

Liberty General Insurance Limited

Corporate Identity Number: U66000MH2010PLC269656. IRDAI Registration No.150
Unit 1501&1502, 15th Floor, Tower 2, One International Center
Senapati Bapat Marg, Prabhadevi, Mumbai – 400013,
Phone: +91 226700 1313 Fax: +91 226700 1606
Website: www.libertyinsurance.in
UIN: IRDAN150CPLB0032V01202627



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Please tick the relevant Coverages/ Sections you require.

The Applicant

PRODUCT DETAIL

Applicant's website: _____

No. of years in business: _____

Parent Company

Parent company of Applicant _____
Address of parent company _____

Limits of Liability (LoI)

What is the Limit of Liability required (INR) _____

Financials

Actual total turnover for the last 12 months INR _____

Estimated turnover for the next 12 months INR _____

Actual gross earnings for the last 12 months INR _____

Product Information (Attach additional pages as needed)

Product(s)	% of Total turnover e.g. (retailer (R), wholesaler (W)/manufacturer (M))

What percentage (%) of products are:

sold as ingredients? _____ %

sold as stockfeed? _____ %

sold to stockfeed manufacturers? _____ %

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Does the Applicant contract manufacture, bottle or pack for any third parties? Yes No

If Yes, what is the %? _____

Geographics distribution:

Region	Product(s)	Turnover (INR)
North America, Europe, ANZ, Japan		
Asia excluding Japan		
Other		

Please list out the top three raw materials and ingredients

Name of suppliers	Raw material and ingredients	Value (INR)

What percentage of your products are manufactured by outside contractors?
 % _____

Total number of plants/facilities _____

If three or more plants, please attach a schedule with the following information:

Plant	Max daily output per plant in INR	Max daily output any one product line in INR

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

Packaging/Labelling

Are labels routinely inspected for accuracy and content? Yes No

Who reviews labels? Technical Legal Other

How often are labels reviewed? _____

Have you completed a detailed allergen risk analysis for all products and ingredients? Yes No

Is a batch coding system utilised? Yes No

Details of coding (ex. – by date, shift line, operator):

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Can all products be tracked so that the source and destination of individual batches can be identified? Yes No

If No, please provide details:

Is tamper-evident or tamper-resistant packaging used? Please check all that apply

Blister Packs Shrink Wrapping Vacuum seals Other

Packaging Description

Has the Applicant had strikes/riots/work stoppages/plant closings in the past 3 years? Yes No

If Yes, please describe

Has the Applicant been the subject of or been threatened with a wrongful termination legal action? Yes No

If Yes, please describe below or attach details

Quality Assurance

Does the Applicant and all of its divisions and Subsidiary Companies have in place a certified HACCP (Hazard Analysis and Critical Control Point) program for all products? Yes No

If Yes, please describe

Date HACCP last reviewed?

Are Quality Assurance audits performed by independent third parties? Yes No

i By whom?

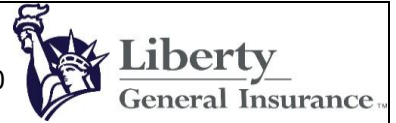
ii Date/Frequency?

iii In relation to the latest audit performed where there any non-conformances raised? Yes No

iv If so have all these been closed out by the auditor? Yes No

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Please attach a copy of the latest third-party audits for all manufacturing sites, HACCP verification table & HACCP audit table summarizing CCP.

Does the Applicant and all of its divisions and Subsidiary Companies have a Technical Department whose role includes food safety? Yes No

If No, please list

Who is responsible for overseeing and implementing Food Safety Procedures and what are the qualifications for Senior Food Safety Personnel?

How do you collate and monitor customer complaints?

Have the products of the Applicant's divisions or Subsidiary companies or any of their premises been the subject of comment or complaint by any food regulation to food safety issues? Yes No

If Yes:

i Which agency or department _____

ii Date and nature of comment or complain _____

iii Outcome of such comment or complaint _____

iv Date resolved _____

v Please attach copy of report or similar

Do all the products which are subject to this proposal confirm in all respects with the requirements of law or regulation? Yes No

Does the Insured and all of its divisions and Subsidiary Companies require its supplier(s) of raw material and contract manufacturers and packers to abide by HACCP standards? Yes No

What steps do you take to assess the Quality Standards adhered to by raw material suppliers, contract manufacturers and/or packers? (e.g. copy of HACCP certification, site visits, testing, COAs)

If you are an importer of goods what steps do you take to ensure the quality of the product produced by the overseas manufacturers?

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Product Testing

Do you test raw material? Yes No
If so, methods used Micro-biological testing Allergen X Ray Metal Detection Other

Is there an incoming quarantine process? Yes No

Is there Product Testing utilized for all products? Yes No

If No, please explain

Please describe the testing procedures utilized (e.g. micro, x-ray, metal detectors)
If so, methods used Micro-biological testing Chemical testing X Ray Metal detection Other

At what point in the manufacturing process is testing performed? In line End product Other

How often is product testing carried out? Each Batch etc?

