) Are products or components ordered to your specification? Yes No

(b) Are warranties obtained from all your suppliers? Yes No

(c) Is there a testing procedure for bought-in products prior to incorporation? Yes No

(d) Do you audit your suppliers? Yes No

If Yes, how often?

(e) Do you maintain full rights of recourse against all your suppliers? Yes No

(f) Do you require your suppliers to carry Product Recall Insurance? Yes No

If Yes, to any of the above, please provide details:

PAST CLAIMS

17 Have you had any product recall or product withdrawals, contamination incidents or extortion threats? Yes No

If Yes, please provide details:

Product	Date	Reason	Amount (units)	Total cost	Corrective action

MANUFACTURER'S ERRORS & OMISSIONS SECTION

Please provide copies of warranties, guarantees or representations made in connection with the products and labelling material.

18 Product details:

(a) Do you import components used in your products for which coverage is required? Yes No

If Yes, please provide details:

(b) Do you maintain records of changes in designs, advertisements and sales brochures? Yes No

(c) Have you discontinued or are you considering discontinuing any product to be covered by this insurance? Yes No

If Yes, please provide details:

(d) Do the warranties you issue in connection with your products contain time constraints within which detected substandard performance must be reported to you? Yes No

(e) Are any of your products subject to registration/regulation/review by any governmental agency? Yes No

(f) Are any of your products used in connection with aircraft/missiles/aerospace? Yes No

If Yes, please provide details:

(g) Has the applicant agreed to indemnify or hold harmless any suppliers of any goods or services (e.g. supplier of raw materials/contract manufacturers)? Yes No

If Yes, please provide details:

ENVIRONMENTAL AND POLLUTION DAMAGE

19 Insured Location Information

Please provide the following information for each site to be covered by this insurance policy, using additional sheets if necessary.

Street address	Current use of the site	Prior use of the site	Existence of known contamination	*Underground storage tanks
			<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

*Please note we exclude cover for underground storage tanks, but cover can be considered on a standalone basis.

20 Please provide information on raw materials you store on site (including liquid chemicals):

Type of raw material	Volume stored on site	How is it stored (e.g. above ground tank 10,000 litres)

21 Please provide information on the kind of waste materials you generate (including liquid chemicals):

What kind of waste materials do you generate?	Volume	How is it stored and disposed of?

22 Have you ever had any notification from authorities relating to your locations? Yes No

If Yes, please provide details:

23 Do you hold any environmental certification (e.g. ISO 14001)? Yes No

If Yes, please provide details:

COVER REQUIRED

Product Defect Section	<input type="radio"/> \$100,000	<input type="radio"/> \$250,000	<input type="radio"/> \$500,000
Manufacturers' Errors & Omissions	<input type="radio"/> \$100,000	<input type="radio"/> \$250,000	<input type="radio"/> \$500,000
Environmental & Pollution Damage	<input type="radio"/> \$100,000	<input type="radio"/> \$250,000	<input type="radio"/> \$500,000

HISTORY

- 24 Have you ever had any insurance declined or cancelled, renewal refused, special conditions imposed or a claim rejected? Yes No
If Yes, please provide details in a separate attachment.
- 25 Have any claims for the type of insurance requested in this proposal ever been made against you or have any circumstances ever occurred which would have resulted in a claim under the proposed insurance had the policy been in force? Yes No
If Yes, please provide full details of each matter in a separate attachment including the date notified, the name of the insurer, details of the allegations, details of the amounts claimed, details of any amounts paid and the status of the claim.
- 26 Have you ever been investigated or prosecuted in relation to any actual or alleged breach of legislation? Yes No
If Yes, please provide full details in a separate attachment.
- 27 Does the applicant, its directors, officers or any other person known to the applicant have knowledge or information of any fact or circumstances which may reasonably give rise to a claim under the proposed policy? Yes No
If Yes, please provide full details in a separate attachment.

DECLARATION

On behalf of all proposed Applicants I/We declare and agree that all information provided in this proposal or attachments is true and correct in every respect and that all information that may be material in considering this proposal form has been fully and accurately disclosed to Delta Insurance New Zealand Ltd in writing in a manner which would not mislead a prudent insurer.

I/We agree that this declaration shall be the basis of and incorporated in the insurance contract and that the insurance contract may be avoided (amongst other things) if any statement in this proposal is "substantially incorrect" or "material" as both terms are defined in the Insurance Law Reform Act 1977.

I/We undertake to inform Delta Insurance New Zealand Ltd of any material alteration to the above information whether occurring before or after the completion of this insurance contract.

I/We understand that:

- (a) I/We am/are obliged to advise Delta Insurance New Zealand Ltd of any information which may be material to its consideration of this application. This information includes all information I/We know (or could reasonably be expected to know) which could influence the judgement of Delta Insurance New Zealand Ltd whether or not to accept this application and (if accepted) on what terms, including cost and otherwise.
- (b) Failure to provide this information may result in Delta Insurance New Zealand Ltd refusing to provide the insurance.
- (c) I/We have certain rights of access to and correction of this information.

Full name & title of individual:

Signature of Policyholder:

Date:



We are a member of the Insurance Council of New Zealand and adhere to the Fair Insurance Code which provides you with assurance that we have the highest standards of service for our customers.