

Product Contamination Generic Application

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

2. Primary address of the applicant: _____

3. Description of Operations/Products:

4. Products to be Covered: All Products Selected Products
Please describe in detail the specific type of Products to be Covered:

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:

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

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):

9. Number of Employees (by Country):

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): _____ Non-Branded: _____ Own Label: _____

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?

IMPORTS

13. Do you import any products or packaging materials from outside the U.S.? Yes No
If so, how much from each country?

14. Do you obtain these products directly from the source or from a "middleman" in the U.S.?

15. Where are these products tested?

16. Do you carry Rejection Insurance on your imported products? Yes No
If "yes", at what limit? _____

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

18. Have you ever had a Rejection incident? Yes No
If "yes", please provide details:

SUPPLIER INFORMATION

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

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

20. 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:

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

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

23. 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

PRODUCT SAFETY

24. Do you have a written, in-force Quality Assurance Plan? Yes No

25. Does it incorporate HACCP procedures for all products? Yes No

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

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

28. Is there a Recall Plan in place? Yes No

29. Is there a Crisis Plan in place? Yes No

30. 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.):

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:

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- 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: _____
- 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 provide details:

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

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- 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?

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- l. Do you perform internal audits? Yes No
- m. Are you audited by third parties? Yes No

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

32. What portion of your Insured's products are packaged in glass? _____
If any are, who makes the glass containers? _____
If they are made by an outside supplier, who makes them? _____

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.

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

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

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

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

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

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

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

a. Sold as an ingredient or component part to a third party: _____

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: _____

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

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

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

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

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

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

LABELLING

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

45. Who does the actual printing of the labels?

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

47. 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

48. Please provide details of any past Recall, Product Tampering, Accidental Product Contamination, Adverse Publicity, Product Extortion or Government Recall incidents:

49. 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:

50. 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: _____