



APPLICATION FOR INSURANCE

Contaminated Products Insurance

MARINE
PROFESSIONAL
MIDDLE MARKET
ENVIRONMENTAL
CRISIS MANAGEMENT

*innovative solutions,
underwriting excellence*

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Scottsdale Insurance Company
Home Office: One Nationwide Plaza
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Adm. Office: 18700 North Hayden Road
Scottsdale, Arizona 85255

Scottsdale Surplus Lines Insurance Company
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Scottsdale, Arizona 85255

Scottsdale Indemnity Company
Home Office: One Nationwide Plaza
Columbus, Ohio 43215
Adm. Office: 18700 North Hayden Road
Scottsdale, Arizona 85255

CONTAMINATED PRODUCT INSURANCE APPLICATION

SECTION 1—APPLICANT INFORMATION

Applicant Name: _____

Mailing Address: _____

Physical Address: _____

Contact Name: _____ Contact Title: _____

Telephone: _____ Website: _____

Year business started operation: _____

SECTION 2—OPERATIONS

Description of Operations:	_____
Products:	_____
Average Profit Margin:	_____
Annual Advertising Budget:	_____
Total Number of Employees:	_____

SECTION 3—REVENUE

Revenue	Projected Revenue	Current Year	Previous Year
United States:	\$ _____	\$ _____	\$ _____
Canada/Mexico:	\$ _____	\$ _____	\$ _____
Europe/EFTA:	\$ _____	\$ _____	\$ _____
Australia/New Zealand/Japan:	\$ _____	\$ _____	\$ _____
China/Far East:	\$ _____	\$ _____	\$ _____
Africa:	\$ _____	\$ _____	\$ _____
Central/South America:	\$ _____	\$ _____	\$ _____
Total:	\$ _____	\$ _____	\$ _____

SECTION 4—PRODUCTION FACILITIES

Address	Annual Revenue	Daily Revenue	Production Lines	Largest Batch Size
	\$	\$		\$
	\$	\$		\$
	\$	\$		\$
	\$	\$		\$
	\$	\$		\$

SECTION 5—PRODUCT INFORMATION

Top 5 Products				
Product	Annual Revenue	Largest Batch Size	Average Batch Size	Shelf Life
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	

Branding				
Product	% Applicants Brand	% Third Party Brand	% Non-Branded	% Manufactured by Co-Packer

Top Customers			
Customer:		% Sales:	

Top Suppliers			
Supplier	Product	Last Audit Date	Subrogation Rights
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Product Data (Check all that apply)				
Product	Contains Allergens/GMOs	Raw Finished Product	Sold Frozen	Sold Ready to Eat
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Product Type

Are any of your products sold as gluten free, dairy free or organic? _____

Product Labeling And Verification

Do labels include a listing of all allergens contained in the product? Yes No

Do labels for raw, or not ready to eat products contain detailed cooking instructions and warnings? Yes No

Do labels include full nutritional information? Yes No

Are labels inspected? Yes No

If YES, please indicate at what points and intervals in the manufacturing process: _____

Are labels checked against product specifications by QA/QC personnel prior to release for use? Yes No

Product Packaging (Check all that apply)				
Product	Glass	Canned	Cardboard/Plastic/Paper	Tamper Resistant
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 6—QUALITY ASSURANCE/QUALITY CONTROL

Is there a dedicated QA/QC Department? Yes No

Is your company certified under a Global Food Safety Initiative scheme such as SQF, BRC? Yes No

Is there Hazard Analysis and Critical Control Points (HACCP) for all products? Yes No

When was your HACCP last reviewed? _____

Is HACCP training conducted? Yes No

When was last HACCP training conducted? _____

Are Threat Analysis and Critical Control Points (HACCP) and Vulnerability Analysis and Critical Control Points (VACCP) included in QA/QC plans? Yes No

Are Standard Operating Procedures and/or Best Management Practices in place? Yes No

Are food safety audits conducted? (**Attach** most recent audit for each plant.) Yes No

When was the most recent government inspection of your plant conducted? **Attach** most recent audit for each plant.

