



**GRESHAM &
ASSOCIATES**
INSURANCE BROKERS

The Independent Source For Wholesale Insurance

Products Contamination Application

**Malicious Product Tamper
Product Extortion
Accidental Product Contamination**

Instructions:

- Please type or print
- All questions must be answered
- If the answer to any question is none or not applicable, state **NONE** or **NOT APPLICABLE**
- If space is insufficient to answer any question fully, attach a separate sheet using letterhead
- Please provide (if available) an Annual Report and Accounts, Crisis management plans, Recall plans

Applicant Name: _____

Principal Address: _____

Subsidiary(s): _____

Website/E-mail: _____

Years in business _____

Producer Name/Number: _____

Sales split by activity:

Type of Activity (i.e. Poultry, meat, as per Q4)	Sales	% of Total Sales

Requested Coverage. (Please note only Malicious Product Tamper and/or Product Extortion can be purchased as a stand alone product)

	Limit each Loss	Limit Aggregate per annum	Deductible each and every loss
Malicious Product Tamper			
Product Extortion			
Accidental Product Contamination			

SALES AND MARKETING

- 1. Type of operations
 - Manufacturer _____
 - Supplier of ingredients _____
 - Packaging _____
 - Bottling _____
 - Retailer _____
 - Restaurant _____
 - Other _____

- 2. Total sales
 - a. Next years projection \$ _____
 - b. Past 12 months \$ _____
 - c. 1st Prior year \$ _____
 - d. 2nd Prior year \$ _____

3. Country of Operations

Country	Turnover	Turnover
USA		
UK		
Germany		
South America		
Other (Please specify)		

Country of Sales

Country	Sales	% of Total Sales
USA		
UK		
Germany		
South America		
Other (Please specify)		

PRODUCTS

- 1. Please advise how Products are packaged (i.e. canned, quality seals, vacuum-packed, glass, cellophane paper, cardboard, other (please specify) and expected shelf life:

Product	Type of Packaging	Shelf Life

- 2. Please provide percentage of branded and non-branded and own label:

Branded	Non-Branded	Own Label

3. Can you identify your products by the following?

Batch	Product Name	Producing facility/shift	Serial Number

4. To what level can you trace your products handled, manufactured or produced by you once they have left your care, custody and control?

5. Are you or your products politically sensitive i.e. country of manufacture, type of products, animal testing. If 'Yes', please supply details. Yes / No

6. Do all your products as insured under this insurance comply with regulations and local law? Yes / No

7. Has the company or its products or any of its processes or premises been the subject of complaint by any governmental authority or products safety organization? If 'Yes', please supply details. Yes / No

QUALITY CONTROL

1. Do third parties quality audit you? Yes / No

2. Do you perform in-house audits? Yes / No

3. How often are audits performed?

Less than annually _____

Annually _____

More than annually _____

By whom? _____

4. During these audits have any recommendations been made? Yes / No
 If so are they (please supply details):
 a. Under 5 in 1 year?
 b. Over 5 in 1 year?

5. Do you quality audit your suppliers? Yes / No

6. Are you accredited with good manufacturing practices such as ISO, HACCP? Please state what? Yes / No

7. Do you employ food-processing technologies (i.e. pasteurization, ultra-high Pressure processing, ultra violet radiation, and irradiation)? If so please supply details. Yes / No

8. How do you test products during processing?

a. Visually _____

b. X-ray/Metal detection _____

c. Micro Biological _____

d. In Line _____

e. End Line _____

f. In house lab testing _____

g. Outside lab testing _____

h. No current lab testing _____

i. Other (please specify) _____

RISK MANAGEMENT

- 1. Do you have a recall plan? Yes / No
If 'Yes' please supply copy.
- 2. Do you have a Crisis plan? Yes / No
If 'Yes' please supply copy
- 3. Do you use outside PR consultants? Yes / No
Who?
- 4. Have you updated your plans in the last 2 years? Yes / No

LOSS HISTORY

- 1. Have you incurred any strikes, malicious contamination, closures within the last 5 years? Yes / No
If 'Yes', please explain.
- 2. Have you experienced a previous recall? Yes / No
If so what was the reason for the recall?

Total Expense incurred: \$ _____
Date of recall: ____/____/____
- 3. Please explain breakdown of costs e.g. warehousing, disposal, communications, staffing transportation, other (please specify).
- 4. If you have not experienced a Loss/Recall please give an estimation of anticipated costs of a Recall.
- 5. Has the company any knowledge of information of any specific fact which may give rise to an incident and or claim or knows of any incident that would have resulted in a claim if insurance had been in place? Yes / No

REMARKS

Please further explain any 'yes' answers to previous questions or provide any other pertinent information below.

THIS IS NOT A BINDER OF COVERAGE

THE STATEMENTS AND ANSWERS GIVEN ON THIS APPLICATION ARE TRUE AND ACCURATE. THE APPLICANT HAS NOT WILLFULLY CONCEALED OR MISREPRESENTED ANY MATERIAL FACT OR CIRCUMSTANCE CONCERNING THIS APPLICATION.

_____	_____
<i>Applicant's Name</i>	<i>Title</i>
_____	_____
<i>Applicant's Signature</i>	<i>Date</i>
_____	_____
<i>Producer's Name</i>	<i>Title</i>
_____	_____
<i>Producer's Signature</i>	<i>Date</i>