

Natural Health



Insurance application form

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

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7.7	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, pr	rovince, postal code, country):						
	Website:							
1.2	Date the business was esta	blished (DD/MM/YYYY):						
1.3	Number of employees:							
	a) Employee Reference No.	(ERN):						
	b) Do you have any UK subs	sidiaries? Yes No						
	If you answered "yes" to b) o back of this application for		g company name, address and ERN in	the additional information section as the				
1.4	Date of company financial y	year end (DD/MM/YYYY):						
1.5	Please state your gross reve	Please state your gross revenue in respect of the following years:						
		Last complete FY	Estimate for current FY	Estimate for next FY				
	Domestic revenue:	\$	\$	\$				
	USA revenue:	\$	\$	\$				
	Total gross revenue:	\$	\$	\$				
	Profit (Loss):	\$	\$	\$				
1.6	Please state the trade orga	nization that you are a member of	(e.g. AHPA, ABC, NPA, UNPA, AAHP):					
1.7	Please provide details for th	ne primary contact for this insuranc	ce 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	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:	
2.3	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:	%



Section 3: Product Information

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Please state whether any of your products are used to gain weight, lose weight, build muscle, sexual enhancement or used by children or for prenatal or postnatal care: Yes No					
	Percentage of revenue	First date sold			
Weight loss:	%				
Weight gain:	%				
Build muscle:	%				
Sexual enhancement:	%				
Children:	%				
Prenatal/Postnatal:	%				
Please state whether any of your products co	ontain anabolic-androgenic st Yes No	ceroids, anabolic steroids, androstenedione,			
Please note, this policy will not cover any of y	our products containing the	above.			
Please tick whether any of the following ingredients or derivatives have ever been used in any of your products or if you are planning to use these in the future:					
Aristolochic acid	Germander	Magnolia			
Bitter orange	Jin Bu Huan	Redux			
Chaparral	Kava	Stephania			
Comfrey	Lobelia	Winstol			
DMBA	L-tryptophan	Yohimbe			
Fenfluramine	Ma huang	St John's Wort			
Gamma-hydroxybutyric acid (GHB)	Any other ingredient d	efined by the FDA as a drug			
If you have ticked any of the above please list section if necessary:	your product names contain	ning these below and continue in the ADDITIONAL INFORMAT			
Please state whether you have discontinued If "yes", please provide full details:	any products, ingredients or	components within the last 12 months: Yes No			
<i>3</i>					
Only complete Q3.5 and Q3.6 if you require p	product recall cover. If you do	not require product recall cover, continue to Q4.1.			



3.6

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3.5	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 line	Your design o	r customer design?
		\$				
		\$				
		\$				
Please provide details for the th	nree products from	Q3.5 that generat	e the largest % o	f your sales:		
Product name/ description	Customer Name	Ultimate OEM/ End product manufacturer*	Failure rate	Daily production values	Daily production units	Maximum batch value
	-		%	\$		\$
			%	\$		\$

% \$

^{*}the company that ultimately integrates your product into their product for sale to consumers.



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Section 4: Quality Assurance

