



ACE Recall PlusSM

Consumable Products
Application Form



Please answer the following questions to provide ACE with the information necessary to properly evaluate your product recall insurance. This information is not only vital for evaluating your exposure; it will also provide ACE with an accurate profile of your company so that we can be an informed partner in this program:

- All questions must be answered completely – if you need more space please continue on a separate sheet of paper and indicate question number.
- Please provide a copy of the following Documents (if applicable):
 - Recall Plan
 - HACCP Plan
 - Quality Control / Assurance Plan, including SSOPs and GMPs
 - Six Sigma Protocols
 - Lean Manufacturing Protocols
 - Corrective Action Protocols
 - Crisis Management Plan
 - Financial Statement
- This application must be signed and dated by an officer of the company

APPLICANT'S DETAILS

1. Name and Address of Applicant: _____
(please attach list of subsidiaries, if applicable under this policy)

Street Address

City State ZIP Code

2. Main Contact Name: _____ Main Contact Phone: _____

3. Website: _____ E-mail: _____

4. Date first established: _____

5. Prior Experience in this business under any other name: Yes No

If yes, please provide name of business: _____

6. Type of Operations: Manufacturer Co-packer Packaging Bottler Importer
 Wholesaler Retailer Distributor Supplier of Ingredients Other _____

7. Type of Products: Nuts / Snacks Vegetables Fruits Dairy Meat/Poultry Fish /
Seafood Bakery Beverage Soup Sauces Other _____

8. Total Number of Plants/Facilities:
Home Country = _____ Elsewhere = _____

9. Total Number of Employees:
Home Country = _____ Elsewhere = _____



SALES INFORMATION

10. Please list the sales figures for the upcoming year, the current year, and the prior 3 years and indicate the approximate percentage of sales per country:

Year	Total Sales	USA (%)	Canada (%)	Europe (%)	Other (%)
	\$	%	%	%	%
	\$	%	%	%	%
	\$	%	%	%	%
	\$	%	%	%	%
	\$	%	%	%	%

11. Please complete the following information for the top 3 plants / facilities:

	Address	Total Sales	Products	Production Lines	Daily output in \$
Plant I		\$			\$
Plant II		\$			\$
Plant III		\$			\$

12. Please comment on any spare production line or capacity as it relates to the top 3 plants / facilities listed above:

13. Please complete the following information for the top 3 products or if coverage is contract specific, please list products to which this insurance is to apply:

	Product Name/ Type	Total Sales	Average batch size in \$	Largest batch size in \$	Daily output in \$
Product I		\$	\$	\$	\$
Product II		\$	\$	\$	\$
Product III		\$	\$	\$	\$

14. Is coverage Contract or Product Specific? Yes No
 (If yes, please provide a copy of the contract)



PRODUCT INFORMATION

15. Please list your top 5 customers by percentage of sales. Please classify the customer (wholesale, retail, manufacturing, broker or other):

Customer	% of Applicants Sales	Type of Customer
	%	
	%	
	%	
	%	
	%	

16. Please list the estimated total sales (in percentage) by:

Wholesale	Retail	Manufacturing	Broker	Other
%	%	%	%	%

17. Please provide percentage of branded (product manufactured for others with their name), non-branded (products with no name) and/or own label products (with applicants name or brand):

Branded	Non-Branded	Own Label
%	%	%

18. What percentage of your products are manufactured by outside vendors? _____%

19. What percentage of your products become a component part / ingredient? _____%

20. Please advise how products are packed (e.g. canned, quality seals, vacuum packed, glass, cellophane, paper, cardboard, other (please specify) and whether packing is done in house or by 3rd party.

Product	Type of Packaging	In-House or 3 rd Party

21. What is the average shelf life of your products (as a percentage of total sales)?
 Less than a week: _____% One week to one month: _____%
 One month to six months: _____% More than six months: _____%

22. Please indicate whether any of your products contain allergens, genetically modified ingredients or any nutritional boosters and whether your labeling specifies these ingredients:

23. Please indicate any new products that have commenced production or have entered the public stream of commerce within the last 12 months:



SUPPLIER INFORMATION

24. Please indicate the estimated number of suppliers: _____
25. Please indicate the average length of contractual relationship with key suppliers: _____
26. Please indicate how many of your suppliers are domestic and how many are foreign:
Domestic = _____ Foreign = _____

27. Please complete in respect of your top 5 suppliers and then all other, per below:

Suppliers Name	Domestic or Foreign	Product(s)	% ingredient of product?
			%
			%
			%
			%
			%

28. Do you have a process change protocol in place with all of your suppliers?
(if yes, please provide a copy) Yes No
29. Do you have a Vendor Approval Program in place?
(if yes, please provide a copy) Yes No
30. Do you audit your third party suppliers?
(if yes, please provide copies of last audits for top 5 suppliers) Yes No
31. Do you have contracts in place with all of your suppliers?
(if yes, please provide a sample copy) Yes No
32. Do you have rights of subrogation against all your suppliers?
(please provide sample copy of contract with suppliers) Yes No
33. Do you require your suppliers to carry Product Recall Insurance?
If yes, what limits are they required to purchase? \$ _____
What coverage are they required to purchase? _____
34. Do you require your suppliers to carry Product Liability Insurance?
If yes, what limits are they required to buy? \$ _____
35. Do you require them to add your company as additional insured? Yes No
36. What percentage of your foreign suppliers and/or manufacturers:

	Suppliers %	Manufacturers %	If yes,
a) Carry U.S. Products Liability Coverage	%	%	Limits: \$
b) Have Vendors Liability Insurance coverage?	%	%	Limits: \$
c) Operate a U.S domiciled location	%	%	Location:



QUALITY CONTROL & TESTING

37. Do you have a Quality Assurance Plan in place (if yes, please provide copy)? Yes No
38. Do you have a HACCP (Hazard Analysis Critical Control Point) Plan in place? (if yes, please provide copy) Yes No
39. Do you have any SSOPs (Sanitation Standard Operating Procedures) or GMP's (Good Manufacturing Practices) in place? (please provide copy) Yes No
40. Do you have the following Quality Control practices in place? (if yes, please provide copy)
- a. Six Sigma protocols? Yes No
 - b. Lean manufacturing? Yes No
 - c. Preventative maintenance? Yes No
 - d. Predictive maintenance? Yes No
 - e. Hold period before shipping? Yes No
 - f. "Positive release" procedure? Yes No
 - g. Incoming quarantine process? Yes No
 - h. First In – First Out protocol? Yes No
41. Is there a Quality Assurance Department? Yes No
42. Do you have a testing program at critical control points on the following:
- i. Incoming material (incl. packaging and labels) Yes No
 - ii. Manufacturing / Processing Yes No
 - iii. End product (incl. packaging and labels) Yes No
43. Do you have procedures for new product validation? Yes No
44. What testing methods are used?
- Microbiological X-Ray Visual Metal Detectors Physical
 - Chemical Magnets
45. Are separate production lines dedicated to different product types? Yes No
46. Do you have an extended run status in any of your production facilities? Yes No
47. How often do you:
- b. Clean production lines? _____
 - c. Break down lines? _____
 - d. Maintain product lines? _____
48. Do you clean between lots or on a scheduled basis? Between Lots Scheduled
49. Do you use internal and/or external testing laboratory? Internal External
50. Are labels inspected? Yes No
- If yes, by whom: _____
51. Do warning labels meet applicable industry standards? Yes No
52. Are Food Safety Audits performed by an accredited third party? Yes No
53. Do all of your products, as insured under this policy, comply with all US/Europe food regulations and/or local law in the country where sold? Yes No



PRODUCT SECURITY

54. Do you collect and monitor customer complains? Yes No

55. Has the company ever been a direct target of political, racial, environmental, or other extremist or special interest groups? Yes No

If yes, please provide details: _____

56. Does the company import/export with volatile countries or undertake activities which might make it a target of extremist or special interest groups? Yes No

If yes, please provide details: _____

57. Does the company use or pay for animal testing of products? Yes No

58. Has the company experienced any strikes, riots, work stoppages and/or plant closings in the last 3 years? Yes No

59. Has the company been sued, or is currently being sued by, any employees in the last 3 years? Yes No

RECALL PREPAREDNESS & TRACEABILITY

60. Does the company have a Recall Plan in place? (if yes, please provide copy) Yes No

61. Does your company have electronic issue identification and escalation protocol in place? Yes No

62. Does the company have a Crisis Management Plan in place? (if yes, please provide copy) Yes No

63. Does the company have a batch coding system utilized? Yes No

64. What percentage of your products can the company identify by the following:

Product Name:	%	Day:	%	Hour:	%
Batch:	%	Shift:	%	Other:	%

65. Is your traceability process electronic? Yes No

66. To what level can the company trace their products handled, manufactured or produced once they have left their care, custody and control?
 Please provide details: _____

67. Are records kept of all shipments? Yes No
 If yes, for how long: _____

68. Who can initiate a product recall? _____

69. What is your estimate likely cost of recall? _____



LOSS INFORMATION

70. 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 10 years? Yes No

If yes, please provide details: _____

71. In the last 10 years have you withdrawn or recalled any products or have you 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 claims supplemental form.

72. Does the company know of any actual, threatened or suspected product tampering involving any of the company's products during the past 10 years? Yes No

If yes, please provide details: _____

73. Does the company, its directors and officers have any knowledge of any current situation, fact or circumstances which might lead to a claim under this policy? Yes No

If yes, please provide details: _____

74. Do you maintain Product Liability Insurance? Yes No

If yes, what are the limits and deductibles / SIR? _____

75. Do you maintain E&O Insurance? Yes No

If yes, what are the limits and deductibles / SIR? _____

Please continue on the next page



LIMITS & SELF INSURED RETENTION

Limits of Insurance Requested:	Accidental Contamination	= \$ _____
	Malicious Tampering	= \$ _____
Self-Insured Retention Requested:	Accidental Contamination	= \$ _____
	Malicious Tampering	= \$ _____

COVERAGE

Base coverage under this policy includes Recall Costs (incl. third party recall costs) and Consultant Costs.

Please indicate what additional elements of Loss you would like to have covered:

- Loss of Profit
- Rehabilitation Expenses 25% 50% 75% 100%
- Extra Expense
- Replacement Costs
- Extortion Costs
- Customer Loss of Profit
- Customer Rehabilitation Expense
- Customer Extra Expense
- Defense Costs
- Governmental Recall
- Adverse Publicity
- 15 Month Claim Period
- 18 Month Claim Period
- Long Term Agreement

DECLARATIONS

I declare that the statements and particulars in this application are true and that no material facts have been misstated or suppressed after enquiry. I agree that this application, together with any other information supplied shall form the basis of any contract of insurance effected thereon. I undertake to inform the Insurers of any material alteration to those facts occurring before completion of the contract of insurance. A material fact is one which would influence the acceptance or assessment of the risk.

I certify that I have read and understand the applicable fraud warning set forth below:

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM 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 AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, MA, MD, NE, OH, OK, OR, VT or WA- see Additional Fraud Notices attached hereto for these States). INSURANCE BENEFITS MAY ALSO BE DENIED.

Signature: _____ Date: _____

Position: _____



FRAUD WARNING STATEMENTS

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO ARKANSAS, LOUISIANA AND WEST VIRGINIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO KENTUCKY APPLICANTS: 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.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO OREGON APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or another person, files an application for insurance or statement of claim containing any materially false information, or conceals information for the purpose of misleading, commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 and subjects such person to criminal and civil penalties.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO ALL OTHER APPLICANTS:

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO FRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON, FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS INFORMATION FOR THE PURPOSE OF MISLEADING, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.