

Chubb Winery General Liability Product

Proposal Form

Completing the Proposal Form

1. This application must be completed in full including all required attachments.
2. If more space is needed to answer a question, please attach a separate sheet with details.
3. The term Insured, whenever used in this proposal form shall mean the insured listed and all subsidiary companies of the Insured for which coverage is proposed under this proposal or in the policy.

Some sections of the application will not apply to your firm. Where this is the case, please mark “not applicable (N/A)”.

General Information

Proposed period of insurance:	From		To		at 4pm, local time
-------------------------------	------	--	----	--	--------------------

Name of Insured (Include names of all subsidiary or affiliated companies and a company structure diagram):

1.	4.
2.	5.
3.	6.

Head Office Address:

ABN:

Year commenced business:

Please provide a detailed business description of your full operations:

Please list your website address/es:	1.
	2.
	3.

Total number of Locations:

Please list and indicate - Owned (O), Leased (L), Retail (R), Office(OF), Warehouse (W)	Location 1:	
	Location 2:	
	Location 3:	
	Location 4:	

Limit of Liability

Tick the Limit of Liability required for General Liability and if applicable Products Liability in any one Period of Insurance:

\$5 Million \$10 Million \$20 Million \$50 Million Other

\$

Deductible applicable to General and Products Liability:

\$1,000 \$2,500 \$5,000 \$10,000 \$25,000 \$50,000 \$75,000 \$100,000 Other

\$

Product Recall Expense: Yes No Limit required: \$500,000 \$1 Million \$2 Million Other

\$

Cyber: Yes No \$150,000 *Maximum*

Errors and Omissions: Yes No Limit required: \$500,000 \$1 Million \$2 Million Other

\$

Statutory Liability: Yes No Limit required: \$500,000 \$1 Million \$2 Million Other

\$

Care Custody and Control: Yes No Limit required: \$500,000 \$1 Million \$2 Million Other

\$

Operational Details

1. Total turnover (\$000's):

Current Financial Year:

\$

Predicted future year:

\$

2. Total number of employees:

Full Time Equivalent (FTE):

Part Time Equivalent (PTE):

3. Business Activities and Estimated turnover:

a) First Party Operations

Business Activity	Revenue \$ Expected Next Financial Year	Revenue \$ Actual Current Year	Largest Contract \$
Winemaking - Place N/A in Largest contract			
Vineyard Operations - Place N/A in Largest contract			
Remove Bottling and packaging			
General Agriculture (I.e. Other Crops or Animal Husbandry) - Place N/A in Largest contract			
Retail (Domestic - Incl. cellar door)			
Retail (Export)			
Food Service/Restaurant			
Accommodation			
Other			

b) Third Party Operations

Business Activity	Revenue \$ Expected Next Financial Year	Revenue \$ Actual Current Year	Largest Contract \$	Maximum Value Stored at Any one Time \$
Contract Winemaking Services				
Third Party Bottling/ Packaging Warehousing				
Third Party Vineyard Operations/ Management				
Other				

4. Excluding winemaking services does the insured give any advice not for a fee? If Yes, what activities, please list with revenue (\$) - For example contract harvesting, pruning or transport services or other products:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Service/Advice not for Fee	Revenue \$

5. Please detail the geographic breakdown of sales by Revenue \$ (000's) and %:

Rest of Europe:	\$	%	North America:	\$	%
Australia:	\$	%	China:	\$	%
Latin America:	\$	%	UK:	\$	%
SE Asia:	\$	%	Other:	\$	%

Other General Liability Information

6. Please list or attach any operations and associated controls that may include production distribution, storage, disposal or transport of Toxic and/or Hazardous substances that could potentially cause bodily injury and/or property or environmental damage:

7. a) If there is storage, what is the Capacity (L)?	b) Bundled Capacity (L)?
8. Does the proposer own or use any unregistered vehicles or mobile plant and equipment? Please provide details of number and type:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Third Parties Onsite	Yes/No	Maximum Number or Capacity at Any one time (Persons)
Third Party Contractors	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Labour Hire	<input type="checkbox"/> Yes <input type="checkbox"/> No	
General Public	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Accommodation	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Events	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Viticulture

9. Is the insured involved in any chemical spraying? If Yes, please list relevant controls and documentation procedures to support this activity. Please Detail Aerial or Land based operations.	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

10. Are any vineyards (owned or managed) in proximity of property belonging to others used for horticultural purposes? If Yes, please attach any relevant photos or map references.	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Is the insured involved in any Drone or Aviation related activities? If Yes, what activities and include drone details (Please list)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Cyber

12. Do you inform and train all staff on confidentiality and security of systems?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Do you inventory and classify information and systems according to their sensitivity or criticality and implement the security controls required for their protection depending on their criticality?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Does your access control policy include passwords renewal and hardening, and authorisations management based on users roles?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Do you implement a centralised information systems management that includes configurations monitoring, antimalware management and security patches updates?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Do you encrypt all sensitive data (transmitted or at rest, mobile or stationary)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Do you implement a network security policy that includes internet traffic filtering and intrusion monitoring?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Did you define a Disaster Recovery Plan and Incident Response Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Subcontractors, Independent Contractors and Labour Hire

19. Do you use Subcontractors, Independent Contractors or Labour Hire?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Please provide details of annual payroll for contractors/subcontractors, labour hire or people engaged on the proposer's premises?	

Service Provided	Approx. Labour only payments (\$000's)	Contractor Name

21. Please describe or attach a copy of your current contractor vetting process:	
22. Is there a formal procedure for ensuring contractors have Workers Compensation (WC) and General Liability (GL) policies in place? If Yes, please detail or attach any requirements? i.e. Certificates of currency (at least 10 million for GL).	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

Statutory Liability (eg. EPA, LIP or any other legislative fines)

23. a) Number of Employees Engaged by you?		
b) Annual wage roll	AU\$	
c) Number of Labour Hire Employees Engaged to work within your Premises		
estimated payments made to such workers	AU\$	and their activities undertaken?
d) Number of Contractors and/or Sub-Contractors Engaged by you		
estimated payments made to such contractors	AU\$	
and their activities undertaken?		
24. a) Are you aware of, and comply with the various Statutes that apply to your business / industry?		<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Do you have written procedures, manuals or systems in place to ensure compliance with such Statutes?		<input type="checkbox"/> Yes <input type="checkbox"/> No
c) Are you required to be licensed by the Environmental Protection Authority within your State?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, have you ever been issued with a notice for non-compliance within the past 5 years?		<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Have the Business, or anyone employed by the business incurred a Statutory Fine or Penalty within the past 5 years?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Contract Review/Standard Terms and Conditions of Trade:

26. Do you have a standard signed contract or purchase order with every customer? Yes No

27. Do you engage internal or external legal counsel to review of all standard contracts, agreements and marketing materials prior to release? Yes No

Please attach or give full details of all contractual liabilities, waiver of rights of recourse or "hold harmless" agreements given by or to sellers, suppliers or direct customers:

Quality Assurance and Risk Management

28. Please describe any Good Manufacturing Practices, Quality Assurance (ie. HACCP, SQF) and/or International Risk Management (ie. ISO) programs you have in place or are third party validated for? (Please attach any relevant Information).

29. Do you have an Analytical Lab or Testing Facility on site? If Yes, is the Lab third party or NATA certified? Please provide the name(s) or relevant certification? Yes No

30. Please describe any third-party or government inspection/audits performed in the past 12 to 18 months? Please attach a copy of the last audit report.

31. With regard to the testing of your products, please mark the applicable boxes (Please tick):

Type of Test	Raw Materials	During Production	Bottling/End of Line	Externally Tested
Microbiological/Chemical				
Mechanical				

32. Is there backwards traceability for all ingredients/components and packaging used in the manufacturing of products? (Please detail or attach details)

33. If microbiological/pathogen tests are performed, is there a "hold and release" period before shipping? Please describe any or attach any relevant information. Yes No

34. Have you agreed to indemnify or hold harmless any supplier? If Yes, please detail: Yes No

35. Please describe your current supplier liability insurance certificate requirements? Please attach any relevant information.

36. Does the applicant have a formal recall plan? If Yes, please attach a copy.

Yes No

Date of the last update:

37. Where are the Raw Materials/Ingredients/Supplies/Packaging sourced from (Description and \$Value):

China:		Europe:	
Locally (AUS/NZ)		North America:	
Other:			

38. Please describe your "Supplier Approval Program"? (Please attach any relevant information)

Loss History

39. In the past 5 years, have you had any claims, product withdrawals, recalls, or contamination incidents? If Yes, please describe below or attach the relevant information.

Declaration

1. (I/We) have read the Important Notices at the head of this Proposal.
2. (I/We) declare that the answers above are true and correct and I/We have discharged my/our duty of disclosure.
3. (I/We) agree that the person completing this Proposal wholly or in part does so as my/our agent and not that of Chubb Insurance Australia Limited.

Date

Proposer's Signature:

Title:

Name:

Please attach copies of your standard contracts or agreements.

Duty of Disclosure

Your Duty of Disclosure

Before you enter into an insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure you and on what terms.

You have this duty until we agree to insure you.

