

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:

Company name:

.....

Primary Address (Address, State, ZIP, Country):

.....

.....

Website Address:

.....

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

.....

1.2 Please state your total sales for the next financial year (estimate):

.....

1.3 What % of your sales are toll manufacturing fees?

.....

### Section 2: Statement of Fact

2.1 If any of the information below is incorrect, please contact us as soon as is reasonably practicable.

a) you have been supplying, manufacturing or distributing the insured products for more than 1 consecutive year.

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b) you do not sell more than 20% of insured products as ingredients to be used in further manufacturing. This does not include products which are sold as ingredients for the food service industry.

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c) you have either microbiological testing on all insured products or a full cooking process in place.

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d) you have a forward and backward batch traceability process.

.....

e) no more than 20% of the supplies you receive either originate or are supplied from outside of the UK, the EU, Canada, US, New Zealand or Australia.

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### Section 3: Claims Experience and Insurance History

- 3.7 a) are you aware of any circumstances, including any government or regulatory investigation, which may give rise to a claim under this policy; or
- b) have any directors or officers of the companies to be insured, or the companies themselves, been found guilty of any criminal, dishonest or fraudulent activity or been investigated by any regulatory body;
- c) are you aware of any loss or damage relating to you, your companies or your products, whether insured or not, which may have given rise to a claim under this policy within the last 5 years?

With reference to questions a), b) or c) above:    Yes    No

*If the answer to the above is "yes" then please attach full details including an explanation of the cause and the events that resulted, any loss runs or total costs involved.*

*If you have answered 'yes' to any of the 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 and overview of any penalties incurred and finally any remedial or loss mitigation work you have undertaken as a result.*

I declare that:

- after full enquiry the answers to the questions contained in this application form, and any other information supplied by me, are substantially true, accurate and correct;
- I will inform underwriters before cover incepts of any changes to the information supplied by me; and
- I understand that if any of the information contained in this application form or provided elsewhere is substantially untrue, inaccurate or incorrect, or I have not disclosed any other information that is material, the Policy may be avoided without any return of premium, the terms and conditions may change, a higher premium may become payable or we may reduce the amount of any claim payment.

### 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 anonymised 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.cfc.com](http://www.cfc.com)*

Contact name: \_\_\_\_\_ Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date (MM/DD/YYYY): \_\_\_\_\_