

Stockfeed Manufacturers Public and Products Liability Addendum Questionnaire



Important notice

- This Addendum is to be completed in conjunction with Public & Products Liability Proposal form.
- This Addendum (and any attachments) form part of the Proposal.
- Please answer all questions in full. Where appropriate, please tick the yes or no box that best indicates your reply.
- If there is insufficient space, please provide further details on your letterhead.

Insured details

Insured name:

Details of products:

Animal type(s):

What raw materials does the Insured use in their feed?

Does the Insured import any raw material?

Yes No

If YES, please provide further details:

Are APVMA registered additives used?

Yes No

If YES, what is the percentage of feed?

 %

If YES, please provide full details:

Does the Insured use any genetically modified products?

Yes No

If YES, please provide further details:

What form is the feed in? (Please tick all applicable):

Mash Pellets Liquid

Others (Please specify):

To whom does the Insured sell their product?

Farmer Retailer Stockfeed manufacturer

Others (Please specify):

Quality Control

Is the Insured Feedsafe accredited?

Yes No

If NO, please answer the following questions:

1. Does the Insured keep batch records?

Yes No

2. Does the Insured keep records of origin of raw materials?

Yes No

3. Provide further details of the Insured's quality control procedures and accreditation.

Does the Insured have product recall procedures?

Yes No

Further declaration to the proposal after inquiry

I declare that the statements and particulars are true and that I have not misstated or suppressed any material facts. I agree that this Addendum, together with the Proposal and any other information supplied by us shall form the basis of any contract of insurance effected thereon, and I undertake to inform the insurer of any material alteration to these facts whether occurring before or after completion of such contract of insurance. I acknowledge that I have read and understood the "Your Duty of Disclosure" on the first page of the Proposal. I agree that the Underwriters may use and disclose our personal information in accordance with the "Privacy Statement" at the beginning of this Proposal. I am authorised to complete the above information on behalf of the Insured named in the Proposal.

Insured's name:

Signature principal(s)/partner(s)/directors:

Date:

Any queries, please contact us

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