



Insurance Innovators, Inc. - Product Recall Division

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Application Form for Consumable Products

Please answer the following questions:

- All questions must be answered completely – if you need more space please continue on a separate sheet of paper and indicate question number.
- Please provide a copy of your Recall Plan, HACCP Plan, Quality Control / Assurance Plan and Crisis Management Plan
- This application must be signed and dated by an officer of the company

1. APPLICANT'S DETAILS

1.1 Name and Address of Applicant: _____

(please attach list of subsidiaries, if applicable under this policy)

1.2 Main Contact Name: _____

Main Contact Phone: _____

1.3 Website: _____

1.4 Date first established: _____

1.5 Prior Experience in this business under any other name: Yes No

If yes, please provide name of business: _____

1.6 Type of Operations: Manufacturer Co-packer Packaging Bottler
 Importer Wholesaler Retailer Distributor
 Supplier of Ingredients Other _____

1.7 Type of Products: Nuts / Snacks Vegetables Fruits Dairy
 Meat / Poultry Fish / Seafood Bakery Beverage
 Soup / Sauces Other _____

1.8 Total Number of Plants/Facilities: Home Country = _____

Elsewhere = _____

1.9 Total Number of Employees: Home Country = _____

Elsewhere = _____

2. SALES INFORMATION

2.1 Please list the sales figure for the past 2 years as well as the estimated sales for the forthcoming year and indicate the approx. percentage of sales per country:

Year	Total Sales	USA (%)	Canada (%)	Europe (%)	RoW (%)

2.2 Please complete the following information for the top 3 plants / facilities:

	Address	Total Sales	Products	Production Lines	Daily output in \$
Plant I					
Plant II					
Plant III					

2.3 Please complete the following information for the top 3 products or if coverage is product specific, please list products to which this insurance is to apply:

	Product Name/ Type	Total Sales	Average batch size in \$	Largest batch size in \$	Daily output in \$
Product I					
Product II					
Product III					

3. PRODUCT INFORMATION

3.1 What percentage of your products is manufactured by an outside vendor? _____%

3.2 What percentage of your products are a component part/ingredient of other products? _____%

3.3 Please list your top 3 customers by percentage of sales:

Customer = _____ % of Sales = _____

Customer = _____ % of Sales = _____

Customer = _____ % of Sales = _____

3.4 Please provide percentage of branded, non-branded and/or own label products:

Branded = _____% Non-Branded = _____% Own Label = _____%

3.5 What is the average shelf life of your products (as a percentage of total sales)?

Less than a week:	
One week to one month:	
One month to six months:	
More than six months:	

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

3.7 Please indicate whether any of your products contain allergens, genetically modified ingredients or any nutritional boosters and whether your labeling specifies these ingredients:

4. SUPPLIER INFORMATION

4.1. Please complete in respect of your top 3 suppliers and then all other, per below:

Suppliers Name	Product(s)	Do you Audit?	Right of Subrogation?
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

4.2. With what percentage of your suppliers do you have contracts that set out hold harmless and indemnity provisions inuring to your benefit in the event of your being supplied with contaminated / tampered products? _____%

5. SAFETY / HACCP / QUALITY CONTROL

5.1 Do you have a Quality Assurance Plan in place (if yes, please provide copy)? Yes No

5.2 Do you have a HACCP Plan in place (if yes, please provide copy)? Yes No

5.3 Do you have any SSOPs (Sanitation Standard Operating Procedures) or GMP's (Good Manufacturing Practices) in place? Yes No

5.4 Is there are Quality Assurance Department Yes No

5.5 Is the head of the Quality Assurance Department dedicated full time for such work? Yes No

5.6 Do you have a testing program at critical control points on the following:

Incoming material (incl. packaging and labels) Yes No
Manufacturing / Processing Yes No
End product (incl. packaging and labels) Yes No

5.7 What testing methods are used? Microbiological X-Ray Visual
 Metal Detectors Physical Chemical

5.8 Are separate production lines dedicated to different product types? Yes No

5.9 How often do you: Clean production lines? _____
Break down lines? _____
Maintain product lines? _____

5.10 Do you use internal and/or external testing laboratory? Internal External
If external, please provide details: _____

5.11 Is there a hold period before shipping? Yes No

5.12 Is there a "positive release" procedure? Yes No

5.13 Is there an incoming quarantine process Yes No

5.14 Are labels inspected? Yes No
If yes, by whom: _____

5.15 Do warning labels meet applicable industry standards? Yes No
If no, please explain: _____

5.16 Are Food Safety Audits performed by an accredited third party? Yes No
If yes, please provide details: _____

6. PRODUCT SECURITY

6.1. Please detail how products are packed: Canned Glass Paper Cellophane
 Cardboard Quality Seals Vacuum-packed
 Other _____

6.2. Do you collect and monitor customer complains? Yes No

6.3. Has the company ever been a direct target of political, racial, environmental, or other extremist or special interest groups? Yes No

If yes, please provide details: _____

- 6.4. Does the company import/export with volatile countries or undertake activities which might make it a target of extremist or special interest groups? Yes No

If yes, please provide details: _____

- 6.5. Does the company use or pay for animal testing of products Yes No

- 6.6. Has the company experienced any strikes, riots, work stoppages and/or plant closings in the last 3 years? Yes No

- 6.7. Has the company been sued, or is currently being sued by, any employees in the last 3 years? Yes No

7. RECALL PREPAREDNESS & TRACEABILITY

- 7.1 Does the company have a Recall Plan in place (if yes, please provide copy)? Yes No

- 7.2 Does the company have a Crisis Management Plan in place? (if yes, please provide copy) Yes No

- 7.3 Does the company have a batch coding system utilized? Yes No

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

Product Name:	%	Day:	%	Hour:	%
Batch:	%	Shift:	%	Other:	%

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

Please provide details: _____

- 7.6 Are records kept of all shipments? Yes No

If yes, for how long: _____

- 7.7 Who can initiate a product recall? _____

- 7.8 What is your estimate likely cost of recall? _____

8. LOSS INFORMATION

- 8.1. Have you, your premises, products or processes been the subject of recommendations or complaints made by any regulatory body, internal or third party audit over the past five (5) year? Yes No

If yes, please provide details: _____

- 8.2. In the last 10 years have you withdrawn or recalled any products or have you been responsible for the costs incurred by any third party arising from the withdrawal or recall of any products regardless of any subrogation? Yes No

If yes, please complete a claims supplemental form, as attached.

- 8.3. Does the company know of any actual, threatened or suspected product tampering involving any of the company's products during the past 10 years? Yes No
- 8.4. Does the company, its directors and officers have any knowledge of any current situation, fact or circumstances which might lead to a claim under this policy? Yes No

9. LIMITS & SELF INSURED RETENTION

- 9.1. Limits of Insurance requested:
- | | | |
|--------------------------|---|-------|
| Accidental Contamination | = | _____ |
| Malicious Tampering | = | _____ |
- 9.2. Self Insured Retention Requested:
- | | | |
|--------------------------|---|-------|
| Accidental Contamination | = | _____ |
| Malicious Tampering | = | _____ |

10. COVERAGE

- 10.1. Base coverage under this policy is Recall Costs (incl. third party recall costs) and Consultant Cost. Please indicate what additional elements of Loss you would like to have covered:

- Loss of Profit
 - 3 months 6 months 9 months 12 months
- Rehabilitation Expenses
 - 25% 50% 75% 100%
- Extra Expense
- Replacement Costs
- Product Extortion
- Customer Loss of Profit
 - \$250,000 \$500,000 \$750,000 \$1,000,000 Other _____
- Customer Rehabilitation Expense
 - 25% 50% 75% 100%
- Customer Extra Expense
- Defense Costs
- Governmental Recall
- Adverse Publicity
- Long Term Agreement

11. DECLARATIONS

I declare that the statements and particulars in this application are true and that no material facts have been misstated or suppressed after enquiry. I agree that this application, together with any other information supplied shall form the basis of any contract of insurance effected thereon. I undertake to inform the Insurers of any material alteration to those facts occurring before completion of the contract of insurance. A material fact is one which would influence the acceptance or assessment of the risk.

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 CO, DC, FL, HI, MA, MD, NE, OH, OK, OR, VT or WA- see Additional Fraud Notices attached hereto for these States). INSURANCE BENEFITS MAY ALSO BE DENIED.

Signature: _____

Date: _____

Position: _____