

1. INSURED DETAIL(S)

Name(s) including trading name(s) in full: _____

Period Of Insurance: _____ / _____ / _____ To 4pm: _____ / _____ / _____

Limit of Indemnity: _____ Deductible: _____

Registered business ABN: _____ Business/Mobile No: _____

Proposer Address: _____

Suburb: _____ State: _____ Postcode: _____

Website: _____ Taxable %: _____

2. DETAILS OF PRODUCTS

Please list all products to be covered by the Recall Expenses Extension below

Product Name	Description	Average Batch Size	No of Units	State

State/Territory	ACT	NSW	VIC	QLD	SA	WA	TAS	NT
Split % Per State								

Total No of Employees: _____ Business Established: _____

3. QUALITY CONTROL & TRACEABILITY

Please indicate the form in which you are able to trace the product back to the retailer below:

Batch No Barcode No Product Name Date of Production

If 'No' to the above, please describe how products you manufacture can be traced or identified in the event of a recall:

Do you have a separate production line dedicated for each product manufacture by you? Yes No

If 'No' please answer below:

Please describe below risk controls, steps or procedures you take to minimise risk of cross contamination of the product you manufacture:

Do you keep updated electronic or manual records of all products inventory and/or sale?

If 'yes' please indicate what frequency in which it's updated:

Real time/Daily Weekly Monthly Quarterly No Records Kept

If 'No' please describe how you keep track of all products sold through to the retailer.

Please tick if your company has obtained is quality certified with any of the following Quality Management Systems listed below:

ISO 9001 certified HACCP certified ISO 900 certified USDA certified

Other please list below:

What testing is carried out on products to ensure quality and/or verify its fit purpose.

Please tick or provide details in space provided below:

Visual Inspection Metal detection X-Ray/NDD Micro-biological Packaging
Label External laboratory Internal laboratory

If 'No', provide details below on testing carried out:

4. RECALL MANAGEMENT PLAN

Can you provide a copy of the client recall management plan	Yes	No
Is the product recall management plan fully endorsed by the CEO and/or senior management	Yes	No
Is there a recall coordinator and recall committee in place to help co-ordinate in the event of a recall	Yes	No
Have contact details of the government agencies/regulatory bodies been identified and including in the management plan	Yes	No
Is a mock product recall carried out annually to test its effectiveness/corrective actions implemented on shortcoming identified	Yes	No

If 'No' try to any of the above, please provide details below on co-ordination and/or procedures in place to carry out a recall of your product;

If you do not have a written recall management plan, can you please confirm if you:

a) A procedure to discontinue product distribution and identify all affect product in current circulation and their location	Yes	No
b) Notification of government departments, appropriate national regulatory authorities	Yes	No
c) Investigation of the incident, cause & the extent of the problem	Yes	No
d) Please confirm if you have a formal written log for any product complaints or incidents where it good give rise to a claim	Yes	No

5. CONTRACTUAL LIABILITY

Do you assume liability under contract or hold others harmless (other than lease liability)?

If 'Yes', please provide details below:

6. CLAIMS AND/OR LOSS EXPERIENCE

After investigation with present and past insurers, please provide claims experience and/or uninsured loss experience over the last five years for losses and claims that would have been covered under the proposed insurance. Please show claim amount after the application of any excess.

Date of Loss	Claim Particulars	Paid	Outstanding	Status

7. DECLARATION

This declaration must be completed and signed by or on behalf of the party applying for insurance.

I/We

a) declare that:

- i. the answers and information given by me/us in this Application are true and correct in all respects;
- ii. no information has been withheld that would affect XL Insurance Company SE's decision to accept this Application;
- iii. where answers in this Application are not my/our own handwriting, they have attached supplementary pages providing the additional information required;
- iv. I/we have read and understood the clauses detailed under the Important Notices section at the front of this Application;
- v. if there was insufficient space to fully answer any questions, I/we have attached supplementary pages providing the additional information required.
 - b) Authorise XL Insurance Company SE, Australia branch, trading as Brooklyn Underwriting (Brooklyn) (the insurer) to give to, or obtain from other insurers or an insurance or credit reference bureau, any information relating to these insurance covers, and any other insurances held by me/us and claims under those insurances.
 - c) Have received a copy of the Policy terms and conditions and agree to be bound by the terms and conditions in it.

8. SIGNATURE/DATE

Insured Signature: _____ Date: ____/____/____

Insured Title: _____