



## Products

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

Product Category	Annual Sales ('000's)	Gross Margin %	Average		Largest Batch Size		Daily Output	
			Units	Sales Value	Units	Sales Value	No. Batches	Sales Value

*You must attach a complete list of all products currently being produced which are to be related to the product categories listed above.*

- b. What percentage of your products becomes a component of third party products? \_\_\_\_\_
- c. Please state the shelf life of products: Average: \_\_\_\_\_ Longest: \_\_\_\_\_

11. **SOURCES:** Do any of your products or their components originate from outside the United States? If so, please complete the following (attached additional sheets if necessary):

Product	Country of Origin	Annual Quantity	Product Tested?	
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## Suppliers

12. a. Please complete regarding your top 3 suppliers and then all others, per below:

Supplier	% of all your supplies	Do you Audit?		Do you maintain rights of recourse against supplier?	
1. _____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. _____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. _____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. All Other Suppliers _____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

- b. With what percentage of your suppliers do you have contracts that set out hold harmless and indemnity provision insuring to your benefit in the event of you being supplied with contaminated / defective products? \_\_\_\_\_%

## Subcontractors and Co-Packers

13. a. Please complete regarding your top 3 subcontractors and/or co-packers for manufacturing and then all others, per below:

Subcontractor / Co-Packer	% of all your supplies	Do you Audit?		Do you maintain rights of recourse against entity?	
1. _____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. _____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. _____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. All Other Subcontractors/co-packers _____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

- b. With what percentage of your subcontractors and/or co-packers do you have contracts that set out hold harmless and indemnity provision insuring to your benefit in the event of you being supplied with contaminated / defective products? \_\_\_\_\_%

## Storage

14. 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? \_\_\_\_\_
- c. What is the maximum value of sold (but unshipped) product stored at any location that you utilize, at any one time? \_\_\_\_\_

## Process Control and Traceability

15. a. What percentage of your products can you identify by the following?

Product Name _____ %	Day _____ %	Hour _____ %
Batch _____ %	Shift _____ %	Other _____ %

- b. Are separate production lines dedicated to different product types?..... Yes  No
- c. How often do you: Clean product lines? \_\_\_\_\_  
 Break down production lines? \_\_\_\_\_  
 Maintain product lines? \_\_\_\_\_
16. a. To what level can you trace your product handled, manufactured or produced once they have left your care, custody and control? Describe. \_\_\_\_\_  
 \_\_\_\_\_
- b. Do all your products including packaging and labeling, comply with all regulatory and legal requirements in the country(ies) where sold?..... Yes  No
- c. Are records kept of all shipments? ..... Yes  No  If Yes, for how long? \_\_\_\_\_
17. a. Please detail how products are packed:  
 Canned  Vacuum-packed  Quality seals  Cellophane   
 Cardboard  Glass  Paper  Other (please specify) \_\_\_\_\_
- b. Do you use third party packers and labelers? ..... Yes  No
- c. If so, what percentage do you maintain rights of recourse against? \_\_\_\_\_%

**Regulatory Compliance**

18. Have you, your premises, products or processes been the subject of recommendations or complaints made by any regulatory body, internal or third party audit over the past year? ..... Yes  No   
 If yes, please provide details: \_\_\_\_\_  
 \_\_\_\_\_

**Product Security**

19. a. Is there a centralized corporation system for handling customers' product complaints? ..... Yes  No
- b. Has the applicant 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: \_\_\_\_\_
- c. Does the applicant undertake any activities either directly or indirectly which makes it a target for such groups? ..... Yes  No   
 If yes, please specify: \_\_\_\_\_
- d. What percentage of the Applicant's products to be covered with this policy use tamper evident packaging? \_\_\_\_\_%
20. a. Has there been any industrial action or plant closure or seizures over the last three years or any fines or penalties assessed against companies or employees over the past three years by any regulatory body? ..... Yes  No
- b. Have you been sued by, or are you currently being sued by, any employees in the last 3 years?..... Yes  No
- c. Are there any current or have there been any strikes, lockouts, work stoppages or work slowdowns in the last 3 years? ..... Yes  No

**Risk Management (please attach summaries of your recall / crisis plans and any other relevant documents)**

21. Please advise whether you have any of the following:
- Crisis Management Plan..... Yes  No
- Recall Plan..... Yes  No
- When did you last test the Recall Plan? \_\_\_\_\_
- Public Relations Plan..... Yes  No
- Quality Control Guidelines ..... Yes  No

Please note that, depending on the level of cover bought, consultants from Underwriters' crisis managers, Specialty Risk Management, Inc., can be made available to provide specific consultative work for you regarding your crisis preparedness.

**Loss History**

22. 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.
- b. What product liability insurance limits do you have? \_\_\_\_\_  
 Excess / Deductible? \_\_\_\_\_
- c. Please describe any product liability incident, loss or settlement over the last 5 years greater than \$100,000 or currency equivalent? \_\_\_\_\_  
 \_\_\_\_\_

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   
If yes, please give full details: \_\_\_\_\_

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

**Additional Information**

23. What limits and deductible are requested? Limit: \_\_\_\_\_ Deductible: \_\_\_\_\_

**CRISIS MANAGEMENT/RISK MANAGEMENT:** The proposed policy is designed for risks that agree to use the Underwriters' Appointed Crisis Consultants as defined in the policy declarations. The named applicant agrees to immediately contact the designated 24-hour Appointed Crisis Consultants services as defined in the declarations in the event of any actual or recall event.

**APPLICATION:** I/We the undersigned, acting for and on behalf of the applicant company declare that to the best of our knowledge and belief, the information provided in this application form is true, and I/we have not withheld any material information which might affect the judgment of Underwriters in their rating and acceptance of this risk. I/we agree that if a contract of insurance is provided by Underwriters, this application form and any attached details of previous experience shall be the basis of such a contract. Signing this application does not bind Underwriters to an offer or the named applicant to accept insurance. The Applicant understands and agrees that this Application and any other previous applications, along with any attachments and supplied information thereto shall be a material and integral part of the Policy and any part of any Policy that may be issued by the Underwriters, and the statements made herein shall be construed as representations and warranties of the Applicant. By signing this Application form, the Applicant confirms that they have been provided with and inspected a specimen of the Recall Crisis Recovery Plus Insurance wording. It is recommended that the Applicant take time to review the Policy to ensure that they fully understand the coverages provided. The Applicant should feel free to consult with any source, including legal advisors, regarding coverage. I/We agree that if any information contained herein that is material to underwriting this risk changes between the date of this application and the date any Policy is issued, I/We will provide written notice as outlined in the policy.

**In addition to all other terms and conditions: 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.

All indications are subject to receipt of a completed/signed application, required attachments and final underwriting approval.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name \_\_\_\_\_

Position \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_



**Food & Beverage Supplement  
Recall Crisis Recovery PLUS  
(RCR PLUS)**  
*Contamination Insurance*



PROFESSIONAL LIABILITY  
INSURANCE SERVICES, INC..  
UNDERWRITING FACILITIES,  
P: 800-761-7547; F: 512-327-5834  
www.plisinc.com . underwriting@plisinc.com

1. Please advise where your products are/or contain the following: (R = Raw, C = Cooked, F = Frozen, O = Other)

	R	C	F	O		R	C	F	O
Beef	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Soups/Sauces/Dressings/Dips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Baby Foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poultry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dry Cereal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seafood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dairy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Soft Drinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bakery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tea/Coffee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eggs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Juice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fruits and Vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flavored or other waters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Candy/Desserts/Ice cream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dried Spices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Snack Foods/Chips/Crackers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Powdered Mixes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Other_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. ALLERGENS: Do any of your products contain the following?

	Y	N		Y	N		Y	N
Peanuts	<input type="checkbox"/>	<input type="checkbox"/>	Fish	<input type="checkbox"/>	<input type="checkbox"/>	Eggs	<input type="checkbox"/>	<input type="checkbox"/>
Soybeans	<input type="checkbox"/>	<input type="checkbox"/>	Crustacea	<input type="checkbox"/>	<input type="checkbox"/>	Wheat	<input type="checkbox"/>	<input type="checkbox"/>
						Milk	<input type="checkbox"/>	<input type="checkbox"/>
						Tree Nuts	<input type="checkbox"/>	<input type="checkbox"/>

If so, are they clearly labeled to contain such?  Yes  No  Uncertain

3. PROCESSES: Are any of your products or their ingredients:

	Y	N		Y	N		Y	N
Bioengineered	<input type="checkbox"/>	<input type="checkbox"/>	Hormone Treated	<input type="checkbox"/>	<input type="checkbox"/>	Irradiated	<input type="checkbox"/>	<input type="checkbox"/>
Genetically Modified	<input type="checkbox"/>	<input type="checkbox"/>	Enhanced with Nutritional Boosters	<input type="checkbox"/>	<input type="checkbox"/>			

If so, please give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4.. Please describe the nature of your product distribution, indicating all destinations to where your products are sent:

\_\_\_\_\_ % Convenience Stores    \_\_\_\_\_ % Grocery Stores    \_\_\_\_\_ % Distributors/Marketers    \_\_\_\_\_ % Retail Stores/Kiosks  
 \_\_\_\_\_ % Mail Order/Catalog    \_\_\_\_\_ % Restaurants    \_\_\_\_\_ % Institutions – Schools    \_\_\_\_\_ % Institutions - Hospitals  
 \_\_\_\_\_ % Institutions – Nursing Homes    \_\_\_\_\_ % Institutions – Prisons    \_\_\_\_\_ % Military  
 \_\_\_\_\_ % Retail Foodservice Distributor    \_\_\_\_\_ % Residential Distributor  
 \_\_\_\_\_ % Other (please attach details)

5. a. What percentage of your products can you identify by the following?

Product Name \_\_\_\_\_ %    Day \_\_\_\_\_ %    Hour \_\_\_\_\_ %  
 Batch \_\_\_\_\_ %    Shift \_\_\_\_\_ %    Other \_\_\_\_\_ %  
 Field or Farm \_\_\_\_\_ %    Harvest Date \_\_\_\_\_ %

- a. Do you use HACCP or equivalent or have a similar process control in place and fully functional? ..... Yes  No
- b. Please list products you produce that are not governed by HACCP, BRC or equivalent requirements: \_\_\_\_\_  
\_\_\_\_\_
- c. Do you have any SSOPS (Sanitation Standard Operating Procedures) or GMP's (Good Manufacturing Practices) that serve as critical process control points in your operation, including testing programs? ..... Yes  No
- d. Describe your procedures for surface testing for pathogens: \_\_\_\_\_  
\_\_\_\_\_

