

APPLICATION FORM

Applicant's Details

1. (a) Name of insured and all subsidiary companies to be insured under this policy:

(b) Insured address: _____

(c) Web site: _____

(d) Main contact name: _____

(e) Main contact phone: _____ Fax: _____

(f) Product category:

- Nuts/snacks Fish Fruit & Vegetables
 Dairy Meat/poultry Others (please specify)

2. (a) Please indicate estimated annual sales: _____

(b) Total number of plants/facilities: _____

(c) Please provide the following:

| SALES BY COUNTRY | 200 | 200 | 200 |
|-------------------------|-----|-----|-----|
| USA | | | |
| Canada | | | |
| European Union | | | |
| Rest of World | | | |

(d) If any sales are registered in the European Community and Rest of World, please indicate which states:

European Union: _____

(e) Rest of World: _____

3. (a) List company's products sold as part of or under another company's label or brand name:

(b) What percentage of your products are a component part / ingredient of other products? _____ %

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4. (a) Please indicate any new products that have commenced production or have entered the public stream of Commerce within the last 12 months:

5. What percentages of your products are manufactured by an outside vendor? _____ %

6. Do you agree to indemnify or hold harmless any suppliers of components or raw materials?

Yes No If yes, please provide details:

7. (a) Total number of company employees: _____

(b) List below any strikes, riots, work stoppages and/or plant closings in the last three (3) years:

8. (a) 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:

(b) Does the company use or pay for animal testing of products?

Yes No If yes, please provide details:

(c) Does the company import/export with volatile countries or undertake other activities which might make it a target of extremist or special interest groups?

Yes No If yes, please provide details:

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9. Please provide the following information for the **top 3 selling products**:

| | | | |
|---|--|--|--|
| Product Name | | | |
| Product Type | | | |
| Is it a Finished Product? | | | |
| Is it an ingredient of another product? | | | |
| Shelf Life (weeks or months) | | | |
| Packaging Type (please specify) | | | |
| Annual Turnover (\$) | | | |
| Daily Production (\$) | | | |
| Daily Production (Units) | | | |
| Plant Locations where product is produced | | | |
| Number of Production Lines at each location | | | |
| Country sold | | | |
| Largest Batch Size by Value (\$) | | | |

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Safety, HACCP & Quality

10. (a) Do you have a written, in-force Quality Assurance Plan?
(Please attach a copy of the most recent plan) Yes No
- (b) Does it incorporate HACCP for all products? Yes No
- Date HACCP last reviewed: _____
(Please attach a copy of HACCP flow chart)
- (c) Does the plan incorporate all seven principles of HACCP? Yes No
- (d) When was the date of the last Governmental Food Safety Organisation inspection?

(Please attach copy of the inspection report, if available)
- (e) Do you work with known allergens? Yes No
- If yes, provide details: _____
-
11. (a) Is there a Quality Assurance Department Yes No
- (b) Who is responsible for overseeing and implementing HACCP procedures?

- (c) Is this person dedicated full time to such work? Yes No
- If "no", please indicate other responsibilities held by this person:

- (c) What are the qualifications of senior HACCO or Quality personnel?

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12. Are Food Safety Audits performed by an accredited third party? Yes No
- (a) Please select which of the following:
- British Retail Consortium Global Food Standard Yes No
- International Food Standard Yes No
- EFSIS Yes No
- FPA – SAFE Yes No
- (b) How often are audits performed? _____
- (c) Is this carried out at all your sites Yes No
- (d) Give details of any major recommendations made that have not been implemented:

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13. Do you require your **suppliers** to abide by HACCP standards? Yes No

(a) If "no", what other steps are taken:

(b) What steps are taken to assess the quality and safety standards adhered to by your suppliers? (Supplier Audits, Application, questionnaire, references, health inspection reports, etc.)

