

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:

.....

a) Employee Reference No. (ERN):

.....

b) Do you have any UK subsidiaries? Yes No

If you answered "yes" to b) above, please add details including company name, address and ERN in the additional information section as the back of this application form.

.....

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 FY	Estimate for current FY	Estimate for next FY
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 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

3.1 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:	%	

3.2 Please state whether any of your products contain anabolic-androgenic steroids, anabolic steroids, androstenedione, DMAA, ephedra or ephedrine alkaloids: Yes No

Please note, this policy will not cover any of your products containing the above.

3.3 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 defined by the FDA as a drug	

If you have ticked any of the above please list your product names containing these below and continue in the ADDITIONAL INFORMATION section if necessary:

3.4 Please state whether you have discontinued any products, ingredients or components within the last 12 months: Yes No
If "yes", please provide full details:

Only complete Q3.5 and Q3.6 if you require product recall cover. If you do not require product recall cover, continue to Q4.1.

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 lines	Your design or customer design?
		\$			
		\$			
		\$			

Please provide details for the three products from Q3.5 that generate the largest % of your sales:

3.6 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.

Section 4: Quality Assurance

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 the FDA or FTC: Yes No

4.4 Please state whether any adverse events have been reported to you or reported to the FDA 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 Do you have a written emergency product recall procedure? Yes No

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

4.7 Have you ever recalled a product? Yes No

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

4.8 Do you test all materials for foreign matter, microbial growth and conformities upon arrival and store certificates of analysis that are received? Yes No

If "yes", please provide more information, including how long you store the certificates of analysis and continue in the ADDITIONAL INFORMATION section if necessary:

4.9 Do you purchase any material from suppliers? Yes No

If "yes", please state:

a) whether the materials are tested for contamination, and confirmation records are kept to this effect? Yes No

b) whether the materials from suppliers match your written specifications, and confirmation records are kept to this effect? Yes No

If "no" to a) or b), please provide details and continue in the ADDITIONAL INFORMATION section if necessary:

c) the following details for your three largest suppliers:

Supplier name	Supplier Location	Ingredient/component supplied

4.10 Do you use a contract manufacturer? Yes No

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

Section 5: Property Cover

If you require a quote for property cover, please complete the questions in Appendix 1.

Section 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 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

6.3 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 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
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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.

j) whether the premises has a lockable entrance door: Yes No

If "no", please provide details on alternative security:

k) whether the premises is self-contained: Yes No

l) whether the premises has its own means of access?: Yes No

m) whether the premises is protected by:

Security grills

Shutters

Window bars

n) contains other external doors: Yes No

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 No

If "yes", please state the type of alarm:

Bells only

Central station

DigiCom

RedCare

q) whether the premises is protected by exterior and interior cameras: Yes No

r) whether the premises is overseen by 24 hour guards: Yes 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: Yes No

t) whether the premises is in an area free from flooding and not near the vicinity of any rivers, streams or tidal waters: Yes No

u) whether the premises is heated by one of the following methods: conventional electric, gas, oil or solid fuel heating: Yes No

v) whether the premises has lifts, boilers, steam and pressure vessels inspected and approved to comply with all of the statutory requirements: Yes No

w) whether the premises has a back-up system for the electrical supply: Yes No

x) whether the premises has any portable premises: Yes 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 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:



5.4 Is the premises listed? Yes No

If "yes", please state the grade:

Grade I

Grade II

5.5 If applicable, how is your stock stored at the premises?

5.6 Are flammable/hazardous substances kept in a specialist, flame proof cabinet in line with health and safety regulations? Yes No

If "yes", please provide details:

5.7 If requesting a limit for business interruption, do you have a business continuity plan in place? Yes No

If "yes", please provide details:
