



RECALL CRISIS RECOVERY® PLUS (RCR® PLUS)

Product Contamination Insurance Application

PROFESSIONAL LIABILITY INSURANCE SERVICES®, INC.
UNDERWRITING FACILITY - SINCE 1983

P: 800.761.7547 | F: 512.327.5834 | E: UNDERWRITING@PLISINC.COM | W: WWW.PLISINC.COM

All questions must be answered completely. If you need more space, attach sheets of paper and indicate the question number. This Application must be SIGNED and DATED by a principal of the Company.

1 a. Applicant Name (including any subsidiaries if applicable) _____
 Applicant Address: _____ City: _____ State: _____ Zip: _____
 Applicant Website Address: _____
 Main Contact Name: _____ Main Contact Phone: _____ Cell: _____
 Fax: _____ Main Contact Email: _____

b. Established date of Applicant (include details if under previous ownership/control) _____

2. Please provide an overview of your business including the flow of the operations from start to finish:

3. Total Applicant Sales ('000's):
 Next 12 Mos (projected) _____ Current 12 Mos _____ Previous 12 Mos _____

Please attach your latest Financial Statement and Annual Report.

4. Countries where products are sold: Sales ('000's) Sales ('000's)

| | | |
|----------------------|---------------------|--|
| United Kingdom _____ | Europe _____ | |
| USA / Canada _____ | Rest of World _____ | |

5. Describe sales in terms of **Branded** (product manufactured in Applicant's name), **Own Brand** (product manufactured for others with their name, including major retailers "own" labels) and **Non-Branded** (products with no name).

| Type | % of Sales | Number of products in this category |
|--------------------|------------|-------------------------------------|
| Branded | | |
| Own Branded | | |
| Non-Branded | | |

6. Please list your top three customers by percentage of sales:

| | |
|-----------------------|-------------------------|
| Customer _____ | % of Sales _____ |
| _____ | _____ |
| _____ | _____ |

7. What is the annual distribution cost to applicant? _____

8. Have you conducted previous mock recalls? Yes No
 If yes, what was estimated as the average and largest potential size of recall, including recall expenses and loss of gross profit? _____

Locations

9. a. Please complete the following listing all plants/facilities/locations to be covered by the Policy, and advise what you use for a "unit". (Please attach a separate sheet if necessary).

| Plant/Facility Location | Annual Sales ('000's) | Products | Production Lines | Daily Output | | Hours of Production per week |
|-------------------------|-----------------------|----------|------------------|--------------|-------|------------------------------|
| | | | | Units | Value | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

b. Please comment on any spare production lines or capacity as it relates to Question # 9a. _____

Products

10. a. Please list all product categories to be covered by the Policy.

| Product Category | Annual Sales ('000's) | Gross Margin % | Average | | Largest Batch Size | | Daily Output | |
|------------------|-----------------------|----------------|---------|-------------|--------------------|-------------|--------------|-------------|
| | | | Units | Sales Value | Units | Sales Value | No. Batches | Sales Value |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

You must attach a complete list of all products currently being produced which are to be related to the product categories listed above.

- b. What percentage of your products becomes a component of third party products? _____
- c. Please state the shelf life of products: Average: _____ Longest: _____

11. **SOURCES:** Do any of your products or their components originate from outside the United States? If so, please complete the following (attached additional sheets if necessary):

| Product | Country of Origin | Annual Quantity | Product Tested? | |
|---------|-------------------|-----------------|------------------------------|-----------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| _____ | _____ | _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| _____ | _____ | _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Suppliers

12. a. Please complete regarding your top 3 suppliers, and then all others combined, the following:

| Supplier | % of all your supplies | Do you Audit? | | Do you maintain rights of recourse against supplier? | |
|------------------------------|------------------------|------------------------------|-----------------------------|--|-----------------------------|
| 1. _____ | _____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. _____ | _____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. _____ | _____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. All Other Suppliers _____ | _____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

- b. What percentage of your suppliers do you have contracts with that provide hold harmless and indemnity provisions ensuring to your benefit in the event you are supplied contaminated / defective products? _____%

Subcontractors and Co-Packers

13. a. Please complete regarding your top 3 subcontractors and/or co-packers for manufacturing, and then all others combined, the following:

| Subcontractor / Co-Packer | % of all your supplies | Do you Audit? | | Do you maintain rights of recourse against entity? | |
|--|------------------------|------------------------------|-----------------------------|--|-----------------------------|
| 1. _____ | _____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. _____ | _____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. _____ | _____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. All Other Subcontractors/co-packers _____ | _____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

- b. What percentage of your subcontractors and/or co-packers do you have contracts with that provide hold harmless and indemnity provisions ensuring to your benefit in the event you are supplied contaminated / defective products? _____%

Storage

14. a. How many storage facilities do you utilize? _____ How many are separate from production sites? _____
- b. What is the maximum value of unsold product stored at any location that you utilize, at any one time? _____
- c. What is the maximum value of sold (but unshipped) product stored at any location that you utilize, at any one time? _____

Process Control and Traceability

15. a. What percentage of your products can you identify by the following?

| | | |
|----------------------|---------------|---------------|
| Product Name _____ % | Day _____ % | Hour _____ % |
| Batch _____ % | Shift _____ % | Other _____ % |

- b. Are separate production lines dedicated to different product types?..... Yes No

- c. How often do you do the following?":
 Clean product lines _____
 Break down production lines _____
 Maintain product lines _____

16. a. To what level can you trace your product handled, manufactured or produced once they have left your care, custody and control? Describe. _____

 b. Do all your products, including packaging and labeling, comply with all regulatory and legal requirements in the country(ies) where sold? Yes No
 c. Are records kept of all shipments? Yes No If Yes, for how long? _____
 17. a. Please detail how products are packed:
 Canned Vacuum-packed Quality seals Cellophane
 Cardboard Glass Paper Other (please specify) _____
 b. Do you use third party packers and labelers? Yes No
 c. If so, what percentage do you maintain rights of recourse against? _____%

Regulatory Compliance

18. Have you, your premises, products or processes been the subject of recommendations or complaints made by any regulatory body, internal or third party audit over the past year? Yes No
 If yes, please provide details: _____

Product Security

19. a. Is there a centralized corporation system for handling customers' product complaints? Yes No
 b. Has the applicant or its products ever been the target of politically, racially or environmentally activated single interest groups (i.e. ethnic or religious minorities, or animal rights groups) ? Yes No
 If yes, please specify: _____
 c. Does the applicant undertake any activities either directly or indirectly which makes it a target for such groups? Yes No
 If yes, please specify: _____
 d. What percentage of the Applicant's products to be covered by this policy use tamper evident packaging? _____%
 20. a. Has there been any industrial action or plant closure or seizures over the last three years or any fines or penalties assessed against companies or employees over the last three years by any regulatory body? Yes No
 b. Have you been sued by, or are you currently being sued by, any employees in the last 3 years? Yes No
 c. Are there any current or have there been any strikes, lockouts, work stoppages or work slowdowns in the last 3 years? Yes No

Risk Management (please attach summaries of your recall / crisis plans and any other relevant documents)

21. Please advise whether you have any of the following:
 Crisis Management Plan Yes No
 Recall Plan Yes No
 Public Relations Plan Yes No
 Quality Control Guidelines Yes No

When did you last test the Recall Plan?

Please note that, depending on the level of coverage bought, consultants from Underwriters' crisis managers, Specialty Risk Management, Inc., can be made available to provide specific consultative work for you regarding your crisis preparedness.

Loss History

22. a. In the last 10 years have you had a market withdrawal, stock recovery, recalled any products or been responsible for the costs incurred by any third party arising from the withdrawal or recall of any products (regardless of any subrogation)? Yes No
 If yes, please complete a *Recall Crisis Recovery Claims Supplement Form*, as attached.
 b. What product liability insurance limits do you have? _____
 Excess / Deductible? _____
 c. Please describe any product liability incident, loss or settlement over the last 5 years greater than \$100,000 or currency equivalent? _____

 d. Does the Applicant, or any of its management or supervisory personnel have any knowledge of any current situation, fact or circumstance which might lead to a contamination of any of your products that could result in a recall of those products? Yes No

If yes, please give full details: _____

Additional Information

23. Provide information about similar or comparable Insurance carried during the past year. *If no current coverage is in force, check the box*

Carrier: _____ Coverage: \$ _____ / \$ _____ Ded/SIR: \$ _____
Premium: \$ _____ Policy Period: _____ to _____ Number of Insured Locations: _____

24. What limits and deductible are requested? Limit: _____ Deductible: _____

NOTICE

The Applicant represents to the best of its knowledge and belief that the statements set forth are true and include all material information, and that there has been no attempt at suppression or misstatement of any material facts known, or which should be known, which might affect the judgment of Underwriters in their rating and/or acceptance of this risk.

The Applicant agrees that if a contract of insurance is provided by Underwriters, this Application and any other previous Applications, along with any additional supplemental applications, any attachments and supplied information shall be the basis for the formation of such contract and shall be a material and integral part of the Policy, whether or not they are attached to the Policy and/or signed by the Applicant.

Any representations made in the application process for any Policy that may be issued by Underwriters, and the statements made within this Application and any additional supplemental applications shall be construed as representations of the Applicant.

The Applicant represents that the person signing and initializing this Application and any additional supplemental applications has been authorized to do so by the Applicant.

Signing of this Application and any additional supplemental applications does not bind the Insurer to an offer nor the Applicant to accept insurance.

The Applicant further agrees that if the information supplied on this Application, any additional supplemental applications, any attachments and supplied information changes between the date of this Application and the inception date of the Policy, the Applicant will immediately notify Underwriters of such change prior to inception of the Policy. _____ (Initials)

Applicant further understands and agrees that no person or entity other than Underwriters has the right to waive or change any part of the Policy. Furthermore, notice to any agent or knowledge possessed by any agent or other persons acting on behalf of the Applicant shall not effect a waiver or a change in any part of the Policy nor estop Underwriters from asserting any right under the terms of the Policy.

By signing this Application, and any additional supplemental applications, the Applicant confirms that they have been provided with and inspected a specimen of the Recall Crisis Recovery PLUS Insurance wording and any applicable endorsements. Underwriters expect that the Applicant will take time to review the Policy to ensure that they fully understand the coverages provided. The Applicant should feel free to consult with any source, including legal advisors, regarding coverage.

CRISIS MANAGEMENT/RISK MANAGEMENT: The proposed Policy is designed for risks that agree to use the Underwriters' Appointed Crisis Consultants as defined in the Policy declarations. The Applicant agrees to immediately contact the designated 24-hour Appointed Crisis Consultants services as defined in the declarations in the event of any actual or suspect recall event.

CANADIAN NOTICE

- All indications are stated in U.S. dollars.
- Premium indicated and bound will be the amount to be paid in US Dollars no later than 30 days from the effective date insurance.
- Any claims payments will be in U.S. dollars
- By signing this application, the undersigned confirms that the present document, and any other document(s) or correspondence pertaining to the present insurance or application for insurance is accepted in the English language.

In addition to all other terms and conditions: Applicable in Kentucky. Any person who knowingly and with intent to defraud any insurance company or other person files an Application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Applicant's authorized signature of a Principal, Partner or Officer

Date

Printed Name of Applicant's authorized signature of a Principal, Partner or Officer



RECALL CRISIS RECOVERY® PLUS (RCR® PLUS) FOOD & BEVERAGE SUPPLEMENTAL APPLICATION

Product Contamination Insurance

PROFESSIONAL LIABILITY INSURANCE SERVICES®, INC.
UNDERWRITING FACILITY - SINCE 1983

P: 800.761.7547 | F: 512.327.5834 | E: UNDERWRITING@PLISINC.COM | W: WWW.PLISINC.COM

1. Please advise where your products are/or contain the following: (R = Raw, C = Cooked, F = Frozen, O = Other)

| | R | C | F | O | | R | C | F | O |
|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Beef | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Soups/Sauces/Dressings/Dips | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pork | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Baby Foods | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Poultry | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Dry Cereal | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Seafood | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Alcohol | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dairy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Soft Drinks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Bakery | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Tea/Coffee | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Eggs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Juice | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fruits and Vegetables | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Flavored or other waters | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Candy/Desserts/Ice cream | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Dried Spices | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Snack Foods/Chips/Crackers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Powdered Mixes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | Other _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

2. **ALLERGENS:** Do any of your products contain the following?

| | Y | N | | Y | N | | Y | N |
|----------|--------------------------|--------------------------|-----------|--------------------------|--------------------------|-----------|--------------------------|--------------------------|
| Peanuts | <input type="checkbox"/> | <input type="checkbox"/> | Fish | <input type="checkbox"/> | <input type="checkbox"/> | Eggs | <input type="checkbox"/> | <input type="checkbox"/> |
| Soybeans | <input type="checkbox"/> | <input type="checkbox"/> | Crustacea | <input type="checkbox"/> | <input type="checkbox"/> | Wheat | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | Milk | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | Tree Nuts | <input type="checkbox"/> | <input type="checkbox"/> |

If so, are they clearly labeled to contain such? Yes No Uncertain

3. **PROCESSES:** Are any of your products or their ingredients:

| | Y | N | | Y | N | | Y | N |
|----------------------|--------------------------|--------------------------|------------------------------------|--------------------------|--------------------------|------------|--------------------------|--------------------------|
| Bioengineered | <input type="checkbox"/> | <input type="checkbox"/> | Hormone Treated | <input type="checkbox"/> | <input type="checkbox"/> | Irradiated | <input type="checkbox"/> | <input type="checkbox"/> |
| Genetically Modified | <input type="checkbox"/> | <input type="checkbox"/> | Enhanced with Nutritional Boosters | <input type="checkbox"/> | <input type="checkbox"/> | | | |

If so, please give details: _____

4. Please describe the nature of your product distribution, indicating all destinations to where your products are sent:

| | | | |
|--|---------------------------------|---------------------------------------|----------------------------------|
| _____ % Convenience Stores | _____ % Grocery Stores | _____ % Distributors/Marketers | _____ % Retail Stores/Kiosks |
| _____ % Mail Order/Catalog | _____ % Restaurants | _____ % Institutions – Schools | _____ % Institutions - Hospitals |
| _____ % Institutions – Nursing Homes | _____ % Institutions – Prisons | _____ % Military | |
| _____ % Retail Foodservice Distributor | _____ % Residential Distributor | _____ % Other (please attach details) | |

5. What percentage of your products can you identify by the following?

| | | |
|-----------------------|----------------------|---------------|
| Product Name _____ % | Day _____ % | Hour _____ % |
| Batch _____ % | Shift _____ % | Other _____ % |
| Field or Farm _____ % | Harvest Date _____ % | |

a. Do you use HACCP or equivalent or have a similar process control in place and fully functional? Yes No

b. Please list products you produce that are not governed by HACCP, BRC or equivalent requirements: _____

c. Do you have any SSOPS (Sanitation Standard Operating Procedures) or GMP's (Good Manufacturing Practices) that serve as critical process control points in your operation, including testing programs?.....Yes No

d. Describe your procedures for surface testing for pathogens: _____

Frequency: _____

For: Listeria E. coli Salmonella Other: _____

6 a. Do you have a testing program at critical control points on the following?

Incoming material including packaging and labels? Yes No

Manufacturing / processing? Yes No

End product including packaging and labels?..... Yes No

b. What methods are used during processing? X-Ray Micro-biological testing Metal Detector Visual Other (provide details)

c. Do you use internal laboratory testing or do you use external companies?.....Internal External

If External, please provide details: _____

d. Are results reviewed before or after product shipment?.....Before After

NOTICE

The Applicant represents to the best of its knowledge and belief that the statements set forth are true and include all material information, and that there has been no attempt at suppression or misstatement of any material facts known, or which should be known, which might affect the judgment of Underwriters in its rating and/or acceptance of this risk.

In addition to all other terms and conditions: Applicable in Kentucky. Any person who knowingly and with intent to defraud any insurance company or other person files an Application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Applicant's authorized signature of a Principal, Partner or Officer

Date

Printed Name of Applicant's authorized signature of a Principal, Partner or Officer