

1. NAME OF APPLICANT

Name of Company(s) and subsidiaries to be covered under this policy:

Company Address:

City:	State:	Zip Code:
Company Phone:	Date Established:	Or how many years in business?
Total number of plants USA:	Elsewhere:	Company Website:
Contact Person & Title:		Contact Email:
Contact Phone:	Number of Employees:	

2. TYPE OF OPERATION

Processor <input type="checkbox"/>	Co-Packer <input type="checkbox"/>	Supplier of Ingredients <input type="checkbox"/>
Bottler <input type="checkbox"/>	Import/Export <input type="checkbox"/>	Other (please specify) <input type="checkbox"/>
Packaging <input type="checkbox"/>	Manufacturer <input type="checkbox"/>	
Import/Export <input type="checkbox"/>	Distributor <input type="checkbox"/>	

3. TOTAL SALES (PREVIOUS, CURRENT & ANTICIPATED)

Anticipated:	Current Year :	Prior Year :
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4. PRODUCT DETAILS

Product Name/Type	Cooked, Fresh, Frozen, RTE, IQF etc.	Sales (\$)	Average Batch Size (\$)	Largest Batch Size (\$)	Packaging: vacuum, paper, can, cardboard, glass, etc.	Packaging In-house or third party	Shelf Life

Application for Product Contamination Coverage

Please complete the following for all plants/production facilities:

5. PRODUCTION FACILITIES	PLANT ADDRESS	ANNUAL PRODUCTION (\$)	# OF PRODUCTS PRODUCED	# OF PRODUCTION LINES
PLANT 1				
PLANT 2				
PLANT 3				
a. Can Products be produced at another company location? Yes <input type="checkbox"/> No <input type="checkbox"/>				
b. Are there any alternate production facilities available in the event of a plant shut down? Yes <input type="checkbox"/> No <input type="checkbox"/>				
6. PRODUCT PROFILE				
a. What is your approximate number of suppliers?		b. About how many different ingredients are in your typical product?		
c. What percentage of your suppliers do you maintain hold harmless/indemnification provisions that benefit you ? That benefits the supplier ?				
d. What percentage of your customers do you maintain hold harmless/indemnification provisions that benefit you ? That benefits the customer ?				
e. Is coverage requested for ALL products? Yes <input type="checkbox"/> No <input type="checkbox"/>				

Please List Top 5 Customers:

7. CUSTOMERS	TYPE OF CUSTOMER	ASSOCIATED REVENUES

Please List Top 5 Suppliers:

8. SUPPLIERS NAME	PRODUCT(S)	DOMESTIC OR FOREIGN	% OF INGREDIENT IN FINAL PRODUCT?

9. COUNTRY OF PRODUCT SALES & MANUFACTURING		
Country	Sales % Total	Manufacturing % Total
United States		
Asia:		
Canada:		
Other:		

10. PLEASE PROVIDE PERCENTAGE OF BRANDED & NON-BRANDED PRODUCTS (INCLUDING OWN OR PRIVATE LABEL)			
Non-Branded %:	Branded %:	Branded (Own Label) %:	Branded Private Label %:

11. CAN YOU IDENTIFY YOUR PRODUCT(S) BY THE FOLLOWING?					
Batch	Product Name	Producing	Serial No.	Day	Hour
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

f. To what level and time frame can you trace your products handled, manufactured, or produced by you once they have left your care, custody and control?

g. Are records kept of all shipments and for how long?

h. Do any of your products contain allergens, genetically modified ingredients or product enhancers and does your labelling list these? Please identify product:

i. Please provide details of any new products being sold in the last 12 months or any future products contemplated for future production:

j. Do all products, requested for coverage, comply with US food regulations and laws? Yes No

k. What percentage of your product becomes a component or ingredient in another's products?
Please list products:

1.	2.	3.
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l. Do you sell products of others? Yes No

m. What percentage of your product is produced by co-packers / outside vendors?
Please list these companies by name and location:

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

12. QUALITY ASSURANCE PROCEDURES	
a. Do you have a formal QC plan in operation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b. Do you have a dedicated QC authority/personnel/division?	Yes <input type="checkbox"/> No <input type="checkbox"/>
c. Do you perform in-house audits?	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>How often?</i>
d. How often are 3 rd party audits performed? And by whom?	Less than annually <input type="checkbox"/> Annually <input type="checkbox"/> More than annually <input type="checkbox"/>
e. How many improvement recommendations are typically made? Please attach the summary page of a recent quality control audit.	
f. Do all of your labeled products meet all regulatory requirements and are labels checked for accuracy?	Yes <input type="checkbox"/> No <input type="checkbox"/>
g. Do you use a 3 rd party for packaging/labeling?	Yes <input type="checkbox"/> No <input type="checkbox"/>
h. Do you have rights of recovery with them?	Yes <input type="checkbox"/> No <input type="checkbox"/>
i. Do you have a Vendor Approval Program?	Yes <input type="checkbox"/> No <input type="checkbox"/>
j. Do you test incoming Raw materials?	Yes <input type="checkbox"/> No <input type="checkbox"/>
k. Do you receive a Certificate of Analysis from the ingredient supplier?	Yes <input type="checkbox"/> No <input type="checkbox"/>
l. Do you quality audit your suppliers?	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>What %?</i>
m. Do you employ food-processing technologies (i.e. pasteurization, ultra-high pressure processing, ultra-radiation, and/or irradiation)?	Yes <input type="checkbox"/> No <input type="checkbox"/> If so, please provide details:
n. Do you receive test results prior to shipment of your finished product?	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>What %?</i>
o. How do you test products during processing? <i>(check all that apply)</i>	Visually <input type="checkbox"/> X-Ray/Metal Detection <input type="checkbox"/> Microbiological <input type="checkbox"/> In-line <input type="checkbox"/> End-line <input type="checkbox"/> In-house lab testing <input type="checkbox"/> Outside lab testing <input type="checkbox"/> No current lab testing <input type="checkbox"/>
p. Do you adhere to Good Manufacturing Practices such as HACCP?	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Others?</i>
q. Do you have preventative sanitation measures in place such as SSOP How often do you clean production lines? How often do you breakdown production lines?	Please list:

13. RISK MANAGEMENT

a. Do you have a recall plan?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. Do you preform mock recalls?	Yes <input type="checkbox"/>	No <input type="checkbox"/> Frequency_____
c. Do you use outside PR consultants? <i>If so, who?</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d. Have you updated your plans in the last two years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Requested Coverage Limits (if known) Policy Limit: **Deductible:**

Please provide any additional details of expiring limits, deductibles and premiums or any other special enhancements of interest:

14. LOSS HISTORY

a. Have you incurred any strikes, plant closures and/or malicious contamination within the last 10 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. Has the Company, its products or any of its processes or locations been the subject of complaint by any governmental authority or product safety organization?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c. <i>If applicable</i> , is the Company aware of any incident that would have resulted in a claim if insurance <i>had</i> been in place?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d. Have you previously experienced a product withdraw or recall?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>If so, please explain reason for recall:</i>		
Date of Recall:		
Total Expense Incurred:		
e. Does the Company have any knowledge or information of any specific fact which may give rise to an incident and/or claim?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

15. DECLARATION

I declare that the statements and particulars in this application are true and that no material facts have been misstated or suppressed after enquiry. I agree that this application, together with any other information supplied shall form the basis of any contract of insurance effected thereon. I undertake to inform the Insurers of any material alteration to those facts occurring before completion of the contract of insurance. A material fact is one which would influence the acceptance or assessment of the risk.

Printed Name: _____ Phone: _____

Signature: _____ Email: _____

Title: _____ Date: _____

NOTICE TO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or, conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime and may subject such person to criminal and civil penalties.

NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory authorities

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony in the third degree.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony (365:15-1-10, 36 §3613.1).

NOTICE TO OREGON APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto may be guilty of insurance fraud which may be subject persons to criminal and civil penalties.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO VERMONT APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or, conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which may be a crime and may subject such person to criminal and civil penalties.