



# Product+

## Product Contamination Insurance Application (Ingestible Products)

Please complete this application in its entirety and answer all questions thoroughly. Any references to “you” and “your” represent the Applicant. This Application must be signed and dated by the Applicant’s principal, partner, officer, or director. If you need more space for your answers, please continue a separate sheet of paper and reference the section and question number.

### Applicant’s Detail (Section 1)

1. Name of Applicant’s company(ies) and subsidiary(ies) to be covered under this insurance:

[Redacted]

2. Applicant’s website address:

[Redacted]

3. How many years has the Applicant been in business?

[Redacted]

4. Applicant’s primary address:

[Redacted]

5. Applicant’s primary contact name, phone number, and email:

[Redacted]

6. Has the Applicant ever done business under a different name?  Yes  No

a. If “Yes,” provide the names previously done business under:

[Redacted]

### Operations Detail (Section 2)

7. Please describe the Applicant’s operations and products:

[Redacted]

8. Type of operations (select all that apply):  Manufacturer  Co-Packer  Importer  Ingredient Supplier

Wholesaler  Retailer  Distributor  Packager  Processor  Grower  Broker  Marketer

Other (describe):

[Redacted]

9. Type of products (select all that apply):  Baby Food/Infant Formula  Baked Goods  Beverages (Alcoholic)

Beverages (Non Alcoholic)  Candy  Cereals/Grains  Confections  Dairy  Dairy Substitutes  Eggs

Flavors/Condiments  Flour Milling  Frozen Food  Fruits  Meat  Nutritional Supplements  Pasta

Nuts/Seeds  Pet/Animal Food  Poultry  Ready-To-Eat Foods  Seafood  Seasonings/Spices

Snack Foods  Soups  Vegetables  Other (describe):

[Redacted]

10. Products to be covered:  All products  Selected products  Contract specific products

a. If “Selected products” or “Contract specific products,” please provide details including the name of any applicable contracting party:

[Redacted]

**Revenue/Customer Detail (Section 3)**

11. Total Annual Revenues (previous three (3) years and anticipated):

Year	Annual Revenues (USD)	Pre-Tax Profit (USD)	Gross Margin (USD)
Anticipated			

12. Does any part of your annual revenues reflect only fees for processing – as opposed to the sales value of the products involved?  Yes  No

a. If “Yes,” what percentage \_\_\_%

b. If “Yes,” please provide details including the estimated sales value (USD) of the products involved:

13. Please list your top three (3) customers to whom you sell products to (as a percentage of overall revenues):

Customer (Name)	Applicant’s Revenues (Percentage)	Customer Operations (i.e. Manufacturer, Retailer, Distributer)	Domestic or Foreign
	___%		
	___%		
	___%		

**Product Detail (Section 4)**

14. Please list your top five (5) products based on annual sales (USD) and provide related product details.

Product (Name/Type)	Annual Revenue (USD)	Average Batch Size (USD)	Largest Batch Size (USD)	Sold as Ingredient (Yes or No)	Shelf Life (Days/Years)
				<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	

15. Please provide an outline of your product labels (as a percentage of your overall sales):

Own Label	Third-Party Brand	Non-Branded	Bulk Ingredients
___%	___%	___%	___%

16. What percentage of your finished products are:

Fresh	Frozen
___%	___%

(Must total 100%)

Raw	Cooked
___%	___%

(Must total 100%)

Ready-to-eat	Not ready-to-eat
___%	___%

(Must total 100%)

17. What is the intended use of your finished products (select all that apply):  Raw  Raw (to be processed)

Cooked by commercial customer  Cooked by consumer  Ready-to-eat

18. What percentage of your products are used as an ingredient by a Third-Party manufacturer or co-packer? \_\_\_%

19. What is the maximum value of products stored at either your warehouse or at a contracted warehouse at any given time? (Please provide amounts in USD)

Fresh	Frozen	Raw	Cooked
\$	\$	\$	\$

**Supplier Detail (Section 5)**

20. Please list your top five (5) suppliers (based on supplied product value) and provide the information requested:

Supplier (Name)	Product(s) (Type/Name)	Do You Audit? (Yes or No)	Length of Relationship (Days/Years)
		<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	

