Natural Health Products and Pharmaceuticals
Insurance application form

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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, province, postal code, country):

Website:

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

1.3 Number of employees:

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

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

	Last complete 12 months	Estimate for next 12 months
Domestic revenue:	$	$
USA 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 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:	%

** means you outsource the manufacturing of your own branded products to a third party.*

2.3 Do you manufacture your products? ☐ Yes ☐ No

2.4 If you outsource the manufacturing of your own branded products to a third party, please provide us with the following details:

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

2.5 Please state whether you directly order ingredients for manufacturing your products: ☐ Yes ☐ No

If "yes" please provide us with the following details of your suppliers:

Supplier name	Supplier Location	Ingredient/component supplied

Section 3: Product Information

3.1 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?
		$			
		$			
		$			

3.2 Please state whether you currently sell, or intend to sell hemp or marijuana products: ☐ Yes ☐ No

Please note that these products will be excluded under your insurance programme.

3.3 Please provide details for the three products from Q3.1 and 3.2 that generate the largest % of your sales:

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

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

If yes, please provide for each category the percentage of revenue derived from these products and date first sold below:

	Percentage of revenue		Date first sold (DD/MM/YYYY):
Weight loss:		%	
Weight gain:		%	
Build muscle:		%	
Sexual enhancement:		%	
Children:		%	
Prenatal/ Postnatal:		%	

3.5 Please state whether any of your products contain any of these ingredients listed below: ☐ Yes ☐ No

If "yes" please indicate which ingredients are used:

☐ Androstenedione	☐ Animal derived products
☐ Aristolochia	☐ Bitter Orange
☐ Cascara sagrada	☐ Chaparral
☐ Colloidal Silver	☐ Comfrey
☐ DHEA	☐ Ephedra
☐ Gamma Hydroxy Burate	☐ Germander
☐ Germanium	☐ Hormone Replacement Therapy
☐ Jin Bu Huan	☐ Kava
☐ Kratol	☐ Lobelia
☐ Magnolia	☐ Pennyroyal Oil
☐ Sildenafil, tadalafil, vardenafil	☐ Skullcap
☐ Stephania	☐ Steroids
☐ Synephrine	☐ Willow Bark
☐ Winstrol	☐ Yohimbe

Please note, this policy will not cover any of your products containing the above, unless you request in writing that you want us to make an exception.

3.6 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:

3.7 Please state whether you have ever discontinued any products, ingredients or components for any reason other than low sales: ☐ Yes ☐ No

Section 4: Quality Control

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 Health Canada: ☐ Yes ☐ No

4.4 Please state whether any adverse events have been reported to you or reported to Health Canada 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 Please state whether any of your products or ingredients have ever been defined as a drug by Health Canada or the FDA: ☐ Yes ☐ No

4.7 Do you have a written emergency product recall procedure? ☐ Yes ☐ No

If "yes", please attach a copy to this application.

4.8 Have you ever recalled a product? ☐ Yes ☐ No

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

4.9 If you manufacture your own products in house or manufacturer products for a third party, do you test all materials for foreign matter, microbial growth and conformities upon arrival? ☐ Yes ☐ No

Please select which of the below applies to your testing:

☐ Incoming materials are tested in-house

☐ Incoming materials are tested by the supplier

☐ Incoming materials are tested by a third party laboratory

4.10 If you manufacture your own products in-house, manufacturer for a third party or decide to outsource manufacturing to a third party. Do you test your finished products for foreign matter, microbial growth and conformities to labelling? ☐ Yes ☐ No

Please state if you are not a manufacturer of products and do not outsource the manufacturing of products to a third party: ☐ Yes ☐ No

Please select which of the below applies to your testing:

☐ Finished product are tested in-house

☐ Finished product are tested by our contract manufacturer

☐ Finished product are tested by a third party laboratory

Section 5: Cyber Security Risk Management

Only complete this section if you require cyber and privacy cover

5.1 Please confirm whether multi-factor authentication is required for *all remote acces to your network:* ☐ Yes ☐ No

If you use an alternative method for securing remote access to your network, such as certificate based authentication for devices, please provide details here:

5.2 Please confirm that multi-factor authentication is enabled for *remote access to all company email accounts:* ☐ Yes ☐ No

5.3 Which endpoint protection product do you use on your network?
Please provide the name of the vendor and the prodcut used:

5.4 Do you use a network monitoring solution to alert your organisation to suspicious activity or malicious behavior on your network? ☐ Yes ☐ No

If you answered "yes" to the previous question, please state the name of the vendor and product used for network monitoring:

5.5 Please confirm the name of your managed service provider (if applicable):

5.6 Is any part of your IT infrastructure outsourced to third party technology providers, including application service providers? ☐ Yes ☐ No

5.7 Please describe your patch management process and how you ensure that all critical patches are applied in a timely fashion, including a timeframe of how quickly you would implement patches for zero dat vulnerabilities after they have been released by the vendor:

5.8 Please describe your data back-up policy in detail, including how the back-ups are stored (e.g. online, offline, cloud storage etc), how frequently your back-ups are taken, how you secure your back-ups, how you test your back-ups and how regularly you test them, and how many back-up copies you take:

Section 6: Data storage and management

6.1 Please provide the approximate number of unique individuals that you collect, store and/or process personally identifiable information from, whether on your own systems or with third parties:

Data type	Number of unique Individuals
Sensitive data (e.g. medical records, passport details, social security numbers etc)	
Non-Sensitive data (e.g. full names, addresses, email addresses etc.)	

Section 7: Previous cyber incidents

7.1 Please tick all the boxes below that relate to any cyber incident that you have experienced in the last three years (there is no need to highlight events that were successfully blocked by security measures):

☐ Cyber extortion	☐ Data loss	☐ Denial of service attack	☐ IP infringement
☐ Malware infection	☐ Privacy breach	☐ Ransomware	☐ Theft of funds
☐ Other (please specify)			

If you ticked any of the boxes above, did the incident(s) have a direct financial impact upon your busniess of more than $10,000? ☐ *Yes* ☐ *No*

If "yes", please provide more information below, including details of the financial impact and measures taken to prevent the incident from occuring again:

Section 8: Insurance Requirements

8.1 Do you currently have insurance for:

a) Commercial general liability: ☐ Yes ☐ No

b) Product recall: ☐ Yes ☐ No

8.2 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

8.3 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 9: Claims Experience

9.1 *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 10: 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,

- 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 (DD/MM/YYYY):