

TOTTEN GROUP

I N S U R A N C E

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CONTAMINATED PRODUCTS APPLICATION

Underwriters will rely upon each and every response given in this Proposal Form and any Supplementary Proposal Form in deciding whether or not to insure this risk and if so at what premium, terms and conditions. Underwriters regard every response to be material to their decisions. Failing to answer or answering any question below incorrectly could invalidate any policy of insurance written by Underwriters for this risk.

We have a professional duty of confidentiality and are committed to holding personal information in strict confidence. The information provided to us will only be disclosed where required by law to do so or required to do so in conducting negotiations with third parties, such as insurance companies, on your behalf.

We will further safeguard the security of such information in a manner appropriate to sensitivity of that information.

1. Business Name _____
 Principal(s) _____
 Subsidiaries, Partners and Joint Ventures _____

2. Coverage Options

Policy Form Requested Contaminated Products Insurance Malicious Product Tampering Only

Endorsement Options Adverse Publicity Distribution Third Party Recall

3. Limits of Insurance (LOL) Options

Limit Options

Accidental Contamination		Per Accidental Contamination/Aggregate
Malicious Product Tampering		Per Malicious Product Tampering/Aggregate
Product Extortion		Per Product Extortion/Aggregate
Combined Single LOL		Per Insured Event/Aggregate

Retention

Accidental Contamination		
Malicious Product Tampering		
Product Extortion		
Combined Single LOL		Available only with the CSL LOL Option

4. Description of Operations Manufacturer Distributor Wholesaler Retailer

Other (Describe) _____

Total Annual sales _____

Largest Brand/Product Sales _____

Total Annual Sales for Last 3 Years _____

Prior Year _____ Current Year _____ Projected Sales for Policy Term Requested _____



Geographic Distribution	Manufacture (as % of total sales)	Sales (as % of total sales)
Canada	_____	_____
United States	_____	_____
United Kingdom	_____	_____
Europe	_____	_____
Australia/New Zealand	_____	_____
Other (please list):	_____	_____

Distribution of Sales	% of Annual Sales	Nature of Business (Retail; Wholesale; Manufacturer; Raw Material Supplier; Restaurant; Other – Explain)
Food	_____	_____
Beverage	_____	_____
Pharmaceutical	_____	_____
Cosmetic	_____	_____
Tobacco	_____	_____

Do you engage in any financial transactions with individuals or entities domiciled in Bolivia, Burma (Myanmar), Cuba, Ethiopia, Ghana, Indonesia, Kenya, Nigeria, Pakistan, São Tomé and Príncipe, Sri Lanka, Syria, Tanzania, Thailand & Turkey? Yes No

If yes, please describe the type of financial transaction _____

5. Product Information (Attach additional pages as needed)

Product Types/Major Brands	% of Total Sales	# of Years Sold
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Product by Plant – daily output (specify units, pounds, bottles, cases etc.) and daily revenue equivalent

Total number of plants/facilities _____ If three or more plants, please attach a schedule with the following information

Plant _____ Daily Output _____ Revenue _____ Production Lines _____

Plant _____ Daily Output _____ Revenue _____ Production Lines _____

Maximum values of raw or finished goods stored at any one location? _____

Does applicant import raw or finished products? Yes No

If yes, please attach a schedule of products/countries or origin

6. Quality Assurance

Do you have a fully implemented Quality Management System? Yes No Date HACCP last reviewed _____

Does your Quality Management System use HACCP for all products? Yes No

How is the Quality Management System monitored?

Reports at Management Meetings: Name of Consultant Firm _____

Internal Audit Program Date of last visit: _____

Consultant/Third Party Audit: Recommendations? Yes No

Please attach an outline of your Quality Management System and your HACCP summary page

What percent of your product(s) are manufactured by outside vendors? _____



Processes in place to assess the ability of your suppliers to meet your product specifications (please check all that apply):

- Written application/questionnaire
- Qualifying audit(s) by QMS staff or third party
- Incoming product sampling
- Certificate of analysis
- Reference/legal review and checks
- Periodic third party review or audit
- Review of government or consultant inspection reports
- Liability/recall insurance certificates required

Are suppliers required to use HACCP? Yes No

% of your product(s) that become an ingredient or component part of another product: _____

Contact to discuss Quality Management System and customer complaint monitoring systems _____

Name _____ Title _____ Phone _____

7. Regulatory Compliance

What was the last date of a governmental agency inspection?

FDA _____ USDA _____ State _____ Local _____

CFIA _____ Health Canada _____

Please attach a copy of the FDA 483 report or similar report.

