



## Contaminated Products Application

As a condition precedent to this insurance, the applicant submits this application, along with all supplemental documentation and attachments to the Insurer(s) during the underwriting of Contaminated Product Insurance and warrants all statements to be true. If there is not enough space provided to answer the questions, additional supplemental sheets are encouraged. This application must be signed and dated by an officer of the company. This application becomes part of the policy and is to be updated by the applicant if there is any material alteration to the information contained within prior to the completion of the contract of insurance.

### 1. Insured

- 1.1. Named Insured \_\_\_\_\_
- 1.2. Address \_\_\_\_\_  
\_\_\_\_\_
- 1.3. Website \_\_\_\_\_
- 1.4. Number of Years in operation: \_\_\_\_\_

### 2. Operations

- 2.1. NAICS code: \_\_\_\_\_
- 2.2. Description of operations and products:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 2.3. Are you looking for the policy to be product specific? If so, please describe.  
\_\_\_\_\_
- 2.4. Provide the revenues figures for the prior year, current year, and projected upcoming year:



Prior Year:	Current Year:	Projected Upcoming Year

- 2.5. Total number of Manufacturing Facilities: \_\_\_\_\_  
 2.5.1 Number of domestic facilities: \_\_\_\_\_  
 2.5.2 Number of ROW facilities: \_\_\_\_\_

2.6. Complete the following table for the facilities with the largest revenue output:

Facility Location	Annual Revenues	Value of Daily Output (\$)	Number of Production Lines

2.7. Provide a list of your largest customers by sales:

Name of Customer	Percentage of sales	Type of Customer (i.e. retail, distributor, manufacturer)

### 3. Products

3.1. Complete the following table for the products/SKUs with the largest revenue:

Product Name	Annual Revenue	Value of Daily Output (\$)	Value of Average Batch (\$)	# of facilities where the product is produced

3.2. Indicate the percentage of product which is sold to a customer to be used as an ingredient in a third party's product: \_\_\_\_\_%

3.3. Indicate the percentage of product which is sold:



Fresh: \_\_\_\_\_ %  
Frozen: \_\_\_\_\_ %  
Raw: \_\_\_\_\_ %  
Cooked: \_\_\_\_\_ %

3.4. Indicate the percentage of product sold under the following branding categories:

Own Brand	Third Party Branded/ Private Label	Non-branded / Bulk

3.5. Indicate any new products which you intend to introduce into the stream of commerce in the next twelve (12) months.

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#### 4. Suppliers & Supplier Controls:

4.1. Approximate total number of suppliers: \_\_\_\_\_

4.1.2 Approximately what percentage of your suppliers are?

Domestic: \_\_\_\_\_ %

Foreign: \_\_\_\_\_ %

4.2. Provide a list of your largest suppliers by revenue:

Name of Supplier	Country of domicile	Supplied Product	Is the supplier audited? (Y/N)



4.3. What percentage of your product is contract manufactured? \_\_\_\_\_%

4.3.1. If more than 25%, complete the following list of top contract manufacturers by revenues:

Name of Contract Manufacturer	Gross Revenues of Contracted Product	Contracted Product

4.4. Do you maintain rights of subrogation against your ingredient and packaging suppliers, vendors, and contract manufacturers?  Yes  No  
If no, please explain:

\_\_\_\_\_  
\_\_\_\_\_

4.5. Do you hold any supplier, vendor, or contract manufacturers harmless?  Yes  No  
If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

4.6. Which of the following processes are in place to assess the quality of your suppliers and their products?

Written questionnaire:  Yes  No  
Incoming quarantine:  Yes  No  
Certificates of Analysis:  Yes  No  
On-site audits:  Yes  No  
Review of government audits:  Yes  No

4.7. Do you have a Foreign Supplier Verification Plan?  Yes  No

4.8. Do you require your suppliers to carry Contaminated Products Insurance, Product Recall Insurance and / or Product Liability Insurance?  Yes  No  
If Yes, please detail: \_\_\_\_\_

## 5. Quality Controls:

5.1. Are you FSMA compliant?  Yes  No

5.2. How often do you verify your FSMA compliance? \_\_\_\_\_



5.3. Do you have the following? If Yes, Please provide copies

- Quality Assurance plan:  Yes  No
- Food Safety Plan:  Yes  No
- Food Defense Program:  Yes  No
- SSOPs:  Yes  No
- GMPs:  Yes  No
- HACCP:  Yes  No

5.4. Does your product go through a kill step before being released to the customer?  Yes  No  
If yes, please detail:

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5.5. Do you have an Allergen Control Plan?  Yes  No

5.6. Do you have a label review process?  Yes  No

5.7. How often do you clean your production lines? \_\_\_\_\_

5.8. Do you have a batch/lot coding system?  Yes  No

5.9. Are all of your products sold in tamper evident packaging?  Yes  No

5.10. What do you do to go above and beyond the minimum regulatory or industry requirements to ensure product safety?

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## 6. Testing & Audits:

6.1. Complete the following table to indicate the type of testing performed on covered products:

	Microbiological	X-ray	Metal	Chemical	Allergen
Incoming Materials					
During Production					
Post-Production					



6.2. Do you have a test and hold procedure requiring confirmation of negative results prior to the release of your products?  Yes  No

Please provide details:

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6.3. Do you have an Environmental Monitoring Program?  Yes  No

6.4. Describe the types of tests performed (pathogen, indicator organism, etc.) and testing frequency for each of the below:

	Tests Performed	Frequency
Zone 1		
Zone 2		
Zone 3		
Environmental		

6.5. Do you have an internal food safety audit program?  Yes  No

6.6. Are all of your facilities audited by customers or an accredited third party?  Yes  No

*Please provide copies of your most recent Food Safety Audit reports including Corrective Action Reports from your largest facility and facility with the lowest score.*

## 7. Recall Preparedness:

7.1. Do you have a recall plan?  Yes  No

7.2. Do you perform mock recalls?  Yes  No

7.3. Do you have forwards and backwards traceability?  Yes  No

7.3.1. Is it electronic?  Yes  No

7.4. Do you have a written Crisis Management Plan?  Yes  No

*Please provide copies.*

## 8. Account History:

8.1. Have you received a FDA Warning letter or 483 in the past 5 year?  Yes  No

If yes, please provide copies of all documentation and close out letters.



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- 8.2. Have there been any actual or alleged contamination incidents involving your products which have resulted in costs to you or a third party in the past 5 years?  Yes  No
  - 8.3. Have there been any actual or alleged tampering or extortion incidents involving your products in the past 5 years?  Yes  No
  - 8.4. Has your product been subject to a voluntary or mandatory recall by a governmental authority in the past 5 years?  Yes  No
  - 8.5. Has your product been refused by a customer due to a recall or a similar Product in the past 5 years?  Yes  No

***If 8.2, 8.3, 8.4, 8.5 have been answered "Yes", please provide a completed claim supplemental.***

- 8.6. Has your company been a target of political, radical or other extremist or special interest group?  
If yes, please provide details.  Yes  No

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- 8.7. Has your company experienced strikes, riots, work stoppages and / or plant closings in the past 5 years?  
If yes, please provide details.  Yes  No

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- 8.8. Does your company have knowledge of any fact, circumstance, or situation which may give rise to a claim under this policy?  
If yes, please provide details:  Yes  No

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## 9. Declarations

I declare that the statements and particulars in this application are true and that no material facts have been mis-stated 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.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Position:** \_\_\_\_\_