Do you comply with Current Good Manuf	acturing Practice regulations? Yes 1	
n respect of the products you sell:		
	ety standards including labelling requireme	ents for the
territories you sell into? Yes No		
Please attach a sample copy of your proc	duct safety standard certificates.	
o) are they labelled with all applicable pro	duct safety warnings? Yes No	
c) are product designs/formulas reviewed	l, tested and verified by a third party? Ye	es No
		pected and approved prior to sale or distribution, and continue in the ADDITIONAL INFORMATION
Legal counsel internal	Legal counsel external	Other
 Please state whether vour labelling has ev	ver been found to be non compliant with the	e relevant authority for territories
sold, including the FDA or FTC: Yes	No	
Please state whether any adverse events l	have been reported to you or reported to th	ne FDA concerning your products in the last 3 years:
Please state whether any adverse events I Yes No	have been reported to you or reported to th	ne FDA concerning your products in the last 3 years:
Yes No	have been reported to you or reported to th and continue in the ADDITIONAL INFORMA	
Yes No		
Yes No	and continue in the ADDITIONAL INFORMA	
Yes No If "yes", please provide more information o	and continue in the ADDITIONAL INFORMA	
Yes No If "yes", please provide more information of	and continue in the ADDITIONAL INFORMA blan? Yes No cation.	
Yes No If "yes", please provide more information of Do you have a written quality assurance p	olan? Yes No cation. ct recall procedure? Yes No	
Yes No If "yes", please provide more information of Do you have a written quality assurance p If "yes", please attach a copy to this application of the copy to	olan? Yes No cation. cation.	
Yes No If "yes", please provide more information of Do you have a written quality assurance point "yes", please attach a copy to this application of the same of	olan? Yes No cation. cation.	ATION section if necessary:
Yes No If "yes", please provide more information of Do you have a written quality assurance point "yes", please attach a copy to this application of the same of	olan? Yes No cation. ct recall procedure? Yes No cation.	ATION section if necessary:
Yes No If "yes", please provide more information of Do you have a written quality assurance p If "yes", please attach a copy to this applic Do you have a written emergency product If "yes", please attach a copy to this applic Have you ever recalled a product? Yes If "yes", please provide more information of	and continue in the ADDITIONAL INFORMA plan? Yes No cation. ct recall procedure? Yes No cation. s No and continue in the ADDITIONAL INFORMA	ATION section if necessary:
Yes No If "yes", please provide more information of Do you have a written quality assurance p If "yes", please attach a copy to this applic Do you have a written emergency product If "yes", please attach a copy to this applic Have you ever recalled a product? Yes If "yes", please provide more information of	and continue in the ADDITIONAL INFORMA plan? Yes No cation. ct recall procedure? Yes No cation. s No and continue in the ADDITIONAL INFORMA	ATION section if necessary:
Yes No If "yes", please provide more information of the second of the s	and continue in the ADDITIONAL INFORMAtion. Set recall procedure? Yes Notation. Solar Notation. Solar Notation and continue in the ADDITIONAL INFORMAtion.	ATION section if necessary:





4.9	Do you purchase any material from suppliers? Yes If "yes", please state:	No						
	a) whether the materials are tested for contamination, ar	nd confirmation records are kept	to this effect? Yes	No				
	b) whether the materials from suppliers match your writ	ten specifications, and confirmati	ion records are kept to	this effect? Yes No				
	If "no" to a) or b), please provide details and continue in t	he ADDITIONAL INFORMATION s	ection if necessary:					
	c) the following details for your three largest suppliers:							
	Supplier name	Supplier Location	Ingredient/comp	ponent supplied				
4.10	Do you use a contract manufacturer? Yes No							
	If "yes", please state:	If "yes", please state:						
	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						
Sec	tion 5: Property Cover							
	If you require a quote for property cover, please complet	te the questions in Appendix 1.						
Sec	tion 6: Insurance Requirements							
6.1	Do you currently have insurance for:							
	a) Commercial general liability: Yes No							
	b) Product recall: Yes No	-						
6.2	Please provide details of your current commercial gener	al 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				
6.3	Please provide details of your current product recall insu	rance, if applicable, and what you	require for the next ye	ear of insurance:				
	Effective date Limit	Deductible	Premium	Insurer				
	Current:	-						
	Required:		N/A	N/A				





Section 7: Claims Experience

7.1	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 8: 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, percentages of ownership; and
- $\cdot \text{The standard form of contract, end user license agreement or terms of use issued by the company.} \\$

Name:	Date of Acquisition:	Country of Domicile:	Percentage of ownership:
Please provide this space below to	provide us with any other relevant in	formation:	

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):





Appendix 1: Property Cover

		. 1 . 1	11 16	. 1		1 1
D	2256 CODV	this annen	divit more	than one	premises is to	he insured
1 1	Just copy	ti iio apperi	aix ii i i ioic	tilaii oile		DC II ISUICU.