(c) Who (what position) decides whether a supplier is approved? _____

(d) Do you have a formal supplier qualification process? Yes No

14. Relating to your Product Testing, **please tick** the applicable boxes:

| Product Test Type | Raw Materials | In-Line | End of Line |
|-------------------|---------------|---------|-------------|
| Microbiological | | | |
| X-ray | | | |
| Metal Detectors | | | |
| Physical | | | |
| Chemical | | | |

15. (a) Do you have an in-house testing laboratory? Yes No

(b) If not, do you retain an outside testing laboratory? Yes No

If "yes", please state:

Name of laboratory: _____

Where is it? _____

Is it open 24 hours? Yes No

Are they accredited to ISO EN 17025 Yes No

(c) Is there a hold period before shipping? Yes No

(d) Is there a "positive release" procedure? Yes No

(e) Is there an incoming quarantine process Yes No

(f) Are all certificates of product conformance from the suppliers received? Yes No

16. Are all your product labels inspected? Yes No

If "yes", when and by whom: _____

17. Do you collect and monitor customer complaints? Yes No

How do you collect complaints?

Internet site Free Phone Number Electronic (i.e. database) Other _____

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Recall Preparedness

18. a) Do you have a Recall Plan in place? Yes No
When was the plan last reviewed and / or updated? _____
- b) Do you have a Crisis Management Plan in place? Yes No
When was the plan last reviewed and / or updated? _____
- c) Is a batch coding system utilized? Yes No
If yes, please provide details (recorded by location, date, shift etc.) _____
- d) Has new bar / batch coding equipment been installed within the last 5 years? Yes No
- e) Is bar / batch coding equipment serviced annually? Yes No
- f) Who can initiate a recall? _____
19. Estimate the cost to recall your leading brand:
Maximum: _____ Average: _____ Minimum: _____

Loss Information

20. Have the company's products or any of its premises ever been the subject of comment or complaint by any governmental agency or department? Yes No
If "yes", please complete the following:
- (a) Which agency or department? _____
- (b) Date and nature of comment or complaint: _____
- (c) Outcome of such comment or complaint: _____
- (d) Date resolved: _____
21. Claims history of the company
- Products recalled due to an accidental contamination and/or malicious tampering in the last ten (10) years:
- Division & product _____
- Reason for recall _____
- Date of recall _____
- Recall method utilised _____
- Cost of recall _____
- Where any contracts lost/discontinued as a result? Yes No
(Continue on separate sheet if necessary)

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20. Does the company know of any actual, threatened or suspected product tampering involving any of the company's products during the last twelve (12) months? Yes No

If "yes", please give details: _____

21. Does the company, its directors and officers, or any other person known to the Insured have knowledge or information regarding any specific fact which may reasonably give rise to a claim under the proposed policy? Yes No

If "yes", please give details: _____

SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT TO COMPLETE THIS INSURANCE

| |
|--------------------|
| Declaration |
|--------------------|

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.

Signed: _____

Title: _____
(to be signed by Chairman/Chief Executive or equivalent)

Company: _____

Date: _____

Please enclose with this Application Form

Recall Manuals

Crisis Management Plan

HACCP Plan

HACCP Flow

Limits of Liability requested:

Accidental Contamination: _____

Malicious Tampering: _____

Self-Insurance Retention requested:

Accidental Contamination: _____

Malicious Tampering: _____

FRAUD NOTICE

- Arkansas:** 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.
- Colorado:** 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 claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
- District of Columbia:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
- Florida:** Any person who knowingly, and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.
- Hawaii:** For your protection. Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.
- Kentucky:** 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.
- Louisiana:** 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.
- Maine:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.
- New Jersey:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
- New Mexico:** 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 civil fines and criminal penalties.
- New York:** **All commercial insurance forms, except as provided for automobile insurance:** 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.
- Automobile insurance forms:** Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.
- Fire Insurance:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the

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purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstances shall be grounds to rescind the insurance policy.

Ohio: 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.

Oklahoma: 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.

Pennsylvania: 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.

Auto: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and the payment of a fine of up to \$15,000.

Puerto Rico: Any person who knowingly and with the intention to defraud includes false information in an application for insurance or file, assist or abet in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousands dollars (\$5,000), not to exceed ten thousands dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

Rhode Island: **Property Insurance, Real Or Personal:** The insurance application form shall indicate the existence of a criminal penalty for failure to disclose a conviction of arson.

Tennessee: 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.

Workers Compensation: It is a crime to knowingly provide false, incomplete, or misleading information to any party to a workers compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits.

Virginia: 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.

West Virginia: 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.