8. Packaging/Labeling

Is there a review process for labels? Yes No

Who reviews labels? Technical Legal Other _____

How often are labels reviewed? _____ Are bar code labels checked during processing? Yes No

Is tamper-evident or tamper-resistant packaging used? Please check all that apply

Blister Packs Shrink Wrapping Vacuum Seals Other _____

Packaging Description _____

Is applicant in compliance with Country Of Origin Labeling (COOL) regulations? Yes No

If no, please explain _____

9. Product Testing

Do you test raw material? Yes No

If so, methods used: Micro-biological Chemical Testing X-Ray Medical Detection Other _____

Is there an incoming quarantine process? Yes No

Is there a hold period before shipping? Yes No

At what point in the manufacturing process is testing performed? In-Line End product Other _____

Describe your testing laboratory relationship In-House Lab External Lab Name _____

Any rapid-testing used? Yes No If yes, please provide rapid tests used _____

Have you agreed to indemnify or hold harmless any suppliers of components of raw materials or any other party? Yes No

If yes, please provide details on separate sheet of paper



10. Security Related Product Tampering/Extortion

Does applicant meet the most recent food security guidelines issued by the CFIA & Health Canada? Yes No Do not know

Has a process security audit been conducted? Yes No

Has the applicant had strikes/riots/work stoppages/plant closings in the past 3 years? Yes No

If yes, please describe _____

Has the applicant been the subject of or been threatened with a wrongful termination lawsuit? Yes No

If yes, please describe _____

Has the applicant ever been the target of political, radical, environmental, extremist? Yes No

If yes, please describe _____

Does the applicant use or pay for animal testing of products? Yes No

If yes, please describe _____

Does the applicant import/export with volatile countries (i.e., Israel, South Africa, etc.)? Yes No

If yes, please describe _____

Does the applicant undertake other activities which might make it a target of extremist or special interest groups? Yes No

If yes, please describe _____

11. Recall Preparedness

Does the applicant have an in-force crisis management plan? Yes No

If yes, please describe _____

Does the applicant have an in-force recall plan? Yes No

If yes, please describe _____

Are mock drills conducted? Yes No Date of last drill _____

Name and title of person responsible for recall and crisis plan _____

Is a batch coding system utilized? Yes No

Detail of coding (ex. - by date, shift, line, operator) _____

Who can initiate a major product recall? _____

Estimate the cost to recall your leading brand _____

Maximum _____ Average _____ Minimum _____



12. Incident History

Has the applicant had any product recall or product withdrawals, contamination incidents or extortion threats? Yes No

Specify total numbers below and attach details

Recall Class 1 _____ Recall Class 2 _____ Recall class 3 _____

List details of all contamination incidents, recalls, withdrawals, and extortions below for the last five years for all entities owned or acquired. Attach additional information if required

Product	Reason	Amount (units)	Date	Cost	Corrective Action

Has the applicant ever received the following? (if yes, attach details) CFIA Warning Letter Health Canada Warning Letter

Has the applicant been named in an CFIA or Health Canada press release regarding a product deemed adulterated or misbranded? Yes No

Has the applicant ever been subject to seizure injunction by the CFIA or Health Canada? Yes No

Have the applicant's products or any of its premises ever been the subject of any other comment or complaint by any government agency? Yes No

Does the applicant know of any actual threatened or suspected malicious tampering, or any actual or suspected accidental contamination involving any of the applicant's products during the last five years? (If yes, please attach details) Yes No

Does the applicant, its directors and officers, or any other person known to the applicant, have knowledge or information of any fact which may reasonably rise to a claim under the proposed policy? (If yes, please attach details) Yes No

THE UNDERSIGNED DULY AUTHORIZED REPRESENTATIVE OF THE APPLICANT DECLARES TO THE BEST OF HIS/HER KNOWLEDGE AN BELIEF THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE AND COMPLETE.

I/We, the undersigned, declare that, to the best of our knowledge and belief, the information provided in this Insurance Application is true and complete, and that I/we have not withheld any material information which might affect the judgment of Liberty Mutual Insurance Company in their rating and acceptance of the risk. I/We agree that if an insurance policy is issued by Liberty Mutual Insurance Company, this Insurance Application shall form the basis upon which the contract is issued.

The undersigned acknowledges that any personal information provided in connection with the coverage applied for, including but not limited to the information contained in this application has been collected in accordance with all applicable privacy legislation The undersigned confirms that all necessary consents have been obtained for the collection, use, and disclosure of such information to Liberty Mutual Insurance Company for the purposes of assessing the application for insurance, and if applicable, investigating and settling claims, detecting and preventing fraud, and acting as required or authorized by law.

For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Liberty Mutual Insurance Company's insurance business in Canada.

Legal Name of Applicant

Date

Signature of Authorised Signing Officer

Print Name

PRINT ADDRESS OF BROKERAGE

Broker Email Address: _____