Is there a hold period before shipping? Yes No

Describe your testing laboratory relationship In-house lab External lab

Recall Preparedness

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Does the Applicant have an in-force recall plan? Yes No
If Yes, please describe

Are mock recalls conducted? Yes No
If Yes, date of last mock recall

Does the Applicant have an in-force crisis management plan? Yes No
If Yes, please describe

Estimate the cost to recall your leading brand

Incident History

Has the Applicant or any of its Divisions or Subsidiary Companies had any actual, threatened or suspected incidents or extortions, tampering, Alleged Contaminations, Government Recalls and/or contaminations? Yes No
If Yes please provide details:

Division/ Subsidiary	Reason for Recall	Date of Loss	Total cost of incident	Corrective Action Taken

Were any contracts lost/discontinued as a result? Yes No

Does the Applicant, its directors, officers or any other person to the knowledge of the Applicant have knowledge of any actual, threatened or suspected Malicious Product Tamperings, Product Extortions, Alleged Contaminations involving any of the Applicants products during the last twenty-four (24) months? Yes No
If Yes please provide details

Does the Applicant, its directors, officers or any other person to the knowledge of the Applicant have knowledge of or information about any fact or circumstance which may reasonably give rise to a claim under the proposed policy Yes No
If Yes please provide details

Has any Insurer:
i declined to insure the Applicant in respect of any coverage(s) proposed for herein? Yes No

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ii cancelled or refused to renew the Applicant's insurance? Yes No

iii imposed special terms to insure the Applicant? Yes No

If Yes to any of the above, please provide details including name of insurer

The answers you have provided to the above questions usually provide sufficient information for a proper consideration of your application, however, if there are any matters which are material to the risk to which this Application relates, you must disclose those fact to us in the space provided below

PAYMENT DETAILS

Amount in Rs			
Instrument Type	<input type="checkbox"/> Cash <input type="checkbox"/> Online Payment	<input type="checkbox"/> Cheque <input type="checkbox"/> Debit Card <input type="checkbox"/> Others	<input type="checkbox"/> Credit Card
Cheque/DD No.		Date:	
Name of the Account holder			
Bank Name			Branch:
Bank Account No:			IFSC Code:
Card Details :	Master / Visa / Rupay		
Credit/Debit Card No.			Expiry Date:

In case of cancellation of policy, if premium were paid through credit card the refund amount would be credited to your Source bank account.

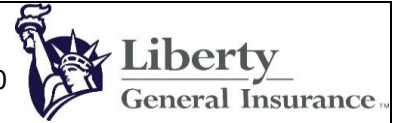
I wish : Any refund due on the premium payment / any payment/claims will be directly credited to my aforesaid Bank Account.*

DECLARATIONS

- I/ We hereby declare that the statements made by me / us in this Proposal Form are true to the best of my / our knowledge and belief and I / We hereby agree that this declaration shall form the basis of the contract between me/us and Liberty General Insurance Company
- I the undersigned proposer hereby declare and confirm that I have understood the features, terms and conditions of the policy and questions contained in the proposal form. I also understand that the answers to the questions contained in the proposal form, forms the basis of the contract of insurance. If any information/statement given in proposal is found to be untrue, the policy shall be treated as void ab intio and the premium paid shall be forfeited to the Company.
- If any additions or alterations are carried out in the risk proposed after the submission of this proposal form, then the same should be conveyed to the insurers immediately.
- Liberty General Insurance (LGI/Liberty") will not be deemed to provide cover nor be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose Liberty or its parent to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of

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Australia, the European Union, United Kingdom, United States of America or other applicable jurisdiction

- I/We hereby confirm that all premiums have been/will be paid from Bonafide sources and no premiums have been/will be paid out of proceeds of crime related to any of the offence as listed in Prevention of Money Laundering Act, 2002 & its subsequent amendments thereof I understand that the Company has the right to call for documents to establish sources of funds
- I hereby give my/our consent to Liberty General Insurance to collect, use, process, and share my/our personal information for policy servicing, claim settlement quality, and data analysis purpose, which may be carried out by an empaneled third-party vendors

- I/We hereby extend my/our consent to the Company for sharing my/our personal data with Liberty Insurance Group entities/affiliates for the specific purpose of claim settlement quality, data analysis purpose, reinsurance related services (please strike this clause in case you do not wish to disclose the personal data)

- I wish to avail physical policy document Yes

- Determination of Beneficial Ownership:

I/ We hereby confirm that the below mentioned person/s have controlling ownership interest/ exercises control through other means and shall be considered for the purpose of determining Ultimate Beneficial Owner:

Sr.No	Name of Ultimate Beneficial Owner	Percentage (%)*		Remarks, if any	

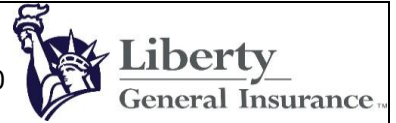
For Organization

Full Name	DOB	Nationality	Address	%Share Holding	PAN	PEP Declaration
						<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Family Members/Close Relatives/Associates to PEP
						<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Family Members/Close Relatives/Associates to PEP

Declaration when the proposal form is filled by a person other than the proposer/ the proposer signs in a vernacular language/ proposer is illiterate or disabled

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I hereby declare that I have read out and explained the content of this proposal form and all other connected documents incidental to availing the insurance policy from Liberty General Insurance Limited to the proposer and that he/ she confirmed that he/ she has understood the same and that he/ she agrees to abide by all the terms & conditions of the same.

I hereby declare that I have fully explained to the proposer the answers to the questions that form the basis of the contract of insurance have also explained the contents in this form to the proposer in _____ language, that I have truly and correctly recorded the answers given by the proposer and that the proposer has affixed his/ her thumb impression on the proposal form in my presence, after fully understanding the contents thereof. Further, this declaration does not confirm issuance of policy or assumption of risk thereof.

I hereby state that the contents of the form and documents have been fully explained to me and that I have fully understood the significance of the proposed contract.

Name of Proposer:

Name of Witness:

Signature of Proposer:

Signature of Witness:

Date:

Place:

Relationship with Proposer:

Address of Witness:

INSURANCE ACT 1938 SECTION 41- Prohibition of Rebates

No person shall allow or offer to allow, either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind or risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy, accept any rebate except such rebate as may be allowed in accordance with the prospectuses or tables of the Insurer Any person making default in complying with the provisions of this section shall be liable for a penalty, which may extend to Ten Lakh rupees.

Date: _____

Signature of the Proposer

Place: _____

Name