

UNDERWRITERS AT LLOYD'S, LONDON

by

PROFESSIONAL INDEMNITY AGENCY, INC.

**MALICIOUS PRODUCT TAMPERING/ACCIDENTAL PRODUCT CONTAMINATION
APPLICATION FORM**

1. Name of Applicant: _____

2. Address of Applicant: _____

3. Description of Operations: _____

4. Products To Be Covered:

	NAME	DESCRIPTION	ANNUAL SALES	PRETAX PROFIT
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

5. Geographic Sales of Products:

United States _____% Canada _____% Europe _____% Australia _____%
Far East _____% Africa _____% South America _____% Central America _____%

6. Number of Manufacturing/Processing Locations (By Country): _____

7. Numbers of Employees (By Country): _____

8. What is the daily output (expressed in pounds) for each plant? Attach additional pages if necessary.

Location _____ pounds/day _____ Location _____ pounds/day _____
Location _____ pounds/day _____ Location _____ pounds/day _____

9. Do you have a written, in-force Quality Assurance Plan? Yes ___ No ___
Does it incorporate HACCP procedures for all products? Yes ___ No ___

10. What was date of last FDA or other Governmental Food Safety Organization inspection? _____

11. Who is responsible for overseeing and implementing Q.A. procedures? _____

12. Is product testing utilized? Yes ___ No ___

a. Please describe the testing procedures utilized by your company (e.g. microbiological, x-ray, metal detectors, steam/heat pasteurization, irradiation etc.): _____

b. At what point in the manufacturing process is testing performed (in line, end product, etc.): _____

- c. Does testing occur at critical control points? Yes___ No___ Please explain: _____

- d. Do you have an in-house testing laboratory? Yes___ No___
- e. If not, do you retain an outside testing laboratory? ___If so, please state which, where and whether 24-hour.

Do you test incoming raw materials? Yes___ No___ Please give details: _____

How long does it take for lab results to be completed and their results transmitted to you? _____
And how are those results transmitted (e-mail, fax, mail)? _____

- 13. Is a batch coding system utilized? Yes___ No___ If Yes, Please provide details (recorded by location, date, shift, etc.): _____

- 14. Do any of your products include any genetically modified products or ingredients? Yes___ No___ If yes, please provide complete details: _____
- 15. Do you use "clean rooms" for finished product operations? Yes___ No___
- 16. Do you require certificates of Products Liability Insurance from your suppliers? Yes___ No___
Do you require that your firm be named as an Additional Insured on those policies? Yes___ No___
In the contracts in force between you and your suppliers, are there any Hold Harmless Agreements (in your favor) or any indemnity provisions (in your favor) addressing situations where your suppliers supply you with contaminated products? Yes___ No___
- 17. Have you experienced any strikes, riots, work stoppages or plant closings in the last 12 months?
Yes___ No___
- 18. Have you had any reports of unfair dismissal, wage disputes or health hazards? Yes___ No___
- 19. Have you ever been a target of political, racial or environmental groups? Yes___ No___
- 20. Do you use animal testing in product research? Yes___ No___
- 21. Please attach a copy of most recent Annual Report or financial statement and most recent Crisis Management Recall Plan.
- 22. Please attach details of any past Product Tampering, Accidental Product Contamination or Product Extortion incidents.
- 23. After inquiry does the applicant, its directors or officers or any other known person have knowledge or information of any current situation or circumstance which might lead to a claim under the proposed insurance? _____
- 24. Limit of Liability Requested: _____

THE UNDERSIGNED AUTHORIZED CORPORATE OFFICER OF THE APPLICANT DECLARES TO THE BEST OF THEIR KNOWLEDGE THE STATEMENTS SET FORTH HEREIN ARE TRUE AND NO INFORMATION HAS BEEN WITHHELD.

Signed: _____
Title: _____
Date: _____