



Product+

PRODUCT CONTAMINATION GENERIC APPLICATION

1. Name of companies and subsidiaries to be covered under this insurance:

[Redacted]

a. Website address of applicant:

[Redacted]

b. How many years has the applicant been in business?

[Redacted]

c. Has the applicant ever done business under a different name? Yes No

i. If yes, please provide the names you have previously done business under:

[Redacted]

2. Primary address of the applicant:

[Redacted]

3. Description of Operations/Products:

[Redacted]

4. Products to be Covered: All Products Selected Products

Please describe in detail the specific type of Products to be Covered:

[Redacted]

5. Total Annual Sales (previous three years and anticipated) :

YEAR	ANNUAL SALES	PRE-TAX PROFIT
Anticipated		

6. Does any part of your sales revenue reflect only fees for processing – as opposed to the sales value of the products involved? Yes No

a. If “Yes”, please provide details:

[Redacted]

b. What is the estimated sales value of the products involved in that segment?

[Redacted]

7. Geographic Sales of Products:

United States: %	Canada: %	Europe: %	Australia: %
Far East: %	Africa: %	South America: %	Cen. America: %

8. Number of Manufacturing/Processing Location (by Country):

[Redacted]

9. Number of Employees (by Country):

[Redacted]

10. Please list your top three customers to whom you sell products by percentage of total sales.

CUSTOMER NAME	PERCENTAGE OF TOTAL SALES

11. Please provide percentage of branded, non-branded and or own label products:

Branded (others): [Redacted] Non-Branded: [Redacted] Own Label: [Redacted]

12. For the products that you manufacture for others, to your knowledge, are there any other companies that make the same product as you with the same label as the one that appears on the product you manufacture?

[Redacted]

13. What percentage of your products are:

a. Products: Fresh: [Redacted] Frozen: [Redacted] (Must = 100%)
Shelf Life: [Redacted] [Redacted]

b. Products: Raw: [Redacted] Cooked: [Redacted] (Must = 100%)
Shelf Life: [Redacted] [Redacted]

14. What is the maximum value of products stored at either your warehouse or at a contracted warehouse at any given time?

Products: Fresh: [Redacted] Frozen: [Redacted] Raw: [Redacted] Cooked: [Redacted]

15. Is there Warehouse coverage for products stored in Warehouse? Yes No

16. Does Insured store products of others for a fee? Yes No

a. If yes, provide details:

[Redacted]

17. What percentage of your products are manufactured by an outside third party or co-packer? [Redacted]

IMPORTS

18. Do you import any products or packaging materials from outside the U.S.? Yes No

If so, how much from each country?

[Redacted area]

19. Do you obtain these products directly from the source or from a “middleman” in the U.S.?

[Redacted area]

20. Where are these products tested?

[Redacted area]

21. Do you carry Rejection Insurance on your imported products? Yes No If “yes”, at what limit ?

22. Will it remain in effect during the entire term of our policy? Yes No

23. Have you ever had a Rejection incident? Yes No If “yes”, please provide details:

[Redacted area]

SUPPLIER INFORMATION

24. Please list your top three suppliers and provide the information requested:

NAME OF SUPPLIER	PRODUCT(S)	DO YOU AUDIT? (Y/N)

25. Are there any oral or written agreements in place that constrain or bar your company or its insurance carrier from seeking redress against ANY suppliers who provide you with products or ingredients? Yes No

If “yes”, please provide details:

[Redacted area]

26. Do you require certificates of Products Liability insurance from your suppliers? Yes No

27. Do you require that your firm be named as an Additional Insured on those policies? Yes No

28. In the contracts in force between you and your suppliers, are there any Hold Harmless Agreements (in your favor) or any indemnity provisions (in your favor) addressing situations where your suppliers supply you with contaminated products? Yes No

29. Do you have a written, in-force Foreign Supplier Verification Program? Yes No

PRODUCT SAFETY

30. Do you have a written, in-force Quality Assurance (QA) Plan? Yes No

31. Do you have a written, in-force Food Safety Plan? Yes No

32. Does your QA Plan or Food Safety Plan incorporate HACCP procedures for all products? Yes No

33. What was date of last FDA or other Governmental Food Safety Organization inspection?

[Redacted]

34. Who is responsible for overseeing and implementing Q.A. procedures?

[Redacted]

35. Is there a written Recall Plan in place? Yes No

36. Is there a written Crisis Plan in place? Yes No

37. Is product testing utilized by your company? Yes No

a. Please describe the testing procedures utilized by your company (e.g. microbiological, x-ray, metal detectors, steam/heat pasteurization, irradiation, etc.):

[Redacted]

b. At what point in the manufacturing process is testing performed (in line, end product, etc.):

[Redacted]

c. Does testing occur at critical control points? Yes No Please explain:

[Redacted]

d. Do you have an in-house testing laboratory? Yes No

e. If not, do you retain an outside testing laboratory? Yes No

If YES, please state which, where and whether 24-hour:

[Redacted]

f. How long does it take for lab results to be completed and their results transmitted to you?

[Redacted]

g. And how are those results transmitted (e-mail, fax, mail)?

[Redacted]

h. Do you test incoming raw materials? Yes No Please provide details:

[Redacted]

i. Do you require Certificates of Analysis from all suppliers? Yes No Please provide details:

[Redacted]

j. Do you have "test and hold" procedures in place that require confirmation of "negative" test results before you send products out into the commercial mainstream? Yes No

k. Are labels reviewed for accuracy and regulatory compliance prior to your sending product out into the commercial mainstream? Yes No If Yes, who is responsible for that?

[Redacted]

l. Do you perform internal audits? Yes No

m. Are you audited by third parties? Yes No

38. Is a batch coding system utilized? Yes No

Value of largest batch size:

[Redacted]

Value of average batch size:

[Redacted]

39. What portion of your Insured's products are packaged in glass? [REDACTED]

If any are, who makes the glass containers? [REDACTED]

If they are made by an outside supplier, who makes them? [REDACTED]

While we are most concerned about glass containers, if any other bottles or packaging materials are made by outside suppliers, please tell us if there are any contractual arrangements in place to protect your Insured from the consequences (i.e. Recall Expenses and other items covered by our policy) of your Insured having received defective or contaminated products or defective packaging from these suppliers.

[REDACTED]

40. Do any of your products include any genetically modified products of ingredients? Yes No

If yes, please provide complete details: [REDACTED]

41. Do you use "clean rooms" for finished product operations? Yes No

42. Have you experienced any strikes, riots, work stoppages or plant closings in the last 12 months? Yes No

43. Have you had any reports of unfair dismissal, wage disputes or health hazards? Yes No

44. Have you ever been reported for unsafe working conditions? Yes No

45. Have you ever been a target of political, racial or environmental groups? Yes No

46. Do you use animal testing in product research? Yes No

47. What percentage of sales is attributable to products that are:

a. Sold as an ingredient or component part to a third party: [REDACTED]

b. Sold as a finished product but is co-packed for a third party: [REDACTED]

c. Made for a third party under a contract manufacturing agreement: [REDACTED]

48. With respect to answers to question #39 above:

a. Please list the top 5 customers and associated sales.

[REDACTED]

b. Please supply sample contracts entered into with these top 5 customers

49. Are standard contracts used with third parties? Yes No If yes please provide a copy.

50. How strictly are third party contracts controlled and monitored?

[REDACTED]

51. Please attach a copy of most recent Annual Report or financial statement and most recent Crisis Management Recall Plan.

LABELLING

52. Do you prepare the labels that are affixed to the products you sell? Yes No If No, who does?

[REDACTED]

53. Who does the actual printing of the labels?

54. Please describe the procedures for verifying the accuracy of the labels on your products:

55. If labels are printed by outside firms, what contractual provisions are in place to ensure that, in the event that a label is printed incorrectly, resulting in an actual or potential claim under the policy, that firm will assume responsibility?

LOSS HISTORY

56. In the last ten (10) years, have you had any Recall, Product Tampering, Accidental Product Contamination, Adverse Publicity, Product Extortion or Government Recall incidents? Yes No
 If Yes, please complete the attached Claims Supplemental Form.
57. In the last ten (10) years, have you received any of the following from a 3rd party or government agency audit or inspection?
- a. Recommendation letters: Yes No
 - b. Warning letters: Yes No
 - c. FDA form 483: Yes No
 - d. Cease and desist orders: Yes No
 - e. Report of unsafe working conditions: Yes No
58. Does the applicant, its directors or officers or any other known person have knowledge or information of any current situation or circumstance which might lead to a claim under the proposed insurance? Yes No
 If "Yes", please provide details:

59. Limit of Liability Requested: _____

THE UNDERSIGNED, ON BEHALF OF THE APPLICANT AND ALL INSURED, DECLARES TO THE BEST OF THEIR KNOWLEDGE THAT ALL THE STATEMENTS AND ANSWERS SET FORTH HEREIN ARE TRUE AND ACCURATE AND THAT NO INFORMATION HAS BEEN WITHHELD. THE UNDERSIGNED FURTHER AGREES, ON BEHALF OF THE APPLICANT AND ALL INSURED, THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE THE APPLICATION IS EXECUTED AND THE TIME THE PROPOSED INSURANCE POLICY IS BOUND OR COVERAGE COMMENCES, THE INSURED SHALL IMMEDIATELY NOTIFY THE INSURER IN WRITING OF SUCH CHANGES, AND THE INSURER MAY MODIFY OR WITHDRAW ITS PROPOSAL AND/OR AGREEMENTS TO BIND THE INSURANCE.

Signed:

Title:

Date:



CLAIMS SUPPLEMENT FORM

1. Applicant Name:

2. Incident Details:
Date of Incident:

Product(s) Involved in the Incident:

Location(s):

3. Please describe the incident in as much detail as possible (attach additional sheets if necessary):

4. Was a recall, withdrawal, or stock recovery an outcome of the event? Yes No

5. Did your customers or any third parties down the chain of manufacture or distribute recall their products due to the event? Yes No

6. Please identify the percent of affected product:

In production: Finished product: Post-shipment: In storage:

7. Please identify the total losses incurred:

Loss Category	Uninsured Amount	Insured Amount
Value of contaminated products:		
Recall expenses:		
Lost gross profit:		
Rehabilitation expenses:		
Increased cost of working:		
Extortion costs:		
Crisis consultant expenses:		
Third party losses:		
Other (please identify):		
TOTAL:		

8. Please describe what measures have been taken to avoid a reoccurrence of the incident:

Signature:

Title:

Date: