Contaminated Product Recall

Insurance application form

US

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 indicate your business activities:

Grower: ☐ Distributor: ☐ Wholesaler: ☐

Manufacturer: ☐ Copacker: ☐ Other: ☐

1.3 Please state your sales in respect of the following years:

	Prior financial year (actual):	Current financial year (estimate):	Next financial year (estimate):
Total sales:	$	$	$
Profit/loss	$	$	$
What % of your sales are toll manufacturing fees?	%	%	%

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

Contact Name: Position:

Email address: Telephone number:

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Section 2: Product Information

2.1 Please provide detail on manufacturing plants you operate:

Location (including Country):	No. of production lines:	No. of manufacturing days per year:	% of production capacity utilised:	Current third party food safety audit score/ grading:
			%	
			%	
			%	
			%	
			%	

2.2 Please provide the following details for the products to be insured by this policy listing your largest product to your smallest in USD sales:

Product name/description:	Annual sales USD:	Plant location where produced:	Average batch* value USD:	Maximum batch* value USD:	Define which kill step utilised (where applicable):
			$		
			$		
			$		
			$		
			$		

**Batch value = value in USD of products manufactured under the same conditions without any change in production, shift or production line clean down*

2.3 a) Please specify what percentage of your products are:

Your label	Your customer's label	Non-branded
%	%	%

b) Please specify what percentage of your products are used as an ingredient in further manufacturing by a third party: %

2.4 Please provide details of your largest three customers by percentage of sales:

Customer name	Customer location	% of overall sales
		%
		%
		%

2.5 In the next 12 months are you planning to launch a new product that has not been listed in Q2.2? ☐ Yes ☐ No

If 'yes', please provide details including a description, proposed start of manufacturing and projected annual sales. Please continue on the additional information page if required.

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Section 3: Quality Assurance

3.1 Please tick to confirm that all of the products detailed in 2.2 meet the appropriate product safety regulatory standards for the countries which you sell to:

Product warnings including instructions for use: ☐ Packaging: ☐ Labelling of ingredients including allergens: ☐ Certifications denoting correct bodies e.g. (institute): ☐

If you have ticked any of the above, please confirm that these are inspected and approved (prior to sale and distribution), by legal counsel and/or a quality assurance team: ☐ Yes ☐ No

3.2 Please tick to confirm which testing methods you have for all product lines:

	Pre-production line	In-line	End-line	Test and hold procedure
Metal	☐	☐	☐	☐
Xray	☐	☐	☐	☐
Chemical	☐	☐	☐	☐
Microbiological	☐	☐	☐	☐

3.3 Please tick which of the following you have in place, and attach copies to this application:

	HACCP plan	Recall plan	Crisis plan	Supplier approval process	Allergen control process	Environmental swabbing plan
	☐	☐	☐	☐	☐	☐
Date last updated (MM/YY):						

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Section 4: Supply Chain

4.1 a) What percentage of your ingredients are sourced:

Domestically: % Non domestically: %

b) Are any of your ingredients being sourced from outside of the UK, USA, Canada, EU, Australia or New Zealand? ☐ Yes ☐ No

If "yes", please provide further information including which territories and the applicable percentage of overall sale:

4.2 Please provide the following details in respect of your suppliers:

Supplier name	Supplier location	Supplied ingredient	Length of contract	Do you audit them?
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No

4.3 Do you maintain full rights of recourse / recovery against your suppliers? ☐ Yes ☐ No

4.4 Are your supplied ingredients manufactured to your written contractual specification? ☐ Yes ☐ No

4.5 Do you receive certificates of analysis on all supplied ingredients? ☐ Yes ☐ No

Section 5: Contract Manufacturer

This section only requires completing if you utilise contract manufacturers' for products listed under 2.2.

5.1 a) What percentage of your products are contract manufactured: %

b) Of these contract manufactured products, what percentage are manufactured:

Domestically: % Non domestically: %

5.2 a) Please provide the following details in respect of your contract manufacturers:

Contract manufacturer name:	Location:	Products that they manufacture for you:	% of your annual sales generated by these products:	Current third party food safety audit score/grading:
			%	
			%	
			%	

Please continue on the additional information page if necessary.

b) Are all products contract manufactured to your written contractual specification/design? ☐ Yes ☐ No

5.3 Do you maintain full rights of recourse / recovery against all of your contract manufacturers? ☐ Yes ☐ No

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Section 6: Claims Experience and Insurance History

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, or

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 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 change 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.cfcunderwriting.com/privacy***

Contact name: Position:

Signature: Date (MM/DD/YYYY):

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Additional Information

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ALABAMA FRAUD WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines or confinement in prison, or any combination thereof.

ARKANSAS FRAUD WARNING: Any person who knowingly presents a false or fraudulent claim for payment for a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

CALIFORNIA FRAUD WARNING: For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

COLORADO FRAUD WARNING: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

DISTRICT OF COLUMBIA FRAUD WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

FLORIDA FRAUD WARNING: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

KANSAS FRAUD WARNING: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

KENTUCKY FRAUD WARNING: 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.

LOUISIANA FRAUD WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

MAINE FRAUD WARNING: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

MARYLAND FRAUD WARNING: Any person who knowingly or willfully presents a false or fraudulent claim for payment for a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NEVADA FRAUD WARNING: Any person who includes any materially false or materially misleading information on an application for an insurance policy may be guilty of a crime and subject to penalties that include imprisonment, fines and denial of insurance benefits.

NEW JERSEY FRAUD WARNING: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW MEXICO FRAUD WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NEW YORK FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

OHIO FRAUD WARNING: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OKLAHOMA FRAUD WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

OREGON FRAUD WARNING: Any person who, with an intent to knowingly defraud or knowingly facilitate a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement or a material fact, may be guilty of insurance fraud.

PENNSYLVANIA FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 and subjects such person to criminal and civil penalties.

PUERTO RICO FRAUD WARNING: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than $5,000 and not more than $10,000, or a fixed term of imprisonment for 3 years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of 5 years, if extenuating circumstances are present, it may be reduced to a minimum of 2 years.

RHODE ISLAND FRAUD WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

TENNESSEE FRAUD WARNING: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

VERMONT FRAUD WARNING: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

VIRGINIA FRAUD WARNING: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

WASHINGTON FRAUD WARNING: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

WEST VIRGINIA FRAUD WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.