



**Applicant's Details**

Full name of applicant \_\_\_\_\_ Principal address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Contact \_\_\_\_\_ Title \_\_\_\_\_  
 Telephone \_\_\_\_\_ Website address \_\_\_\_\_  
 Years in business under present name \_\_\_\_\_ Email \_\_\_\_\_  
 Describe Operations \_\_\_\_\_

Type of Operations:  Bottler  Co-Packer  Distributor  Grower  
 Importer  Manufacturer  Packaging  Retailer  
 Wholesaler  Ingredient Supplier  Other \_\_\_\_\_

Type of Products:  Bakery  Beverage  Dairy  Fruit  
 Fish/Seafood  Meat/Poultry  Nuts/Snacks  Pharma/Rx  
 Soups/Sauces  Vegetables  Other \_\_\_\_\_

Total number of plants or facilities: USA \_\_\_\_\_ Foreign \_\_\_\_\_ Total Number of Employees \_\_\_\_\_

**Limits and Self-Insured Retentions**

Requested

Present

Limits of Insurance	\$ _____	\$ _____
Self-Insured Retention	\$ _____	\$ _____
Present Insurer _____	Present Premium \$ _____	

**Product Sales Information**

Please list the sales figure for the coming year, the past year and the 2<sup>nd</sup> prior year:

Term	Total Sales	USA/Canada (%)	Outside USA/Canada (%)
Estimated (next 12 mos)	_____	_____	_____
Past 12 months	_____	_____	_____
2 <sup>nd</sup> prior year	_____	_____	_____

Please complete the following information for the top 3 plants or facilities. If coverage is contract specific, please check the box and list only those products to which this insurance is to apply:  Contract Specific Coverage Only

Address	Total Sales	Top Products	# Production Lines	Daily Output (Pounds)	Average Batch Size (\$)
Plant I _____	_____	_____	_____	_____	_____
Plant II _____	_____	_____	_____	_____	_____
Plant III _____	_____	_____	_____	_____	_____

**Product Description**

Please list your top 5 customers by percentage of sales and position in product life cycle:

Customer	% of Sales	Distributor, Retailer, Mfg, etc.	Branded (Sold under Customer's Name), Non-Branded (No Name) or Own Label (Sold under Applicant's Name or Brand)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What percentage of your products are manufactured by outside vendors? \_\_\_\_\_ %

What percentage of your products become an ingredient? \_\_\_\_\_ %

What is the average shelf life of your top products? <1 Mo \_\_\_\_%    1-6 mos \_\_\_\_%    6-12 mos \_\_\_\_%    >1 yr \_\_\_\_%

Do any of your products contain allergens, genetically modified ingredients or any nutritional boosters?  Yes  No

If yes, please explain – does your labelling specify these ingredients? \_\_\_\_\_

Please indicate any new products that have commenced production or have entered the public stream of commerce within the last 12 months:

\_\_\_\_\_

**Recall Preparedness and Traceability**

Yes                  No

Do you have a Recall Plan in place? (If yes, please provide copy)  Yes  No

Do you have a Crisis Management Plan in place? (If yes, please provide copy)  Yes  No

Do you have a batch coding system utilized?  Yes  No

Do you have an electronic issue identification and escalation protocol in place?  Yes  No

What percentage of your products can the company identify by the following:

Product Name \_\_\_\_\_ %                  Day \_\_\_\_\_ %                  Hour \_\_\_\_\_ %  
 Batch \_\_\_\_\_ %                  Shift \_\_\_\_\_ %                  Other \_\_\_\_\_ %

To what level can the company trace their products handled, manufactured or produced once they have left their care, custody and control? \_\_\_\_\_

How long are shipping records kept for all products? \_\_\_\_\_

What is your estimate of the likely cost of a recall? \_\_\_\_\_

**Quality Control and Testing**

Yes                  No

Do you have a Quality Control Plan in place? (If yes, please provide copy)  Yes  No

Do you have HACCP (Hazard Analysis/Critical Control Points) Plan? (If yes, please provide copy)  Yes  No

Do you have any SSOPs (Sanitation Standard Operating Procedures) or GMP's (Good Manufacturing Practices) in place? (If yes, please provide copy)  Yes  No

**Quality Control and Testing (cont.)**

Yes

No

Do you have a testing program at critical control points on the following?			
Incoming Material (including packaging and labels)	<input type="checkbox"/>	<input type="checkbox"/>	
Manufacturing/Processing	<input type="checkbox"/>	<input type="checkbox"/>	
End Product (including packaging)	<input type="checkbox"/>	<input type="checkbox"/>	
Final Label Review	<input type="checkbox"/>	<input type="checkbox"/>	
What testing methods are used? (Check all that apply)			
<input type="checkbox"/> Microbiological	<input type="checkbox"/> X-Ray	<input type="checkbox"/> Visual	<input type="checkbox"/> Metal Detectors
<input type="checkbox"/> Magnets	<input type="checkbox"/> Physical	<input type="checkbox"/> Chemical	<input type="checkbox"/> Other _____
Please provide details of procedure(s) used to check incoming material (including any Quality Assurance, Testing and Conformance Specifications): _____ _____			
Are separate production lines dedicated to different product types?	<input type="checkbox"/>	<input type="checkbox"/>	
How often do you:			
Clean production lines?	_____		
Break down lines?	_____		
Maintain product lines?	_____		
Do you use internal and/or external testing laboratory? <input type="checkbox"/> Internal <input type="checkbox"/> External <input type="checkbox"/> Both			
Are records of the results of quality control tests kept so that you can identify at a later date what tests you applied to given products at a given time?	<input type="checkbox"/>	<input type="checkbox"/>	
How far back do your testing records go? (please give numbers of years) _____	<input type="checkbox"/>	<input type="checkbox"/>	
Is there a hold period before shipping?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there a "positive release" procedure?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there an incoming quarantine process?	<input type="checkbox"/>	<input type="checkbox"/>	
Are labels inspected?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>If yes, by whom?</b> _____			
Do warning labels meet applicable industry standards?	<input type="checkbox"/>	<input type="checkbox"/>	
Are Food Safety Audits performed by an accredited third party?	<input type="checkbox"/>	<input type="checkbox"/>	
Do all of your products that may be insured under this policy comply with all laws and regulations that apply in the country where sold?			
Processing standards	<input type="checkbox"/>	<input type="checkbox"/>	
Ingredient standards	<input type="checkbox"/>	<input type="checkbox"/>	
Labelling standards	<input type="checkbox"/>	<input type="checkbox"/>	
Packaging standards	<input type="checkbox"/>	<input type="checkbox"/>	
Pesticides/Fungicides standards	<input type="checkbox"/>	<input type="checkbox"/>	

