



## RECALL INSURANCE INDICATION

1. Company Name:

2. Address:

Web site:

3. Sales split by activity:

<i>Product type:</i>	<i>Annual Sales:</i>	<i>Average Batch Size (Pounds or \$\$)</i>
Beef		
Pork		
Poultry		
Other-		
Other-		
Other-		

4.

<b>Top Three Customers:</b>		<i>% Annual Revenue</i>	<b>Top Three Suppliers:</b>	
<b>1</b>			<b>1</b>	
<b>2</b>			<b>2</b>	
<b>3</b>			<b>3</b>	

5. Number of Employees \_\_\_\_\_

6. Please circle all that apply; Processor, Distributor, Slaughter, Bottling, Restaurant, Importer  
Ingredients Supplier, Other\_\_\_\_\_

7. How do you test Raw Materials?: (circle)

Visually X-ray/metal detection Micro biological in line end line

8. Do you use any advanced processing technologies? (Circle)

Pasteurization, ultra-high pressure processing, ultra violet radiation, Irradiation, ionization  
Or other \_\_\_\_\_

9. Please provide percentage- if branded please detail private and/or own label:

Non Branded: \_\_\_\_\_% Branded \_\_\_\_\_%--( Private label: \_\_\_\_\_% Own Label: \_\_\_\_\_%)

10. Have you experienced a previous recall? YES  NO

11. Is a batch coding system utilized? YES  NO

12. Policy Limit requested (if known) \_\_\_\_\_

Signed/Title: \_\_\_\_\_

Date: \_\_\_\_\_