You have the same duty before you renew, extend, vary or reinstate an insurance contract.

What you do not need to tell us

You do not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

If you do not tell us something

If you do not tell us anything you are required to, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

Privacy Statement

In this Statement “We”, “Our” and “Us” means Chubb Insurance Australia Limited (Chubb).

“You” and “Your” refers to Our customers and prospective customers as well as those who use Our Website.

This Statement is a summary of Our Privacy Policy and provides an overview of how We collect, disclose and handle Your Personal Information. Our Privacy Policy may change from time to time and where this occurs, the updated Privacy Policy will be posted to Our website.

Why We collect Your Personal Information

The primary purpose for Our collection and use of Your Personal Information is to enable Us to provide insurance services to You. Sometimes, We may use Your Personal Information for Our marketing campaigns, in relation to new products, services or information that may be of interest to You. If You wish to opt out of Our marketing campaigns You can contact Our customer relations team on 1800 815 675 or email CustomerService.AUNZ@chubb.com.

How We obtain Your Personal Information

We collect Your Personal Information (which may include sensitive information) at various points including but not limited to when You are applying for, changing or renewing an insurance policy with Us or when We are processing a claim. Personal Information is usually obtained directly from You but sometimes via a third party such an insurance intermediary or Your employer (e.g. in the case of a group insurance policy). Please refer to Our Privacy Policy for further details.

When information is provided to Us via a third party We use that information on the basis that You have consented or would reasonably expect Us to collect Your Personal Information in this way. We take reasonable steps to ensure that You have been made aware of how We handle Your Personal Information.

When do We disclose Your Personal Information?

We may disclose the information We collect to third parties, including service providers engaged by Us to carry out certain business activities on Our behalf (such as claims assessors and call centres in Australia). In some circumstances, in order to provide Our services to You, We may need to transfer Your Personal Information to other entities within the Chubb group of companies such as the regional head offices of Chubb located in Singapore, UK or USA (Chubb Group of Companies), or third parties with whom We (or the Chubb Group of Companies) have sub-contracted to provide a specific service for Us, which may be located outside of Australia (such as in the Philippines or USA). These entities and their locations may change from time to time. Please contact us, if you would like a full list of the countries in which these third parties are located.

Where access to Our products has been facilitated through a third party (for example: insurance broker, online marketing agency etc) We may also share Your information with that third party.

In the circumstances where We disclose Personal Information to the Chubb Group of Companies, third parties or third parties outside Australia We take steps to protect Personal Information against unauthorised disclosure, misuse or loss.

Your Consent

In dealing with Us, You agree to Us using and disclosing Your Personal Information as set out in this Privacy Statement and Our Privacy Policy. This consent remains valid unless You tell Us otherwise. If You wish to withdraw Your consent, including for things such as receiving information on products and offers by Us or persons We have an association with, please contact Our Privacy Officer.

Access to and correction of Your Personal Information

If you'd like a copy of your Personal Information or wish to correct or update it, want to withdraw Your consent to receiving offers of products or services from Us or persons We have an association with, or You would like a copy of Our Privacy Policy, please contact Our customer relations team on 1800 815 675 or email CustomerService.AUNZ@chubb.com.

To request access to, update or correct your personal information held by Chubb, please complete Our Personal Information Request Form online or download it from www2.chubb.com/au-en/footer/privacy.aspx and return to:

Email: CustomerService.AUNZ@chubb.com

Fax: + 61 2 9335 3467

Address: GPO Box 4907 Sydney NSW 2001

How to Make a Complaint

If You have a complaint or would like more information about how We manage Your Personal Information, please review Our Privacy Policy for more details, or contact:

Privacy Officer

Chubb Insurance Australia Limited

GPO Box 4907 Sydney NSW 2001

+61 2 9335 3200

Privacy.AU@chubb.com.

About Chubb in Australia

Chubb is the world's largest publicly traded property and casualty insurer. Chubb, via acquisitions by its predecessor companies, has been present in Australia for 100 years. Its operation in Australia (Chubb Insurance Australia Limited) provides specialised and customised coverages including Business Package, Marine, Property, Liability, Energy, Professional Indemnity, Directors & Officers, Financial Lines, Utilities as well as Accident & Health, to a broad client base, including many of the country's largest companies. Chubb also serves successful individuals with substantial assets to protect and individuals purchasing travel and personal accident insurance.

More information can be found at www.chubb.com/au.

Contact Us

Chubb Insurance Australia Limited

ABN: 23 001 642 020 AFSL: 239687

Grosvenor Place

Level 38, 225 George Street

Sydney NSW 2000

O +61 2 9335 3200

www.chubb.com/au

Chubb. Insured.SM