**Supplier Information**

Please indicate the estimated number of suppliers \_\_\_\_\_

Please indicate how many of your suppliers are domestic and how many are foreign:

Domestic \_\_\_\_\_ Foreign \_\_\_\_\_

Please list your top 5 suppliers:

Suppliers Name	Domestic or Foreign	Product(s)	% of Insured Product
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please indicate the average length of contractual relationship with key suppliers: \_\_\_\_\_

	Yes	No
Do you have a Vendor Approval Program in place? (If yes, please provide a copy)	<input type="checkbox"/>	<input type="checkbox"/>
Do you audit your third party suppliers? (If yes, please provide copies of last audits for top 5 suppliers)	<input type="checkbox"/>	<input type="checkbox"/>
Do you have contracts in place with rights of subrogation against all your suppliers? (Please provide sample copy of contract with suppliers)	<input type="checkbox"/>	<input type="checkbox"/>
Do you require your suppliers to carry Product Recall Insurance?	<input type="checkbox"/>	<input type="checkbox"/>
Do you require your suppliers to carry Product Liability Insurance?	<input type="checkbox"/>	<input type="checkbox"/>

**Product Security**

	Yes	No
Do you collect and monitor customer complaints?	<input type="checkbox"/>	<input type="checkbox"/>
Has the company ever been a direct target of political, racial, environmental, or other extremist or special interest groups? <b>If yes, please provide details</b> _____	<input type="checkbox"/>	<input type="checkbox"/>
Does the company import/export with volatile countries or undertake activities which might make it a target of extremist or special interest groups? <b>If yes, please provide details</b> _____	<input type="checkbox"/>	<input type="checkbox"/>

**Loss Information**

	Yes	No
Have you, your premises, products or processes been the subject of recommendations or complaints made by any regulatory body, internal audit or third party audit over the past 5 years? <b>If yes, please provide details</b> _____	<input type="checkbox"/>	<input type="checkbox"/>
In the last 10 years have you withdrawn or recalled any products or been responsible for costs incurred by any third party arising from the withdrawal or recall of any products regardless of any subrogation? <b>If yes, please complete a Claim Supplemental Form</b>	<input type="checkbox"/>	<input type="checkbox"/>
Do you know of any actual, threatened or suspected product tampering involving any of the company's products during the past ten years?	<input type="checkbox"/>	<input type="checkbox"/>

**Loss Information (cont.)**

	Yes	No
Does the company or any of its directors or officers have any knowledge of any current situation, fact or circumstances which might lead to a claim under this policy?	<input type="checkbox"/>	<input type="checkbox"/>
Do you maintain Product Liability Insurance?	<input type="checkbox"/>	<input type="checkbox"/>
Do you maintain E&O Insurance?	<input type="checkbox"/>	<input type="checkbox"/>

**Coverage**

Base coverage under this policy is Recall Costs (including first and third party Recall Costs), Replacement Costs and Consultant Costs.

Please indicate if you would like the following additional endorsement(s) included:

- Consequential Loss Endorsement (Additional Third Party/Customer Costs)

**Declarations**

The undersigned officer of the Applicant declares that:

- (a) He or she is authorized to sign this Application on behalf of the Applicant;
- (b) To the best of his or her knowledge, the statements made herein are true and correct, and reasonable efforts have been made to ascertain that the information set forth is complete and accurate in all respects;
- (c) He or she will notify the insurer immediately in writing if he or she discovers, between the date of this Application and the effective date of the Policy issued on the basis of this Application, any significant adverse change in the condition of the Applicant or other knowledge which renders the information provided in this Application incomplete or inaccurate; and
- (d) He or she understands that any quotation or offer of coverage tendered by the insurer is made in reliance upon the accuracy and completeness of the information provided in this Application.

I certify that I have read and understand the applicable fraud warning set forth below:

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in AL, AR, CO, DC, FL, KS, KY, LA, MD, ME, NJ, NM, NY, OH, OK, OR, PA, PR, RI, TN, VA, WA, WV – see Additional Fraud Notices attached hereto for these States). INSURANCE BENEFITS MAY ALSO BE DENIED.

This Application must be completed, signed and dated to bind coverage. Signing this Application does not obligate the Applicant to purchase insurance.

Applicant Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**Fraud Statements**

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV**

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO**

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 Agencies.

**Applicable in FL and OK**

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 (of the third degree)\*. \*Applies in FL Only.

**Applicable in KS**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA**

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\* (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA**

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 and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.