

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, Province, Postal code, Country):

Website Address:

Date the business was established (DD/MM/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:

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 CAD sales:

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

*Batch value = value in CAD 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.

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):

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
				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

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 (DD/MM/YYYY):



Contaminated Product Recall

Insurance application form



Additional Information