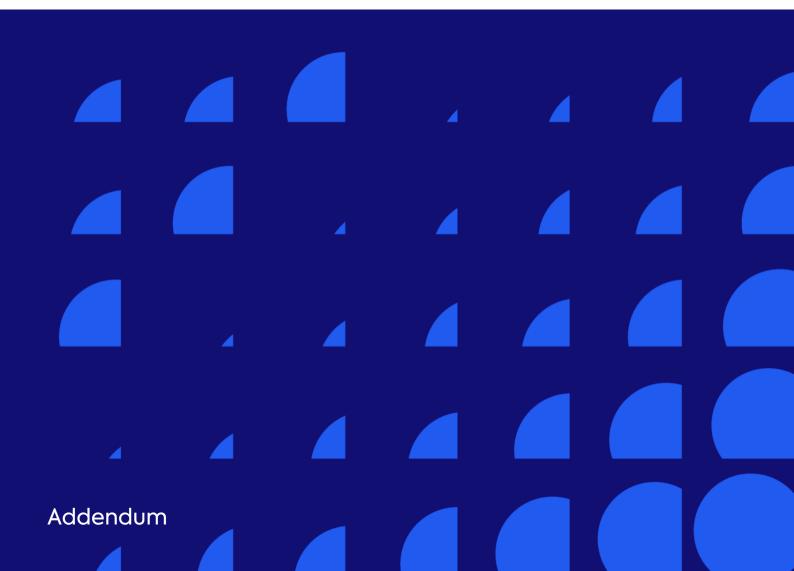
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Stockfeed Manufacturers Public and Products Liability Addendum



Important notice

- 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 the Insured's reply.
- If there is insufficient space, please provide further details on the Insured's letterhead.

insured details	
Insured name:	
Please provide details of the products manufactured by the Insured:	
What animal type(s) are the products manufactured for:	
What raw materials does the Insured use in their products?	
Does the Insured import any raw material?	Yes No
If YES , please provide further details:	
Are Australian Pesticides and Veterinary Medicines Authority (APVMA) registered additive(s) used?	Yes No
If YES , what percentage of the product is a registered additive?	%
If YES , please provide full details:	
Does the Insured use any genetically modified products?	Yes No
If YES , please provide further details:	100 110
What form of feed does the product take? (Please tick all applicable):	
Mash Pellets Liquid	
Others (Please specify):	
To whom does the Insured sell their product?	
Farmers Retailers Stockfeed manufacturers	
Others (Please specify):	

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. Please provide further details of the Insured's quality control procedures and accreditation (if a	ny):
Does the Insured have product recall procedures?	Yes No
Further declaration to the Proposal after inquiry	
Signing this Addendum does not bind Solution or any insurer to enter into an insurance contract.	
After making full and appropriate enquiries, I declare that:	
• I am authorised on behalf of the prospective Insured(s) to complete this Addendum	
I have read and understood the Important Information section of the Proposal form	
• Where I have provided information about another individual, I declare that the individual has been aware of that fact and of the Solution Underwriting Agency Pty Ltd Privacy Statement	en made
I confirm that the statements and information in this Addendum are true and complete	
I understand all information requested in the Addendum is material	
 I provide consent consistent with the Privacy Statement outlined in the Important Information se Proposal Form 	ection of the
 I understand that, until a contract of insurance is entered into, I am under a continuing obligation inform Solution Underwriting Agency Pty Ltd of any change to the information contained in this Agency 	
 I acknowledge that, if a contract of insurance is entered into, the Proposal, this Addendum and a accompanying documents will form the basis of the contract 	ny
To be signed by the Insured for whom this insurance is intended for	
Signature:	
Name:	
Position:	
Date (DD/MM/YY): / /	

solution.

Next Level Underwriting™

Any queries, please contact us

Solution Underwriting Agency Pty Ltd

Level 5, 289 Flinders Lane Melbourne, VIC 3000

P. 03 9654 6100 solution@solutionunderwriting.com.au ABN 68 139 214 323 AFSL 407780

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