



This is not a full application and should be used for non-binding indication. In order to obtain binding terms a satisfactory full application form must be completed.

- 1 a. Applicant Name (including any subsidiaries if applicable) \_\_\_\_\_  
 Applicant Full Address (including City, State, Zip) \_\_\_\_\_  
 \_\_\_\_\_
- 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). Please attach your latest Financial Statement and Annual Report. Gross Margin \_\_\_\_\_  
 Next 12 Mos (projected) \_\_\_\_\_ Current 12 Mos \_\_\_\_\_ Previous 12 Mos \_\_\_\_\_

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. 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	

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

Product Category	Average		Largest Batch Size		Daily Output	
	Units	Sales Value	Units	Sales Value	No. Batches	Sales Value

- b. What percentage of your products becomes a component of third party products? \_\_\_\_\_
- c. Please state the shelf life of products: Average: \_\_\_\_\_ Longest: \_\_\_\_\_
10. 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? \_\_\_\_\_
11. Do you use HACCP or equivalent or have a similar process control in place and fully functional? ..... Yes c No c
12. a. Do you have a testing program at critical control points on the following?  
 Incoming material including packaging and labels? ..... Yes c No c  
 Manufacturing / processing? ..... Yes c No c  
 End product including packaging and labels? ..... Yes c No c  
 b. Are results reviewed before or after product shipment? ..... Before c After c
13. a. Is there a centralized corporation system for handling customers' product complaints? ..... Yes c No c  
 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 c No c  
 If yes, please specify: \_\_\_\_\_
14. Have you been sued by, or are you currently being sued by, any employees in the last 3 years? ..... Yes c No c
15. 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, stock recovery or recall of any products (regardless of any subrogation)? ..... Yes c No c  
 If yes, please complete a *Recall Crisis Recovery Claims Supplement Form*, as attached.  
 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 c No c