	es to be insured below for the premises:						
these amounts you will b	· ·		lding or replacement cost in each of the categories. If you understate full amount of your claim. It is therefore essential that these amounts ar				
Building coverage (\$):		Computer equipment (\$):					
Tenants improvements (\$):	Portable equipment (\$):					
Inventory/stock (\$):		Other business contents (\$):					
Loss of income: (\$):		Loss of rent (\$):					
Indemnity period for loss	s of income / rent (months) :						
Please state:							
a) when the premises wa	as built (DD/MM/YYYY):	b) when the premises was last re	enovated (DD/MM/YYYY):				
c) how the premises is co	onstructed:						
Steel frame	Brick/Concrete/Stone	Steel sheet	Other:				
d) when approximately the roof of the premises was last renovated (DD/MM/YYYY):							
e) how the roof is constru							
Pitched tiled	Slate	Profile steel sheeting	Other:				
0.1	f) the percentage of flat roof on the premises (%):						
		Other:					
g) how the floor is constr	ucted:						
g) how the floor is constr Concrete	ucted: Timber						
g) how the floor is constr Concrete h) whether composite pa	ucted: Timber anels are used in the construction: Ye						
g) how the floor is constr Concrete h) whether composite pa If "yes", please state: the age of the composite	ucted: Timber anels are used in the construction: Ye	es No	ninimum building regulations:				
g) how the floor is constr Concrete h) whether composite pa If "yes", please state: the age of the composite	ucted: Timber anels are used in the construction: panels:	es No	ninimum building regulations:				
g) how the floor is constr Concrete h) whether composite pa If "yes", please state: the age of the composite whether the panels are a Yes No	ucted: Timber anels are used in the construction: panels:	es No	ninimum building regulations:				
g) how the floor is constr Concrete h) whether composite pa If "yes", please state: the age of the composite whether the panels are a Yes No	ucted: Timber anels are used in the construction: panels:	es No	ninimum building regulations:				
g) how the floor is constr Concrete h) whether composite pa If "yes", please state: the age of the composite whether the panels are a Yes No the type of infill:	ucted: Timber anels are used in the construction: Paper panels: pproved by an appropriate regulatory b	es No	ninimum building regulations:				





j) whether the premises has a lockable entrance door: No If "no", please provide details on alternative security: k) whether the premises is self-contained:: No I) whether the premises has its own means of access?: No m) whether the premises is protected by: Security grills Shutters Window bars n) contains other external doors: If "yes", please state the type of locking system: Key operated security bolt Panic bar locking system Other: o) has lockable opening windows on all levels: Yes No If "yes", please state the type of locking system: Key operated locking device N/A (i.e. permanently sealed shut) p) whether the premises is protected by intruder alarm systems which are connected to all windows and doors and is subject to an annual maintenance contract: Yes If "yes", please state the type of alarm: DigiCom RedCare Central station Bells only q) whether the premises is protected by exterior and interior cameras: No r) whether the premises is overseen by 24 hour guards: No NOTE: We may refuse to pay a claim if all of the devices for the security of your premises including locks and the intruder alarm are not in full and effective operation whenever the premises is closed for business or otherwise left unattended. s) whether the premises is free from cracks or other signs of damage that may be due to subsidence, landslip or heave and has not previously suffered damage by any of these causes: t) whether the premises is in an area free from flooding and not near the vicinity of any rivers, streams or tidal waters: No u) whether the premises is heated by one of the following methods: conventional electric, gas, oil or solid fuel heating: No v) whether the premises has lifts, boilers, steam and pressure vessels inspected and approved to comply with all of the statutory requirements: Yes w) whether the premises has a back-up system for the electrical supply: No x) whether the premises has any portable premises: No NOTE: Assuming you have answered 'yes' to the questions v) and w) above, it is important to keep records of all the relevant inspections as

NOTE: Assuming you have answered 'yes' to the questions v) and w) above, it is important to keep records of all the relevant inspections as we may ask for evidence of these before paying a claim.

If you have answered 'no' to any of the above questions, please give further details:



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If "yes", please state the grade:	Grade I	Grade II
If applicable, how is your stock stored at the premises	?	
Are flammable/hazardous substances kept in a specia	alist, flame proof cabinet in line with health ar	nd safety regulations? Yes No
If "yes", please provide details:		
If requesting a limit for business interruption, do you l	nave a business continuity plan in place?	Yes No
If "yes", please provide details:		