



Recall Crisis Recovery PLUS (RCR PLUS)

Contamination Policy - Food & Consumer Goods

Application for Insurance (Claims Made & Reported Form)

PROFESSIONAL LIABILITY INSURANCE SERVICES, INC.® - UNDERWRITING FACILITIES, 800-761-7547, 512-328-0677 . FAX: 512-327-5834 http://www.plisinc.com . underwriting@plisinc.com



This is not a full application and should be used for non-binding indication. In order to obtain binding terms a satisfactory full application form must be completed.

1 a. Applicant Name (including any subsidiaries if applicable) _____ Applicant Full Address (including City, State, Zip) _____

b. Established date of Applicant (include details if under previous ownership/control) _____

2. Please provide an overview of your business including the flow of the operations from start to finish: _____

3. Total Applicant Sales ('000's). Please attach your latest Financial Statement and Annual Report. Gross Margin _____ Next 12 Mos (projected) _____ Current 12 Mos _____ Previous 12 Mos _____

4. Countries where products are sold: Sales ('000's) Sales ('000's) United Kingdom _____ % Europe _____ % USA / Canada _____ % Rest of World _____ %

5. Describe sales in terms of Branded (product manufactured in Applicant's name), Own Brand (product manufactured for others with their name, including major retailers "own" labels) and Non-Branded (products with no name).

Table with 3 columns: Type, % of Sales, Number of products in this category. Rows: Branded, Own Branded, Non-Branded.

6. Please list your top three customers by percentage of sales: Customer _____ % of Sales _____

7. What is the annual distribution cost to applicant? _____

8. Please complete the following listing all plants/facilities/locations to be covered by the Policy, and advise what you use for a "unit". (Please attach a separate sheet if necessary).

Table with 6 columns: Plant/Facility Location, Annual Sales ('000's), Products, Production Lines, Daily Output (Units, Value), Hours of Production per week.

9. a. Please list all product categories to be covered by the Policy.

Table with 4 main columns: Product Category, Average (Units, Sales Value), Largest Batch Size (Units, Sales Value), Daily Output (No. Batches, Sales Value).

b. What percentage of your products becomes a component of third party products? _____

c. Please state the shelf life of products: Average: _____ Longest: _____

10. a. How many storage facilities do you utilize? _____ How many are separate from production sites? _____

b. What is the maximum value of unsold product stored at any location that you utilize, at any one time? _____

11. Do you use HACCP or equivalent or have a similar process control in place and fully functional? Yes No

12. a. Do you have a testing program at critical control points on the following? Yes No

Incoming material including packaging and labels? Yes No

Manufacturing / processing? Yes No

End product including packaging and labels? Yes No

b. Are results reviewed before or after product shipment? Before After

13. a. Is there a centralized corporation system for handling customers' product complaints? Yes No

b. Has the company or its products ever been the target of politically, racially or environmentally activated single interest groups (i.e. ethnic or religious minorities, or animal rights groups)? Yes No

If yes, please specify: _____

14. Have you been sued by, or are you currently being sued by, any employees in the last 3 years? Yes No

15. a. In the last 10 years have you had a market withdrawal, stock recovery, recalled any products or been responsible for the costs incurred by any third party arising from the withdrawal or recall of any products (regardless of any subrogation)? Yes No

If yes, please complete a Recall Crisis Recovery Claims Supplement Form, as attached.

d. Does the Applicant, or any of its management or supervisory personnel have any knowledge of any current situation, fact or circumstance which might lead to a contamination of any of your products that could result in a recall of those products? Yes No

APPLICABLE IN 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.