



APPLICATION INFORMATION

Applicant Name:	
Address:	
Contact Name and Title:	
Telephone and Email:	
Website:	
Year business started:	
Subsidiaries (to be included):	

OPERATIONS

Description of Operations and Products:	
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REVENUE

Area	Projected Revenue	Current Year	Previous Year
United States and Canada:			
Rest of World:			
TOTAL:			

TOP FACILITY DATA

Top 3 Plants	Total Sales	Daily Output

TOP PRODUCTS DATA

Top 3 Products	Total Sales	Average Batch Size	Packaging Type (i.e. Glass, Metal, Cardboard, Plastic)	Approx. Value in Storage

BRANDING

% Applicant's Brand	% Third-Party Brand	% Non-Branded	%Co-Packed by Others

CUSTOMER DATA

Top 3 Customers	Products Sold	Annual Sales	Contract Specific (if requested)
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>

SUPPLIER DATA

Top 3 Suppliers	Products Sourced	Audits	Indemnification Rights
		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 <input type="checkbox"/>

QUALITY ASSURANCE / QUALITY CONTROL

Written Quality Control and/or Quality Assurance Program in Place?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are products manufactured or sold to customer specification? If so, how much?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you responsible for Product Design?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you responsible for product labeling and packaging?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is testing performed at Critical Control Points?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have Test and Hold with Positive Release Procedure in place?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Testing Type (check all that apply): <input type="checkbox"/> Microbiological <input type="checkbox"/> Chemical <input type="checkbox"/> Visual <input type="checkbox"/> Metal <input type="checkbox"/> None <input type="checkbox"/> Other (describe):	
Do customers test upon receipt of your products?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are audits conducted by an accredited third-party?	Yes <input type="checkbox"/> No <input type="checkbox"/>

RISK TRANSFER

Is there a recall plan in place? If YES, please attach a copy.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Is there a written crisis management plan in place? If YES, please attach a copy.	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Is a batch coding system utilized?	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>

Is there electronic traceability of products after they leave your care, custody, or control?	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are customer complaints monitored?	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are mock recalls carried out on a scheduled basis?	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>

TAMPERING AND EXTORTION EXPOSURE

Has your company been a target of political, radical or other extremist or special interest groups?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your company use or pay for animal testing of products?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has your company experienced strikes, riots, work stoppages, or plant closings in the last five years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has your company been sued by, or currently in litigation with any employees in the last five years?	Yes <input type="checkbox"/> No <input type="checkbox"/>

PREVIOUS OR ONGOING INCIDENTS

If you answer YES to any of the questions below, please complete the attached Claim Supplemental.

Has your company withdrawn, recalled, or otherwise removed from the stream of commerce, or destroyed/disposed of any contaminated, impaired or mislabeled products in the last five (5) years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has your company been responsible for the costs incurred by third parties for any withdrawal or recall of any products in the last five (5) years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has your company been subject to an extortion event during the last five (5) years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have any of your premises been subject to recommendations or complaints made by any regulatory body or third-party auditor in the last five (5) years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your company, any of its officers, directors, or risk managers have any knowledge of any circumstance, fact, or other information which might develop or lead to a loss or claim under this insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Claim Supplemental

Named Insured:

Date of Incident:

Description of Incident:

Did this incident result in a recall or withdrawal of product from any third party?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was this incident the result of defective/contaminated raw material or supplied product?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did this incident result in costs to you?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did this incident result in costs to third parties?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Percentage of product upon discovery of the incident: In production: ____% In Storage: ____% Post Shipment: ____%	
Indicate all costs incurred by you or a third party associated with the incident, independent of any insurance coverage: Recall Costs: Cost to replace/repair products: Loss of Profit/ Business Interruption: Third-Party Costs: Marketing/Brand Rehabilitation Costs: Other Costs: TOTAL COSTS:	
Were any of these costs indemnified by a third-party or supplier? If YES, how much? Describe:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you still incurring costs or have any outstanding liabilities associated with this incident?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Were any of the above costs covered under a Product Recall or Product Contamination policy?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Were any of the above costs covered under a different insurance policy (i.e. GL, Property, B&M)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
What corrective actions, if any, have been implemented to prevent similar incidents from happening in the future?	
Additional comments or consideration:	

FRAUD WARNING

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 may subject the person to criminal and civil penalties.

STATE FRAUD WARNINGS

NOTICE TO ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, LOUISIANA, NEW MEXICO, RHODE ISLAND AND WEST VIRGINIA APPLICANTS:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO CALIFORNIA APPLICANTS:

For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any

insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

NOTICE TO MAINE, TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO OREGON APPLICANTS: Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or, for the purpose of misleading, conceals information concerning any fact material thereto, may be committing a fraudulent insurance act which may be a crime and may subject such person to criminal and civil penalties.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties.

NOTICE TO VERMONT APPLICANTS: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S NAME AND TITLE:

APPLICANT'S SIGNATURE:

DATE: