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HOUSTON CASUALTY COMPANY

MALICIOUS PRODUCT TAMPERING/ACCIDENTAL PRODUCT CONTAMINATION PRODUCE PROCESSING/DISTRIBUTION APPLICATION FORM (AUGUST 2013 REVISION)

The protection you need to secure your brand's reputation

1. Name of Applicant: _____
2. Address of Applicant: _____
3. Products To Be Covered: _____

LATEST ACTUAL ANNUAL SALES

<u>DESCRIPTION</u>	<u>GROWN AND DISTRIBUTED</u>	<u>DISTRIBUTED ONLY</u>	<u>PRETAX PROFIT</u>
1. _____	\$ _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____	\$ _____
5. _____	\$ _____	\$ _____	\$ _____
6. _____	\$ _____	\$ _____	\$ _____

4. Geographic Sales of Products: U.S/Canada _____% Outside U.S/Canada _____%

5. Please show location of each growing site.

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

If any are within five miles of a livestock ranch or livestock processing operation, please provide details. _____

6. What is the source of the water used to irrigate your crops? Borehole _____
 Standing Water _____ Other _____

7. Numbers of Employees (By Country): _____

FORM MPT-APC (Ed. 8-13) APPL

8. What is the daily output (expressed in pounds) for each plant? Attach additional pages if necessary.

Location _____ pounds/day _____ Location _____ pounds/day _____
Location _____ pounds/day _____ Location _____ pounds/day _____
Location _____ pounds/day _____ Location _____ pounds/day _____

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

NAME OF SUPPLIER	PRODUCT(S)	DO YOU AUDIT
_____	_____	Yes ___ No ___
_____	_____	Yes ___ No ___
_____	_____	Yes ___ No ___

Are there any oral or written agreements in place that constrain or bar your company or its insurance carrier from seeking redress against suppliers who provide you with products or ingredients? Yes ___ No___ If "yes", please provide details _____

10. Do you incorporate HACCP procedures for all products? Yes _____ No _____
Do you have a written, in-force Quality Assurance Plan? Yes _____ No _____
Is there a Recall Plan in place? Yes _____ No _____
Is there a Crisis Plan in place? Yes _____ No _____

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

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

13. Is product testing utilized? Yes _____ No _____

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

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

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

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

e. If not, do you retain an outside testing laboratory? _____ If so, please state which, where and whether 24-hour. _____

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

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

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

i. Do you require Certificates of Analysis from all suppliers? Yes____ No____ Please give details _____

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____

14. Is a batch coding system utilized? Yes _____ No _____
Value of largest batch size _____ Value of average batch size _____

15. Do any of your products include any genetically modified products of ingredients? Yes _____ No _____
If yes, please provide complete details. _____

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

17. Do you require that your firm be named as an Additional Insured on those policies? Yes _____ No _____
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 or ingredients? Yes _____ No _____

18. Do you purchase Crop Insurance? Yes _____ No _____ If so, what limit? _____
Will it remain in effect during the period of this insurance? _____

19. Do you carry Rejection Insurance on your imported products? Yes _____ No _____ If so, what limit? _____
Will it remain in effect during the period of this insurance? _____
Have you ever had a Rejection incident involving one or more of your imported products? Yes _____ No _____
If “yes”, please provide details. _____

20. Do you import any fruits, vegetables or packaging materials from outside the U.S.? Yes _____ No _____
If so, how much from each country? _____
When and where are these imported products tested – if at all? _____

21. If you import produce products from outside the U.S., do you have procedures in place that are designed to “flag” pesticides/fungicides (or similar substances) like carbendazim and/or sulfathiozole that are unapproved for use in the U.S.? And do you require documentation from suppliers that products such suppliers sell you have not been treated with substances not approved for use in the U.S.? _____

What contractual arrangements are in place (if any) that call for the supplier to assume recall related costs if you need to recall the products because of the presence of substances not approved in the U.S. or for any other reason?

22. Do you pack any of your products in glass jars? Yes _____ No _____ If so, do you make the jars? _____
If jars are provided by a supplier, are there indemnity provisions in place to you from the consequences of recalls due to defective jars? _____

23. What percentage of sales is attributable to products that are:
- a. sold as an ingredient to another manufacture
 - b. sold as a finished product but is co-packed for a third party
 - c. made for a third party under a contract manufacturing agreement
24. With respect to answers to question 1 above
- a. Please list the top 5 customers and associated sales.
 - b. Please supply sample contracts entered into with these top 5 customers
25. Are standard contracts used with third parties? Yes ____ No ____ If yes please provide a copy.
26. How strictly are third party contracts controlled and monitored? _____

27. Have you experienced any strikes, riots, work stoppages or plant closings in the last 12 months? Yes ____ No ____
28. Have you had any reports of unfair dismissal, wage disputes or health hazards? Yes _____ No _____
29. Have you ever been a target of political, racial or environmental groups? Yes _____ No _____
30. Please attach a copy of most recent Annual Report or financial statement – and most recent Crisis Management Recall Plan.
31. Please attach details of any past Product Tampering, Accidental Product Contamination or Product Extortion incident.
32. After inquiry 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? _____

33. Limit of Liability Requested: _____

THE UNDERSIGNED, ON BEHALF OF THE APPLICANT AND ALL INSUREDS, 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 INSUREDS, 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: _____