21. Are there any oral or written agreements in place that constrain or bar the applicant, company, its subsidiaries or its insurance carrier from seeking redress against ANY suppliers who provide you with products, packaging or ingredients?  Yes  No  
**If "Yes," please provide a copy of the applicable contract(s).**

22. Do you require Certificates of Analysis from all suppliers?  Yes  No

23. Do you require certificates of Products Liability insurance from your suppliers?  Yes  No  
 a. If "Yes," do you require that your firm be named as an Additional Insured on those policies?  Yes  No

24. In the contracts in force between you and your suppliers, are there any contractual provisions (in your favor) or any indemnity provisions (in your favor) addressing situations where your suppliers provide you with contaminated products?  Yes  No

25. Do you require your suppliers to follow GFSI and provide certificates by a Third-Party audit?  Yes  No

**Importing Detail – If applicable (Section 5 Continued)**

26. Do you use any products that originate outside the U.S.?  Yes  No  
 If "Yes," please list your top five (5) imported products (based on annual product value).

Product (Type/Name)	Annual Product Value (USD)	Country of Origin

27. Are you an importer of record?  Yes  No

28. Do you purchase imported products from an importer of record after the product has been imported?  Yes  No

29. What percentage of imported products do you get: Directly from source \_\_\_% Through U.S. based middleman \_\_\_%

30. Is the Applicant in full compliance with all importer requirements outlined in the FDA's Food Safety Modernization Act?  Yes  No  
 a. Do you have a written Foreign Supplier Verification Program in place?  Yes  No  
 b. Does your broker/importer or record have a written Foreign Supplier Verification Program in place?  Yes  No

**Manufacturing Detail (Section 6)**

31. What percentage of your products are manufactured by a Co-Packer or outside Third-Party? \_\_\_%  
(If 100%, please skip to Co-Packer Detail)
32. Please complete the following information for the three (3) largest Manufacturing/Processing locations (based on annual sales):

Facility Location (City, State, Zip Code)	Products (Names/Types)	Daily Output (USD)	Production Lines (#)	Current % of Max. Capacity
				___%
				___%
				___%

33. What percentage of your products are packaged in glass? \_\_\_%
34. Does the Applicant store products of others for a fee?  Yes  No  
 a. If "Yes," please provide details including the estimated sales value (USD) of the products involved:

35. Is any portion of your manufacturing process fully automated?  Yes  No

**Co-Packer Detail – If applicable (Section 6 Continued)**

36. Please complete the following regarding your current top three (3) Co-Packers (based on contract size):

Co-Packer (Name)	Facility Location (City, State, Zip)	Products (Type/Name)	Do You Audit? (Yes or No)	Length of Contractual Relationship (Years)
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

37. Are there any oral or written agreements in place with any Co-Packers which constrain or bar your company (including any subsidiaries) or its insurance carrier from seeking redress against any Co-Packer who provides you with products or ingredients?  Yes  No  
**If "Yes," please provide a copy of the applicable contract(s).**
38. Do you take possession of co-packed products before their release into the commercial mainstream?  Yes  No
39. Who is liable for sourcing all ingredients?  Applicant  Co-Packer
40. Do you require your Co-Packers to carry Product Contamination or Recall Insurance?  Yes  No  
 a. If "Yes," at what limit: \$\_\_\_\_\_
41. Do you require certificates of Products Liability insurance from your Co-Packers?  Yes  No  
 a. If "Yes," at what limit: \$\_\_\_\_\_
- b. Is the Applicant an Additional Named Insured on the Co-Packer's Products Liability Policy?  Yes  No
42. Do you require all Co-Packers to follow industry standard food safety procedures (i.e. HACCP, cGMP)?  Yes  No
43. Do you require all your Co-Packers to have Global Food Safety Initiatives (GFSI) standards in place?  Yes  No  
**If "Yes," please provide a copy of their latest audit summary, including the score.**

