



Eydent International Insurance Brokers, LLC
 APPLICATION FOR CONTAMINATED PRODUCTS INSURANCE ,
 CONTAMINATED PRODUCTS RESPONSE

1. NAME AND ADDRESS OF APPLICANT			
Applicant and all subsidiary companies to be insured under this policy (attach additional pages as required):			
1.	3.		
2.	4.		
Mailing Address:			
2. COVERAGE OPTIONS			
Policy Form Requested:	CONTAMINATED PRODUCTS INSURANCE <input type="checkbox"/>	CONTAMINATED PRODUCTS RESPONSE <input type="checkbox"/>	MALICIOUS PRODUCT TAMPERING ONLY <input type="checkbox"/>
Endorsement Options: Adverse Publicity <input type="checkbox"/> Distribution <input type="checkbox"/> Third Party Recall <input type="checkbox"/>			
3. LIMITS OF LIABILITY (LOL) OPTIONS			
Limit Options			Deductible
Accidental Contamination contamination/aggregate	\$ _____ per accidental	Malicious Product Tampering tampering/aggregate	Accidental \$ _____
			Malicious \$ _____
			Extortion \$ _____
			Combined \$ _____ (available only with the CSL LOL option)
Product Extortion	\$ _____ per product extortion/aggregate		
Combined Single LOL	\$ _____ per Insured Event/aggregate		
4. DESCRIPTION OF OPERATIONS:			
Total Annual Sales:	Manufacturer <input type="checkbox"/> Distributor <input type="checkbox"/> Wholesale <input type="checkbox"/> Retail <input type="checkbox"/> Other (describe): _____	Business description:	
Largest brand / product sales:			
Total Annual Sales for last 3 Years:	Prior Year: _____	Current Year: _____	Sales for Policy term requested (projected): _____
Geographic Distribution	Manufacture (as % of total sales)	Sales (as % of total sales)	
United States			
United Kingdom			
Europe			
Australia/New Zealand			
Other (List)			

Distribution of Sales	% of Annual Sales	Nature of Business <small>(Retail; Wholesale; Manufacturer; Raw Material Supplier; Restaurant; Other-explain)</small>	
Food:			
Beverage:			
Pharmaceutical:			
Cosmetic:			
Tobacco:			
5. PRODUCT INFORMATION (ATTACH ADDITIONAL PAGES AS NECESSARY)			
Product Types/Major Brands	% of total Sales	# of Years Sold	
Production by Plant – daily output (specify units – pounds, bottles, cases, etc.) and daily revenue equivalent (\$)			
Total # of Plants/Facilities _____ If more than 3 plants, please attach a schedule with the following information:			
Plant: _____	Daily Output: _____	Revenue: \$	Production Lines:
Plant: _____	Daily Output: _____		
Maximum values of raw or finished goods stored at any one location: \$ _____			
Does applicant import raw or finished products?			
<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please attach a schedule of products/countries of origin)			
6. QUALITY ASSURANCE			
Do you have a fully implemented Quality Management System? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does your Quality Management System:			
Use HACCP for all Products? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date HACCP last reviewed:	
How is the Quality Management System Monitored? Reports at Management Meetings <input type="checkbox"/> Internal audit program <input type="checkbox"/> Consultant / Third party audit <input type="checkbox"/>		Name of Consultant firm: Date of last visit: Recommendations <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please attach an outline of your Quality Management System, and your HACCP summary page.			
What % of your product(s) are manufactured by outside vendors? _____ %			
Processes is in place to assess the ability of your suppliers to meet your product specifications:			
Written application / Questionnaire <input type="checkbox"/>		Reference / legal review and checks <input type="checkbox"/>	
Qualifying audit(s) by QMS staff or third party <input type="checkbox"/>		Periodic third party review or audit <input type="checkbox"/>	
Incoming product sampling <input type="checkbox"/>		Review of gov't or consultant inspection reports <input type="checkbox"/>	
Certificate of analysis <input type="checkbox"/>		Liability / recall insurance certificates required <input type="checkbox"/>	
Are suppliers required to use HACCP? <input type="checkbox"/> Yes <input type="checkbox"/> No		% of your product(s) that become an ingredient or component part of another product _____ %	
Contact to discuss Quality Management System and customer complaint monitoring systems:			
Name: _____		Title: _____	Phone: _____
7. REGULATORY COMPLIANCE			
What was the last date of a governmental agency inspection?			
FDA: _____	USDA: _____	State: _____	Local: _____
Please attach copy of FDA 483 report or similar report.			

8. PACKAGING/LABELING

Is there a review process for labels? Yes No

Who reviews labels? Technical Legal Other:

How often are labels reviewed? _____ Bar code label checks during processing?
Yes No

Is tamper-evident or tamper-resistant packaging used? Please check all that apply:
 blister packs shrink wrapping vacuum seals

Packaging Description:

9. PRODUCT TESTING

Do you test raw materials? Yes No Methods used:
 Micro-biological testing Chemical testing x-ray Metal detection Other - describe:

Is there an incoming quarantine process? Yes No
A hold period before shipping? Yes No

At what point in the manufacturing process is testing performed? In-line end-product other

Describe your testing laboratory relationship: in-house lab external lab
name _____ Use any rapid-tests? No Yes- rapid tests used:

Have you agreed to indemnify or hold harmless any suppliers of components of raw materials or any other party? Yes No (If yes, please provide details on separate sheet of paper)

10. SECURITY RELATED PRODUCT TAMPERING/EXTORTION

Does the applicant meet the most recent food security guidelines issued by FDA and USDA? Yes
No Has a process security audit been conducted? Yes No

Has the applicant had strikes/riots/work stoppages/plant closings in the past 3 years? Yes No (If
yes, describe below)

Has the applicant been the subject of or been threatened with a wrongful termination lawsuit? Yes
No (if yes, please describe or attach details)

Has the applicant ever been the target of political, racial, environmental, extremist or special interest
groups? Yes No (if yes, please describe)

Does the applicant use or pay for animal testing of products, import/export with volatile countries (e.g.,
Israel, South Africa) or undertake other activities, which might make it a target of extremist or special
interest groups? Yes No (if yes, please describe)

**Signature of Duly
Authorized
Representative :**

**Name and Title of
Duly Authorized
Representative :**

Place and Date:

Producer:

License Number:

Address:
