



The purpose of this application form is for us to find out more about you. You must provide us with all information which may be material to the cover you wish to purchase and which may influence our decision whether to insure you, what cover we offer you or the premium we charge you.

How to complete this form

The individual who completes this application form should be a senior member of staff at the company and should ensure that they have checked with other senior managers and colleagues responsible for arranging the insurance that the questions are answered accurately and as completely as possible. Once completed, please return this form to your insurance broker.

Section 1: Company Details

1.1 Please state the name and address of the principal company for whom this insurance is required. Cover is also provided for the subsidiaries of the principal company, but only if you include the data from all of these subsidiaries in your answers to all of the questions in this form.

Company name: _____

Primary address (address, state, ZIP, country): _____

Website: _____

1.2 Date the business was established (MM/DD/YYYY): _____

1.3 Number of employees: _____

1.4 Date of company financial year end (MM/DD/YYYY): _____

1.5 Please state your gross revenue in respect of the following years:

| | Last complete FY | Estimate for current FY | Estimate for next FY |
|--------------------------|------------------|-------------------------|----------------------|
| Domestic revenue: | \$ _____ | \$ _____ | \$ _____ |
| Other territory revenue: | \$ _____ | \$ _____ | \$ _____ |
| Total gross revenue: | \$ _____ | \$ _____ | \$ _____ |
| Profit (Loss): | \$ _____ | \$ _____ | \$ _____ |

1.6 Please state the trade organization that you are a member of (e.g. AHPA, ABC, NPA, UNPA, AAHP): _____

1.7 Please provide details for the primary contact for this insurance policy:

Contact name: _____ Position: _____

Email address: _____ Telephone number: _____



Section 2: Activities

2.1 Please describe the products and services supplied by your business:

2.2 In the next 12 months are you planning to launch a new product? Yes No

If "yes", please provide details including a description, projected release date and projected annual sales, continue in the ADDITIONAL INFORMATION section if necessary:

2.3 Please provide an approximate breakdown of how your revenue is generated from your products and services:

| | |
|-------------------------------------|---|
| Manufacturer of your own products: | % |
| Wholesaler of your own products: | % |
| Contract manufacturer: | % |
| Wholesaler of third party products: | % |
| Retail: | % |
| Other: | % |

Section 3: Product Information

3.1 Please state whether any of your products are used to gain weight, lose weight, build muscle, sexual enhancement or used by children or for prenatal or postnatal care: Yes No

| | Percentage of revenue | First date sold |
|---------------------|-----------------------|-----------------|
| Weight loss: | % | |
| Weight gain: | % | |
| Build muscle: | % | |
| Sexual enhancement: | % | |
| Children: | % | |
| Prenatal/Postnatal: | % | |

3.2 Please state whether any of your products contain anabolic-androgenic steroids, anabolic steroids, androstenedione, DMAA, ephedra or ephedrine alkaloids: Yes No

Please note, this policy will not cover any of your products containing the above.

3.3 Please tick whether any of the following ingredients or derivatives have ever been used in any of your products or if you are planning to use these in the future:

| | | |
|---------------------------------|---|----------------|
| Aristolochic acid | Germander | Magnolia |
| Bitter orange | Jin Bu Huan | Redux |
| Chaparral | Kava | Stephania |
| Comfrey | Lobelia | Winstol |
| DMBA | L-tryptophan | Yohimbe |
| Fenfluramine | Ma huang | St John's Wort |
| Gamma-hydroxybutyric acid (GHB) | Any other ingredient defined by the FDA as a drug | |

If you have ticked any of the above please list your product names containing these below and continue in the ADDITIONAL INFORMATION section if necessary:

3.4 Please state whether you have discontinued any products, ingredients or components within the last 12 months: Yes No
If "yes", please provide full details:

Only complete Q3.5 and Q3.6 if you require product recall cover. If you do not require product recall cover, continue to Q4.1.



3.5 Please provide the following details for the products to be insured by this policy and continue in the ADDITIONAL INFORMATION section if necessary:

| Product name/ description | Date first sold | Annual sales | Location of manufacture | Number of production lines | Your design or customer design? |
|---------------------------|-----------------|--------------|-------------------------|----------------------------|---------------------------------|
| | | \$ | | | |
| | | \$ | | | |
| | | \$ | | | |

Please provide details for the three products from Q3.5 that generate the largest % of your sales:

| 3.6 Product name/ description | Customer Name | Ultimate OEM/ End product manufacturer* | Failure rate | Daily production values | Daily production units | Maximum batch value |
|-------------------------------|---------------|---|--------------|-------------------------|------------------------|---------------------|
| | | | % | \$ | | \$ |
| | | | % | \$ | | \$ |
| | | | % | \$ | | \$ |

*the company that ultimately integrates your product into their product for sale to consumers.

Section 4: Quality Assurance

4.1 Do you comply with Current Good Manufacturing Practice regulations? Yes No

4.2 In respect of the products you sell:
a) do they meet all applicable product safety standards including labelling requirements for the territories you sell into? Yes No

Please attach a sample copy of your product safety standard certificates.

b) are they labelled with all applicable product safety warnings? Yes No

c) are product designs/formulas reviewed, tested and verified by a third party? Yes No

If you answered 'yes' to b) or c) above, please provide details on whether these are inspected and approved prior to sale or distribution, including who undertakes this process (e.g. legal counsel or quality assurance team) and continue in the ADDITIONAL INFORMATION section if necessary:

| | | |
|------------------------|------------------------|-------|
| Legal counsel internal | Legal counsel external | Other |
|------------------------|------------------------|-------|

4.3 Please state whether your labelling has ever been found to be non compliant with the relevant authority for territories sold, including the FDA or FTC: Yes No

4.4 Please state whether any adverse events have been reported to you or reported to the FDA concerning your products in the last 3 years:
Yes No

If "yes", please provide more information and continue in the ADDITIONAL INFORMATION section if necessary:

4.5 Do you have a written quality assurance plan? Yes No
If "yes", please attach a copy to this application.

4.6 Do you have a written emergency product recall procedure? Yes No
If "yes", please attach a copy to this application.

4.7 Have you ever recalled a product? Yes No
If "yes", please provide more information and continue in the ADDITIONAL INFORMATION section if necessary:

4.8 Do you test all materials for foreign matter, microbial growth and conformities upon arrival and store certificates of analysis that are received?
Yes No
If "yes", please provide more information, including how long you store the certificates of analysis and continue in the ADDITIONAL INFORMATION section if necessary:



4.9 Do you purchase any material from suppliers? Yes No

If "yes", please state:

a) whether the materials are tested for contamination, and confirmation records are kept to this effect? Yes No

b) whether the materials from suppliers match your written specifications, and confirmation records are kept to this effect? Yes No

If "no" to a) or b), please provide details and continue in the ADDITIONAL INFORMATION section if necessary:

c) the following details for your three largest suppliers:

| Supplier name | Supplier Location | Ingredient/component supplied |
|---------------|-------------------|-------------------------------|
| | | |
| | | |
| | | |

4.10 Do you use a contract manufacturer? Yes No

If "yes", please state:

a) what percentage of your products are manufactured by a third party (%):

b) the following details for your three largest contract manufacturers:

| Contract manufacturer name | Location |
|----------------------------|----------|
| | |
| | |
| | |

Section 5: Insurance Requirements

5.1 Do you currently have insurance for:

a) Commercial general liability: Yes No

b) Product recall: Yes No

5.2 Please provide details of your current commercial general liability insurance, if applicable, and what you require for the next year of insurance:

| Effective date | Limit | Deductible | Premium | Insurer |
|----------------|-------|------------|---------|---------|
| Current: | | | | |
| Required: | | | N/A | N/A |

5.3 Please provide details of your current product recall insurance, if applicable, and what you require for the next year of insurance:

| Effective date | Limit | Deductible | Premium | Insurer |
|----------------|-------|------------|---------|---------|
| Current: | | | | |
| Required: | | | N/A | N/A |



Section 6: Claims Experience

6.7 Please state whether you are aware of any incident:

- a) which may result in a claim under any of the insurance for which you are applying to purchase in this application form: Yes No
- b) which resulted in legal action being made against any of the companies to be insured within the last 5 years: Yes No

If you have answered "yes" to a) or b) above then please describe the incident, including the monetary amount of the potential claim or the monetary amount of any claim paid or reserved for payment by you or by an insurer. Please include all relevant dates, including a description of the status of any current claim which has been made but has not been settled or otherwise resolved.

Section 7: Additional Information

Please provide the following information when you send the application form to us.

- Directors or principals resumes if the company has been trading for less than 3 years;
- The organization chart or group structure if any subsidiaries are to be insured including names, dates of acquisition, countries of domicile, percentages of ownership; and
- The standard form of contract, end user license agreement or terms of use issued by the company.

| Name: | Date of Acquisition: | Country of Domicile: | Percentage of ownership: |
|-------|----------------------|----------------------|--------------------------|
| | | | |
| | | | |
| | | | |

Please provide this space below to provide us with any other relevant information:

Important notice

By signing this form you agree that the information provided is both accurate and complete and that you have made all reasonable attempts to ensure this is the case by asking the appropriate people within your business. CFC Underwriting will use this information solely for the purposes of providing insurance services and may share your data with third parties in order to do this. We may also use anonymized elements of your data for the analysis of industry trends and to provide benchmarking data. For full details on our privacy policy please visit www.cfcunderwriting.com/privacy

| | |
|---------------------|--------------------------|
| Contact Name: | Position: |
| Signature: | Date (MM/DD/YYYY): |