Are production lines dedicated to specific products? If NO, please **Attach** a description of the bread-down and cleaning process in place..... Yes No

Do labels include a listing of all allergens contained in the product?..... Yes No

Do labels meet industry standards for content including applicable warnings? Yes No

Are all labels reviewed/approved by QA/QC department prior to use? Yes No

Do you, or anyone acting on your behalf import any food product, raw material or other food? Yes No

Are you currently in compliance with the FDA Food Safety Modernization Act? If YES, please **Attach** evidence of such compliance..... Yes No

Are procedures in place to detect food fraud? Yes No

SECTION 7—RISK TRANSFER

Are any of the purchases from your suppliers made pursuant to any written contract? If YES, please **Attach** the standard contract used..... Yes No

Are any of the sales to your customers made pursuant to any written contract? If YES, please **Attach** the standard contract used..... Yes No

Do you hold harmless any suppliers of raw materials or subcontractors? Yes No

Is a written supplier/vendor approval process or program in place? If YES, please **Attach** a copy. Yes No

Do you have agreed specifications signed between your company and all of your suppliers for ingredients, processing aids, and food contract packaging? Yes No

Are suppliers required to carry Product Recall insurance coverage in favor of your company? Yes No

If YES, is your company named as an Additional Insured under such policies? Yes No

Are suppliers required to carry Product Recall insurance coverage in favor of your company? Yes No

If YES, is your company named as an Additional Insured under such policies? Yes No

SECTION 8—RISK MITIGATION

Is there a Recall Plan in place? If YES, please **Attach** a copy..... Yes No

Is there a written Crisis Management Plan in place? If YES, please **Attach** a copy..... Yes No

Is a Batch Coding system utilized? Yes No

Is there traceability of products after release to customers? Yes No

How long are shipment records kept for? _____

Are customer complaints monitored? Yes No

How often are mock recalls carried out? _____

Please specify when the last one occurred: _____

SECTION 9—TAMPERING AND EXTORTION EXPOSURE

Has your company been a target of political, radical or other extremist or special interest groups? Yes No
Does your company use or pay for animal testing of products? Yes No
Has your company experienced strikes, riots, work stoppages, or plant closings in the last five years? Yes No
Has the company been sued by, or currently in litigation with any employees in the last five years? Yes No

Please **Attach** any details regarding exposure to any of the above questions in Section 9.

SECTION 10—PREVIOUS OR ONGOING INCIDENTS

Has your company withdrawn, recalled, or otherwise removed from the stream of commerce, or destroyed/disposed any products in the last ten (10) years? Yes No
Has your company been responsible for costs incurred by third parties for any withdrawal or recall of any products in the last ten (10) years? Yes No
Has your company been subject to a product tampering or product extortion during the last ten (10) years? Yes No
Have any of your premises been subject to recommendations or complaints made by any regulatory body or third-party auditor in the last five years? Yes No
Does your company, any of its officers, directors, or risk manager have any knowledge of any current circumstance, fact, or other information which might develop or lead to a loss or claim under this insurance? Yes No

Please attach any details regarding exposures to any of the above questions in Section 10, whether ongoing or finalized.

SECTION 11—ENDORSEMENT SPECIFIC INFORMATION

Has your company withdrawn, recalled, or otherwise removed from the stream of commerce any products resulting from mold or fungi in the last five (5) years? Yes No
Does your company have an environmental testing program that mitigates potential mold contamination? Yes No
Does your company have an environmental control program that mitigates potential mold contamination? Yes No
Does your company have a regular maintenance program for all ventilation systems in the manufacturing locations? Yes No
Has your company withdrawn, recalled, or otherwise removed from the stream of commerce any products resulting from rancidity in the last five (5) years? Yes No
Has your company withdrawn, recalled, or otherwise removed from the stream of commerce any products resulting from pest infestation in the last five (5) years? Yes No
Has your company received any Notice of Detention and Hearing, and/or Notice of Refusal of Entry in the last five (5) years? Yes No

FRAUD WARNINGS

FRAUD WARNING: 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. (Not applicable in AL, AR, CA, CO, DC, FL, HI, KS, KY, LA, ME, MD, MN, NE, NJ, NM, NY, OH, OK, OR, PR, RI, TN, VA, VT, or WA.)

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who 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 CALIFORNIA APPLICANTS. For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: 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 HAWAII APPLICANTS: Whereby a person commits insurance fraud if the person intentionally or knowingly misrepresents or conceals material facts, opinion, intention or law to obtain or attempt to obtain coverage, benefits recovery or compensation.

NOTICE TO KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; 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 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 files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

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 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 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: 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 intentionally presents a materially false statement in an application for insurance may be guilty of fraud and subject to penalties under state law.

NOTICE TO PUERTO RICO APPLICANTS: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

FRAUD WARNING (APPLICABLE IN ARKANSAS, LOUISIANA AND RHODE ISLAND): 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.

FRAUD WARNING (APPLICABLE IN VERMONT AND NEBRASKA): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): 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.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____