**Product Safety/Quality Control Detail (Section 7)**

44. Please mark the appropriate boxes for what the Applicant currently has in place:
- a. Quality Assurance (QA) Plan?  Yes  No
  - b. Dedicated Quality Assurance Manager?  Yes  No
  - c. Food Safety Plan?  Yes  No
  - d. Supplier Approval Program?  Yes  No
  - e. HACCP Program?  Yes  No
  - f. Preventative Controls Program?  Yes  No
  - g. Recall Plan?  Yes  No
  - h. Crisis Plan?  Yes  No
  - i. Cyber Security Plan/Protocols?  Yes  No

45. What type of testing laboratory do you utilize or retain?  Outside  In-house  None

- a. If "Outside," please provide the name of the laboratory:
- b. How long does it take for lab results to be completed and their results transmitted to you?  
 24-hours  48-Hours  Other (describe):

46. Do you have "test and hold" procedures in place that require confirmation of "negative" test results before you ship or distribute products further out of your direct control?  Yes  No

- a. If "Yes," what do you "test and hold" for:  Microbiological  Chemical  Foreign Objects  Allergens

47. Do your products go through a final "kill step" before you ship or distribute products further out of your direct control?  Yes  No

- a. If "Yes," please identify which ones:  Full Cooking  Pasteurization  Irradiation  High-Pressure Processing  Peracetic Spray  Other (please describe):

**Product Testing:**

48. Please mark X in applicable boxes where your company performs product testing at the following critical control points?

Critical Control Point	Microbiological	Chemical	X-Ray	Metal Detectors	Allergen
Incoming Material					
Manufacturing/Processing					
End Product					

**Environmental Testing:**

49. Do you have an environmental sampling program in place?  Yes  No

- a. If "Yes," Please mark X in applicable boxes and list what pathogens you test for:

Area	Daily	Weekly	Monthly	Pathogen Type(s) Tested For
Zone 1 (Food contact surfaces)				
Zone 2 (Areas near Zone 1)				
Zone 3 (All other areas)				

50. Has environmental sampling or swabbing revealed any positive test for pathogens or allergens in Zones 1 and/or 2 in the past year?  Yes  No If "Yes," please provide details:

## Product Safety/Quality Control Detail (Section 7 Continued)

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51. Do you use any Third-Party cleaning and/or maintenance company(ies)?  Yes  No
- a. If "Yes," Are there any oral or written agreements in place which constrain or bar your company (including any subsidiaries) or its insurance carrier from seeking redress against any Third-Party who provides you with services?  
 Yes  No **If "Yes," please provide a copy of the applicable contract(s).**

### Allergens:

52. What allergens do you handle in your manufacturing facilities?  None  Eggs  Dairy  Fish  Tree Nuts  Peanuts  
 Crustacean Shellfish  Wheat  Soybean  Other: \_\_\_\_\_
53. Do you have a written allergen control program in place?  Yes  No
54. Do you verify clean up effectiveness in removing all allergen residues prior to new production?  Yes  No
- a. Does this include inspection and allergen residue swabs?  Yes  No

### Labeling:

55. Who prepares the labels that are affixed to the products you sell?  Applicant  Third-Party
- a. If "Third-Party," please list name of company(ies): \_\_\_\_\_
- b. Are there any oral or written agreements in place which constrain or bar your company (including any subsidiaries) or its insurance carrier from seeking redress against any Third-Party who provides you with labels, services, or products?  Yes  No
56. Are labels reviewed for accuracy and regulatory compliance before shipping or distributing products further out of your direct control?  Yes  No

## Regulatory Compliance/Reports (Section 8)

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57. Has the Applicant implemented the Global Food Safety Initiative (GFSI)?  Yes  No
- a. If "Yes," what scheme is followed (SQF, BRC, PrimusGFS, etc.): \_\_\_\_\_
- b. **If "Yes," please provide a copy of your latest audit summary, including the score.**
58. Are you audited by any other Third-Party(ies)?  Yes  No
- a. **If "Yes," please provide a copy of your latest audit summary, including the score.**
59. Is the Applicant in full compliance with the FDA's Food Safety Modernization Act regulations and requirements?  
 Yes  No
60. What was the date of the last FDA and/or State/Governmental Food Safety Organization inspection? \_\_\_\_\_
- a. Were there any inspection observations or required corrective actions documented by the inspector?  Yes  No
- b. **If "Yes," please provide written corrective actions and the response provided to the agency.**

