

Product Tampering and Contamination Supplemental

(Complete in addition to Acord Application)

1. Agency Code: _____ Agency: _____
 2. Phone: _____ Fax: _____ Web site: _____
 3. Producer: _____ E-Mail Address: _____
 4. Assistant: _____ E-Mail Address: _____

Application courtesy of <http://www.insurance-applications.com>

General Information:

5. Business Name (dba): _____
 6. Business type: Processor: _____ % Retailer: _____ % Wholesaler: _____ %
 Raw Material Supplier: _____ % Other: _____ %
 7. Principle Process Areas:
 Canned/Carton: _____ % Bottled/Jars: _____ % Fresh: _____ % Frozen: _____ %
 Processed & Refrigerated: _____ % Other: _____ %
 8. Please indicate what percentage of your operation is:
 a. Food processing/manufacturing: _____ %
 Dairy: _____ % Bakes goods: _____ %
 Poultry: _____ % Vegetables: _____ %
 Seafood: _____ % Fruit: _____ %
 Other Meat: _____ % Other: _____ %
 Please indicate what percentage of your operation is:
 Fresh: _____ % Frozen: _____ % Canned: _____ %
 b. Beverage processing/manufacturing: _____ %
 Dairy: _____ % Other: _____ %
 c. Pharmaceutical manufacturing: _____ %
 d. Restaurant: _____ %
 e. Tobacco processing/manufacturing: _____ %
 f. Cosmetics manufacturing: _____ %
 g.. Other: _____ %

Revenues:

9. Please provide current year's total gross revenues: \$ _____
 10. Please estimate next year's total gross revenues: \$ _____
 11. Revenue breakdown by product line (past 3 years):

Product Line	Revenues	Year	Revenues	Year	Revenues	Year
	\$		\$		\$	
	\$		\$		\$	
	\$		\$		\$	
	\$		\$		\$	

12. Geographic distribution of sales:
 ⇨ U.S.A.: _____ % ⇨ South America: _____ %
 ⇨ Canada: _____ % ⇨ Europe: _____ %
 ⇨ Mexico: _____ % ⇨ Other: _____ %

Business Information:

13. Packaging and shelf life of products:

Product	Packaging Description	Average Shelf Life

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14. Please list locations of manufacturing facilities:

- a. _____
- b. _____
- c. _____
- d. _____

15. Are your products: Batch produced Continuous process If batch produced, what is your average batch size? _____

16. Are all batches subject to microbiological testing? Yes No
If no, why not: _____

17. If continuous process is used, what is your average size run? _____

18. Does your coding system allow for the following identification?: Yes No

- ⇒ Product name: _____
- ⇒ Manufacturer: _____ Date of manufacture: _____
- ⇒ Serial number: _____
- ⇒ Batch number: _____
- ⇒ Other: _____

19. If any products become part of another company's product, please provide details of such and to whom sold: _____

20. If any of your products are sold to be re-packaged under another name, to whom are they sold and what is their eventual use? _____

21. Do you indemnify or hold harmless by contractual agreement any suppliers of components or raw materials?
 Yes No If yes, please describe: _____

22. Do you quality audit your suppliers at their location and monitor incoming ingredients and packaging? Yes No
If yes, how often: _____

23. Do you maintain any form of data processing inventory control system for:
 Product inventory Distributors Sales to and identity of wholesaler Retailers

24. Do your wholesalers and/or distributors maintain records of the final retail outlet of your products? Yes No

Business Information:

25. Is there a centralized corporate system for handling consumer product complaints? Yes No

If no, why not: _____

26. Do you have a recall and/or crisis management plan established to handle a recall if one becomes necessary? Yes No

If yes, please provide a copy of the plan and summarize below: _____

Application courtesy of <http://www.insurance-applications.com>

27. If you do not have such a plan and it becomes necessary to recall any of your products, what methods would be used to secure return of such products? _____

28. Do you use animal testing in your product research or development? Yes No

If yes, please provide details: _____

Events & Insurance Coverage History:

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

If yes, please attach full details of the incidents which must include the following information:

- ⇒ Product name (if one was specifically targeted) ⇒ Duration of incident
- ⇒ Description of Product ⇒ Author if incident (if known)
- ⇒ Location of Incident ⇒ Steps taken to reduce the loss
- ⇒ The estimated loss

30. Have you experienced any strikes, work stoppages, facility closing, or major restructuring within the past 12 months? Yes No If yes, please provide details: _____

31. Have any of your products ever been recalled due to a product tampering or extortion? Yes No

If so, please state:

⇒ Products involved: _____

⇒ Reason for recall: _____

⇒ Date recall initiated: _____ Date recall closed: _____

⇒ Methods used to effect recall: _____

⇒ Total expense incurred: \$ _____

32. Have any of your products ever been recalled due to an accidental contamination? Yes No

If yes, please state:

⇒ Products involved: _____

⇒ Reason for recall: _____

⇒ Date recall initiated: _____ Date recall closed: _____

⇒ Methods used to effect recall: _____

⇒ Total expense incurred: \$ _____

33. Do you have quality control procedures such as the U.S./FDA HACCP, SERVSAFE, etc. program in place? Yes No

Events & Insurance Coverage History:

If yes, please provide details: _____

34. Are there any governmental regulatory agencies with oversight responsibility for your operations (i.e. U.S. FDA, USDA, etc.)? Yes No

If yes, please list: _____

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35. Have you ever been cited or issued a summons or notice of any type in the past 5 years for violation of regulations, procedures, etc. of any governmental regulatory agency with oversight responsibility for your operation? Yes No

If yes, please explain: _____

36. Have you had the benefit of insurance coverage for any past tampering or contamination event and the subsequent product recall? Yes No

If yes, please complete the following schedule: _____ No losses, claims or incidents:

<u>Date of Loss</u>	<u>Description of Loss</u>	<u>Amt of Claim or Loss*</u>	<u>Date Valued</u>	<u>Open or Closed?</u>
/ /	_____	_____	/ /	_____
/ /	_____	_____	/ /	_____
/ /	_____	_____	/ /	_____
/ /	_____	_____	/ /	_____

* Amount of Claim or Loss to include all amounts paid or reserved, including defense and other expense.

37. Company Loss Run: Attached Has been requested and will be available prior to binding.
 Is not available Has been requested but won't be available until after binding.

38. Do you or any of your directors or officers have knowledge or information of any fact or circumstance which may give rise to a claim under the proposed policy? _____

Limits:

39. Product tampering:
\$ _____ Each loss Requested deductible: \$ _____
\$ _____ Each year aggregate

40. Accidental Contamination:
\$ _____ Each loss Requested deductible: \$ _____
\$ _____ Each year aggregate

If you would like accidental contamination coverage, please answer these questions

41. Products extortion: \$ _____

Attachments:

- 42. Product recall plan.
- 43. Loss Runs (if available).

READ AND SIGN BELOW:

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or mis-stated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

Signature

Date

Print Name

Title

**APPLICATIONS MUST BE FULLY COMPLETED AND SIGNED
PRIOR TO COVERAGE BEING BOUND**