

Scottsdale Insurance Company

**FOODBORNE ILLNESS AND CONTAMINATION INSURANCE—
SCHEDULE OF COVERAGE**

Policy No.: _____ Effective Date: _____
12:01 A.M. Standard Time

Named Insured: _____ Agent No.: _____

Policy Particulars	
Insurers	See Attached Schedule of Insurers/Several Liability Endorsement
Policy Number	
Named Insured	
Named Insured Mailing Address	
Trade Names(s)	

Period of Insurance	
From	12:01 a.m. at the mailing address of the Named Insured (Policy Effective Date)
To	12:01 a.m. at the mailing address of the Named Insured (Policy Expiration Date)

Premiums	
Policy Premium	\$
TRIPRA	\$
Other	\$
Total Payable Policy Premium (including TRIPRA)	\$

**FOODBORNE ILLNESS AND CONTAMINATION INSURANCE—
SCHEDULE OF COVERAGE (continued)**

Policy No.: _____ Effective Date: _____
12:01 A.M. Standard Time

Named Insured: _____ Agent No.: _____

Limits of Insurance	
This policy includes only those coverages for which a Limit of Insurance is shown. Where no limit is shown, there is no coverage.	
Combined Policy Period Aggregate Limit	\$

Sub-Limits—Insured Event(s)	
Contaminated Supplied Product	
\$	Any one Insured Event and in the aggregate
\$	Each Insured Location aggregate
Extortion Demand	
\$	Any one Insured Event and in the aggregate
\$	Each Insured Location aggregate
Foodborne Illness	
\$	Any one Insured Event and in the aggregate
\$	Each Insured Location aggregate
Government Recall	
\$	Any one Insured Event and in the aggregate
\$	Each Insured Location aggregate
Health Scare Event	
\$	Any one Insured Event and in the aggregate
\$	Each Insured Location aggregate
Malicious Product Tampering	
\$	Any one Insured Event and in the aggregate
\$	Each Insured Location aggregate
Public Notification	
\$	Any one Insured Event and in the aggregate
\$	Each Insured Location aggregate
Sanitary Conditions Event	
\$	Any one Insured Event and in the aggregate
\$	Each Insured Location aggregate
Security Crisis Event	
\$	Any one Insured Event and in the aggregate
\$	Each Insured Location Aggregate
Workplace Violence Event	
\$	Any one Insured Event and in the aggregate
\$	Each Insured Location Aggregate

**FOODBORNE ILLNESS AND CONTAMINATION INSURANCE—
SCHEDULE OF COVERAGE (continued)**

Policy No.: _____ Effective Date: _____
12:01 A.M. Standard Time

Named Insured: _____ Agent No.: _____

Sub-Limits—Insured Losses	
Crisis Response Consultants Costs	
Unlimited	Any one Insured Event and in the aggregate
Medical Response Costs	
	Any one Insured Event and in the aggregate
	Any one Insured Location aggregate
Loss of Gross Profit Indemnity Period	
Twelve (12)	Months

Self-Insured Retention	
\$	Each and Every Workplace Violence Event
\$	Each and Every for all Other Insured Events
The Self-Insured Retention does not apply to Crisis Response Consultants Costs, Crisis Consultancy and Advisory Services, Crisis Response Hotline, Extortion Demand Costs, or Medical Response Costs.	

Surplus Lines Broker	
Company	
Address	

Choice of Law and Jurisdictions
United States of America and State of New York

Territory
United States of America