

**Scottsdale Insurance Company**

**FOODBORNE ILLNESS AND CONTAMINATION INSURANCE—  
SCHEDULE OF COVERAGE  
(Includes Waiting Period)**

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

Named Insured: \_\_\_\_\_ Agent No.: \_\_\_\_\_

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

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

<b>Premiums</b>	
<b>Policy Premium</b>	\$
<b>TRIPRA</b>	\$
<b>Other</b>	\$
<b>Total Payable Policy Premium (including TRIPRA)</b>	\$

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

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

Named Insured: \_\_\_\_\_ Agent No.: \_\_\_\_\_

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

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

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

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

Named Insured: \_\_\_\_\_ Agent No.: \_\_\_\_\_

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

<b>Self-Insured Retention</b>	
\$	Each and Every <b>Workplace Violence Event</b>
\$	Each and Every for all Other <b>Insured Event</b>
The <b>Self-Insured Retention</b> does not apply to <b>Crisis Response Consultants Costs, Crisis Consultancy and Advisory Services, Crisis Response Hotline, Extortion Demand Costs, or Medical Response Costs.</b>	
<b>Waiting Period</b>	
None	Each and Every <b>Workplace Violence Event</b>
_____ Days	Each and Every for all Other <b>Insured Event</b>

<b>Surplus Lines Broker</b>	
Company	
Address	

<b>Choice of Law and Jurisdictions</b>
United States of America and State of New York

<b>Territory</b>
United States of America