



**CRUM & FORSTER<sup>®</sup>**  
A FAIRFAX COMPANY

**Product Recall Insurance**  
Application Form  
for  
**Consumable Products**

email [productrecall@cfins.com](mailto:productrecall@cfins.com) to submit

[www.cfins.com](http://www.cfins.com)



## Application Form for Consumable Products

Please answer the following questions to provide Crum and Forster Specialty Insurance Company 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 C&F 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 your Financial Statement, Recall Plan, HACCP Plan, Quality Control / Assurance Plan, SSOPs, GMPs, Food Defense Plan and Crisis Management Plan
- This application must be signed and dated by an officer of the company

### I. APPLICANT'S DETAILS

1.1 Name and Address of Applicant: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(please attach list of subsidiaries, including a summary of operations and percentage of common ownership)

1.2 Main Contact Name: \_\_\_\_\_

Main Contact Phone: \_\_\_\_\_

Main Contact Email: \_\_\_\_\_

1.3 Website: \_\_\_\_\_

1.4 Date first established: \_\_\_\_\_

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

If yes, please provide name of business: \_\_\_\_\_

1.6 Type of Operations:  Manufacturer  Co-packer  Packaging  Bottler  
 Importer  Wholesaler  Retailer  Distributor  
 Supplier of Ingredients  Other \_\_\_\_\_

1.7 Type of Products:  Nuts / Snacks  Vegetables  Fruits  Dairy  
 Meat / Poultry  Fish / Seafood  Bakery  Beverage  
 Soup / Sauces  Other \_\_\_\_\_

1.8 Total Number of Owned or Controlled Plants/Facilities:  
Home Country = \_\_\_\_\_ Elsewhere = \_\_\_\_\_

1.9 Total Number of Employees:  
Home Country = \_\_\_\_\_ Elsewhere = \_\_\_\_\_

## 2. SALES INFORMATION

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2.1 Please list the sales figure current year, the past 3 years as well as the estimated sales for the forthcoming year and indicate the approx. percentage of sales per country:

Year	Total Sales	USA (%)	Canada (%)	Europe (%)	RoW (%)

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

	Location	Total Sales	Products	Production Lines	Daily output in \$	Percentage of Capacity
Plant I						
Plant II						
Plant III						

2.3 Please comment on any spare production line or capacity as it relates to 2.2 above:

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2.4 Please complete the following information for the top 5 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					
Product IV					
Product V					

### 3. PRODUCT INFORMATION

3.1. 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

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

Wholesale	Retail	Manufacturing	Broker	Other
%	%	%	%	%

3.3. 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):

Private Label	Non-Branded	Own Label
%	%	%

3.4. Please provide percentage of total products that are:

Shelf Stable	Frozen	Refrigerated
%	%	%

3.5. What percentage of your products are manufactured by outside vendors? \_\_\_\_\_%

3.6. What percentage of your products become a component part / ingredient of a finished product? \_\_\_\_\_%

3.7. Do any products make claims such as dairy free, non GMO, gluten free, etc.?  
 Yes  No

3.8. 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 3<sup>rd</sup> party.

Product	Type of Packaging	In-House or 3 <sup>rd</sup> Party
%	%	%

3.9. Are any products produced with a pH less than 4 or 4.2?  Yes  No

3.10. 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:	

3.11. Describe the manufacturing process (e.g. cook and hot fill; cook, cool and assemble; assembly only; retort canning; aseptic processing; etc).

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

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

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#### 4. SUPPLIER AND COPACKER INFORMATION

4.1. Please indicate the estimated number of co-packers or suppliers: \_\_\_\_\_

4.2. Please indicate how many of your suppliers are domestic and how many are foreign:

Domestic = \_\_\_\_\_ Foreign = \_\_\_\_\_

4.3. Do you import raw or finished products?  Yes  No

Europe	Asia	South America	Africa	ROW
%	%	%	%	%

4.4. Please complete in respect of your top 5 co-packers or suppliers and then all other, per below:

Co-packers or Suppliers Name	Domestic or Foreign	Product(s)
Other		

4.5. Please indicate the average length of contractual relationship with key co-packers or suppliers: \_\_\_\_\_

4.6. Do you have a process change protocol in place with all of your co-packers or suppliers?  Yes  No

4.7. Do you have a Vendor Approval Program in place?  Yes  No  
(if yes, please provide a copy)

4.8. Do you audit your third party co-packers or suppliers?  Yes  No

4.1. Do you have rights of subrogation against all suppliers and co-packers?  Yes  No  
Please describe:

\_\_\_\_\_

(please provide sample copy of contract with suppliers)

If yes, are there limitation to your right to subrogate:  Yes  No

To what limit (\$) ? \_\_\_\_\_

4.9. Are Certificates of Analysis required for all incoming materials?  Yes  No

4.10. Are copies of third party Food Safety and GMP systems Audit on file for each co-packers or suppliers of ingredients, processing aids and primary food packaging?  Yes  No

4.11. Are copies third party Good Agricultural Practices Audit kept on file for each high risk produce co-packers or suppliers? (Inclusive of grower, harvest and post-harvest operations (e.g. cooling, packing house facilities)?  Yes  No

4.12. Do you require your suppliers to carry Product Recall Insurance?  Yes  No

If yes, what limits are they required to purchase? \_\_\_\_\_

What coverage are they required to purchase? \_\_\_\_\_

4.13. Do you require your suppliers to carry Product Liability Insurance?  Yes  No

If yes, what limits are they required to buy? \_\_\_\_\_

Are you requiring to be added to their policy as additional insured?  Yes  No

4.14. 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:

## 5. QUALITY CONTROL AND TESTING

If you answer the below questions on the Quality Control & Testing procedures of a contract manufacturers or suppliers rather than Quality Control & Testing procedures of your company, please note next to each answer.

5.1 Do you have a Quality Assurance Plan in place (if yes, please provide copy)?  Yes  No

5.2 Do you have a HACCP (Hazard Analysis Critical Control Point) Plan in place (if yes, please provide copy)?  Yes  No

5.3 Is your company certified under a Global Food Safety Initiative Scheme such as SQF, BRC? (If yes please provide a copy of the Certification and scope to the certification.)  Yes  No

5.4 Do you have any SSOPs (Sanitation Standard Operating Procedures) or GMP's (Good Manufacturing Practices) in place (please provide copy)  Yes  No

5.5 Is there a Quality Assurance Department  Yes  No

5.6 Is the head of the Quality Assurance Department dedicated full time for such work?  Yes  No

5.7 Please provide details of procedure(s) used to check incoming material (incl. any Quality Assurance, testing and conformance specifications):

\_\_\_\_\_

5.8 Should your company process products with more than one allergen profile, are records of cleaning validation for each piece of equipment readily available  Yes  No

5.9 Are separate production lines dedicated to different product type's (e.g. species, allergens)  Yes  No

5.10 How often do you: Clean production lines? \_\_\_\_\_

Break down lines? \_\_\_\_\_

Maintain product lines? \_\_\_\_\_

5.11 Do you clean between lots or on a scheduled basis? \_\_\_\_\_

5.12 What is the average duration between breakdown and cleaning? \_\_\_\_\_

5.13 Please state which specific testing is performed for each type of material, including the frequency:

Material	Microbiological	X-ray	Visual	Metal Detection	Physical	Chemical	Frequency
Raw Material							
Work-In-Process							
Finished Product							

5.14 Do you use internal and/or external testing laboratory?  Internal  External

5.15 Is there a hold period before shipping?  Yes  No

5.16 Is there a "positive release" procedure?  Yes  No

5.17 Is there an incoming quarantine process  Yes  No

5.18 Are labels inspected?  Yes  No

If yes, by whom: \_\_\_\_\_

5.19 Do warning labels meet applicable industry standards? Are California Proposition 65 requirements addressed through an effective programme?  Yes  No

5.20 Are Food Safety Audits performed by an accredited third party?  Yes  No

5.21 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

## 6. PRODUCT SECURITY

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

6.2. 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: \_\_\_\_\_





6.3. 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: \_\_\_\_\_

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

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

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

**7. RECALL PREPAREDNESS & TRACEABILITY**

7.1 Does your company have a Recall Plan in place (if yes, please provide copy)?  Yes  No

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

7.3 Does your company perform Recall simulation training and traceability exercises?  Yes  No

7.4 Does your company have a batch coding system utilized?  Yes  No

7.5 Is your traceability process electronic?  Yes  No

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

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

7.7 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: \_\_\_\_\_

7.8 Are records kept of all shipments?  Yes  No

If yes, for how long: \_\_\_\_\_

7.9 Who can initiate a product recall? \_\_\_\_\_

7.10 What is your estimate likely cost of recall? \_\_\_\_\_

7.11 Do you retain or have a on-going relationship with a Public Relations firm?  Yes  No

7.12 Do you retain or have a on-going relationship with a Forensic Accounting firm?  Yes  No

## 8. LOSS INFORMATION

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- 8.1. 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 five (5) years?  Yes  No

If yes, please provide details: \_\_\_\_\_

- 8.2. 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, as attached.**

- 8.3. 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

- 8.4. In the past 10 years, have any of your products been refused by a customer due to a recall of a similar product in the marketplace?  Yes  No

- 8.5. Does the company, its directors and officers have any knowledge of any current situation, fact, error or omission or circumstances which might fall within the scope of coverage or lead to a claim under this policy, including but not limited to breaches of warranty and/or fitness?  Yes  No

- 8.6. Do you maintain any Product Liability Insurance?  Yes  No

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

- 8.7. Do you maintain any E&O Insurance?  Yes  No

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

## 9. LIMITS & SELF INSURED RETENTION

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9.1. Limits of Insurance requested: Accidental Contamination = \_\_\_\_\_

Malicious Tampering = \_\_\_\_\_

9.2. Self Insured Retention Requested: Accidental Contamination = \_\_\_\_\_

Malicious Tampering = \_\_\_\_\_

## 10. COVERAGE

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10.1. Base coverage under this policy is Recall Costs (incl. third party recall costs) and Consultant Cost. The following additional endorsements are offered on this coverage form and may be available for your exposure. Copies of all forms and endorsements may be found on our website and through your broker. Please indicate what additional you would like to consider on your policy:

**First Party Endorsements:**

- Loss of Profit
  - 3 months     6 months     9 months     12 months
- Rehabilitation Expenses
  - 25%     50%
- Extra Expense
- Replacement Costs
- Extortion Costs

**Third Party Endorsements:**

- Customer Loss of Profit
  - Customer Rehabilitation Expense
  - Customer Extra Expense
  - Defense Costs
- or
- Third Party Recall Liability

**Additional Triggers:**

- Governmental Recall
- Adverse Publicity
- Product Defect

## 11. DECLARATIONS

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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 affected 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. For complete acceptance, this application must be signed by an officer of the company.

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: \_\_\_\_\_

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The Crum & Forster Enterprise, which is part of Fairfax Financial Holdings Limited, is comprised of leading and well-established property and casualty business units. The insurance companies within the Enterprise, rated A (Excellent) by A.M. Best Company, are: United States Fire Insurance Company, The North River Insurance Company, Crum and Forster Insurance Company, Crum & Forster Indemnity Company, Crum & Forster Specialty Insurance Company, Seneca Insurance Company, Inc., Seneca Specialty Insurance Company, First Mercury Insurance Company, and American Underwriters Insurance Company.

## **ADDITIONAL FRAUD NOTICES**

**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 IN THE THIRD DEGREE.

**NOTICE TO HAWAII APPLICANTS:** FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT OR BOTH.

**NOTICE TO MARYLAND APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND 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 MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT 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 FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

**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 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.



## Claims Supplemental Form for Consumable Products

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1. Name of Applicant: \_\_\_\_\_

2. Product(s) involved: \_\_\_\_\_

3. Nature of incident:     Accidental Contamination     Malicious Tampering     Extortion

4. Date and location where incident took place: \_\_\_\_\_

5. Please provide details of the incident (attach separate sheet if necessary):

\_\_\_\_\_  
\_\_\_\_\_

6. Did the incident result in a recall / withdrawal / stock recovery?                       Yes             No

7. Did the incident result in your customer(s) recalling their product?                       Yes             No

8. How many production lines were affected?                      \_\_\_\_\_

9. How many batches were affected?                      \_\_\_\_\_

10. How many production units were affected?                      \_\_\_\_\_

11. Please split out % of affected products:

Post-shipment = \_\_\_\_\_                      In storage / distribution = \_\_\_\_\_                      In production = \_\_\_\_\_

12. Please split out overall costs between:                      Recall Costs                      = \_\_\_\_\_

Replacement Costs                      = \_\_\_\_\_

Loss of Profit                      = \_\_\_\_\_

Extra Expense                      = \_\_\_\_\_

Other                      = \_\_\_\_\_

Total Costs                      = \_\_\_\_\_

13. What corrective actions have been taken to prevent a similar incident?

\_\_\_\_\_  
\_\_\_\_\_

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Position: \_\_\_\_\_