### Violations/Public Reports:

61. Have you experienced any strikes, riots, work stoppages or plant closings in the last 12 months?  Yes  No
62. Have you had any reports of unfair dismissal, wage disputes or health hazards?  Yes  No
63. Have you ever been reported for unsafe working conditions?  Yes  No
64. Have you ever been a target of political, racial or environmental groups?  Yes  No
65. Do you use animal testing in product research?  Yes  No
66. Have you ever been the target of malware/ransomware or a cyber extortion attempt?  Yes  No

**Loss History (Section 9)**

67. In the last ten (10) years, have you experienced a product contamination or product recall/withdrawal incident?  
 Yes  No

**If “Yes,” please complete the attached Supplemental Form for each applicable incident.**

68. In the last ten (10) years, have you received any of the following from a government agency inspection?  Yes  No  
 If “Yes,” please complete the related questions in the chart below.

Letter/Warning Type	Yes or No?	How many? (#)	Date of most recent (mm/dd/yyyy)	Status (Outstanding or Closed)
Recommendation Letters	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Outstanding <input type="checkbox"/> Closed
FDA Form 483	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Outstanding <input type="checkbox"/> Closed
Warning Letter	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Outstanding <input type="checkbox"/> Closed
Cease and Desist Order	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Outstanding <input type="checkbox"/> Closed
Report of unsafe working conditions	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Outstanding <input type="checkbox"/> Closed

69. Does the Applicant, its principal(s), partner(s), officer(s), director(s) or manager(s) have knowledge or information of any current situation or circumstance which might lead to a claim under the proposed insurance?  Yes  No

**If “Yes,” please provide details:**

70. Limit of Liability Requested:

**THE UNDERSIGNED, ON BEHALF OF THE APPLICANT AND ANY PROSPECTIVE INSURED, DECLARES TO THE BEST OF THEIR KNOWLEDGE THAT ALL THE STATEMENTS AND ANSWERS SET FORTH HEREIN ARE TRUE AND ACCURATE AND THAT NO INFORMATION HAS BEEN WITHHELD. THE UNDERSIGNED FURTHER AGREES, ON BEHALF OF THE APPLICANT AND ANY PROSPECTIVE INSURED, THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE THE APPLICATION IS EXECUTED AND THE TIME THE PROPOSED INSURANCE POLICY IS BOUND OR COVERAGE COMMENCES, THE INSURED SHALL IMMEDIATELY NOTIFY THE INSURER IN WRITING OF SUCH CHANGES, AND THE INSURER MAY MODIFY OR WITHDRAW ITS PROPOSAL AND/OR AGREEMENTS TO BIND THE INSURANCE.**

**Name:**

**Title:**

**Signature:**

**Date:**



**Supplemental Form**

1. Applicant's Name:

2. Discovery date of incident (mm/dd/yyyy):

3. Product(s) involved in the incident:

4. Location(s) that the incident occurred at:

5. Main cause of the incident:

6. Please describe the incident in as much detail as possible:

7. Was a recall, withdrawal, or stock recovery an outcome of the incident?  Yes  No

8. Did your customers or any Third-Parties down the chain of manufacture or distribution recall their products due to the incident?  Yes  No

9. Please identify the percent of affected product:  
In production: \_\_%    Finished product: \_\_%    Post-shipment: \_\_%    In storage: \_\_%

10. Please identify the total losses incurred:

Loss Category	Uninsured Amount (USD)	Insured Amount (USD)
Value of contaminated products:		
Recall expenses:		
Lost gross profit:		
Rehabilitation expenses:		
Increased cost of working:		
Extortion costs:		
Crisis consultant expenses:		
Third-Party losses:		
Other (please identify):		
Total Amount of all losses:		

11. What is the status of this incident?  On-going  Closed/Costs are final ***If "On-going," please provide the status:***

12. Please describe what corrective actions have been taken to avoid a reoccurrence of the incident: