



BluNiche

Product Contamination – Proposal Form



Application Form for Product Contamination Insurance

This application form is for the purpose of obtaining a quotation and does not bind the applicant or the Insurers to complete the Insurance. This information is not only vital for evaluating your exposure it will also provide the underwriter with an accurate profile of your company. However please note, that if a policy is later issued, this application form shall be the basis of, and become part of, the contract.

- All questions must be answered completely
- It is recommended to seek advice from your Head of QA when completing parts of this form
- This application must be signed and dated by an officer of the company or the authorized person responsible for obtaining Insurance

Please note that Blu Niche Risk Services Ltd will not provide cover and will not be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose Blu Niche Risk Services Ltd to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.

1. Applicant's Details

1.1. Name and address of company and subsidiaries to be insured under this Policy:

1.2. Main Contact Name and Position:

Main Contact Phone: _____

Main Contact Email: _____

To be used only by our Crisis Consultant for pre-incident planning and response

Website: <http://www.> _____

1.3. Date company first established: _____

1.4. Is any director also a director of a supplier or customer?

YES

NO

If yes, please specify: _____

1.5. What SIC / NAIC codes do you use?

1.6. Has this company previously traded under a different name or ownership?

YES

NO

If yes, please provide name of business: _____

1.7. Type of operations

<input type="checkbox"/>	Manufacturer	<input type="checkbox"/>	Retailer
<input type="checkbox"/>	Importer	<input type="checkbox"/>	Distributor
<input type="checkbox"/>	Supplier of ingredients	<input type="checkbox"/>	Packaging
<input type="checkbox"/>	Co-Packer	<input type="checkbox"/>	Other (please specify):
<input type="checkbox"/>	Wholesaler		

1.8. Type of products

<input type="checkbox"/>	Nuts / Snacks	<input type="checkbox"/>	Fruits
<input type="checkbox"/>	Meat / Poultry	<input type="checkbox"/>	Dairy
<input type="checkbox"/>	Ready-made meals	<input type="checkbox"/>	Bakery
<input type="checkbox"/>	Vegetables	<input type="checkbox"/>	Beverages
<input type="checkbox"/>	Fish / Seafood	<input type="checkbox"/>	Other (please specify):

1.9. A. Facilities & Employees:

	Home	Elsewhere
Total Number of Plants / Facilities		
Total Number of Employees		

B. Were any staff laid off or contracts terminated during the pandemic in 2020 or 2021?

YES

NO

If yes, how many staff? _____

Have the positions held by such staff, been rehired to the same level of experience?

2. Sales Information

- 2.1. Please provide estimated sales for the forthcoming year, sales for the current year, plus sales for the preceding year:

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

- 2.2. Please complete the following information for the top 3 plants or facilities:

	Location	Total Sales	Products	Production Lines #	Normal Operating Capacity %	Daily Output \$ € £
Plant One						
Plant Two						
Plant Three						

- 2.3. Are there any interdependencies between plants?

YES

NO

- 2.4. Can products be produced at another company location?

YES

NO

- 2.5. Are there any qualified alternate production options (co-pack)?

YES

NO

- 2.6. Is there any seasonality to the products production or sale?

YES

NO

2.7. Please provide 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 One	Product Two	Product Three	Product Four	Product Five
Product Name/Type					
Total Sales					
Average batch size in \$, £, €					
Largest batch size in \$, £, €					
Daily output in \$, £, €					
Shelf life					
Packaging In-House or Third Party?					
An Ingredient of a Product? Yes/No					
Used in Food Service Industry? Yes/No					

3. Product Information

- 3.1. Please list your top 5 customers by percentage of your total sales. Please classify the customer (wholesale, retail, manufacturing, broker, food service):

Customer	% of Total Sales	Product Supplied	Length of Relationship

- 3.2. Please provide percentage of private label (product manufactured for others with their name), non-branded (products with no name) or branded (with your name or brand):

Private Label	Non-Branded	Branded
%	%	%

- 3.3. What percentage of your products are manufactured by a third party?

- 3.4. Are all products manufactured by a third party or contract manufacturer governed by HACCP?

YES NO

- 3.5. Are third parties or contract manufacturers audited?

YES NO

- 3.6. Have you agreed to indemnify, waive rights of recovery or hold harmless any supplier of goods or services? (e.g. raw material supplier, contract packer, a third party manufacturing on your behalf)

YES NO

If yes, please provide details:

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

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

4. Supplier Information

4.1. Please indicate the estimated number of suppliers:

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

Domestic: _____ Foreign: _____

4.3. Please complete in respect of your top five suppliers:

Supplier Name	Product(s) supplied		YES	NO
		Do you audit?		
		Do you provide specifications?		
		Do you required third party accreditation and/or HACCP?		
		Domestic or Foreign?		
		% ingredient of product?		
		Length of relationship?		
Supplier Name	Product(s) supplied		YES	NO
		Do you audit?		
		Do you provide specifications?		
		Do you required third party accreditation and/or HACCP?		
		Domestic or Foreign?		
		% ingredient of product?		
		Length of relationship?		
Supplier Name	Product(s) supplied		YES	NO
		Do you audit?		
		Do you provide specifications?		
		Do you required third party accreditation and/or HACCP?		
		Domestic or Foreign?		
		% ingredient of product?		
		Length of relationship?		
Supplier Name	Product(s) supplied		YES	NO
		Do you audit?		
		Do you provide specifications?		
		Do you required third party accreditation and/or HACCP?		
		Domestic or Foreign?		
		% ingredient of product?		
		Length of relationship?		
Supplier Name	Product(s) supplied		YES	NO
		Do you audit?		
		Do you provide specifications?		
		Do you required third party accreditation and/or HACCP?		
		Domestic or Foreign?		
		% ingredient of product?		
		Length of relationship?		

4.4. Do you have a Vendor Approval Process Programme in place?

YES NO

4.5. Do you test for the presence of melamine, cyanuric acid or unapproved substances?

YES NO

5. Safety, HACCP, Quality Control

5.1. Do you have a Quality Assurance Plan in place? *If yes, please provide copy*

YES NO

Date updated: _____

5.2. Do you have a HACCP Plan in place? *If yes, please provide a copy*

YES NO

Date updated: _____

5.3. At what stage in the production process is the first "kill step" [CCP] introduced?

5.4. Are all products pasteurized?

YES NO N/A

5.5. If you receive Certificates of Analysis (COAS) do you randomly test against them to ensure conformance?

YES NO

5.6. Do you have BRC standards in place?

YES NO

5.7. Do you have any SSOPs (Sanitation Standard Operating Procedures) or GMP's (Good Manufacturing Practices) in place? *If yes, please provide copy*

YES NO

5.8. Is there a Quality Assurance Department?

YES

NO

5.9. Is the head of the Quality Assurance Department dedicated full time for such work?

YES

NO

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

5.11. How often do you:

Clean production lines? _____

Break down lines? _____

5.12. Do you clean between lots or on a scheduled basis?

5.13. Do you have a testing programme at critical control points on the following:

	YES	NO
Incoming material (inc. packaging and labels)		
Manufacturing / Processing		
End product (inc. packaging and labels)		

5.14. What testing methods are used?

Product Test Type	Raw / Incoming materials	Credit Control Points	Manufacturing / Processing	End of Line	Frequency of Testing
Microbiological					
X-ray					
Metal detectors					
Physical					
Chemical					
Visual					

5.15. Do you use internal and/or external testing laboratories?

Internal

External

Both

5.16.

	YES	NO
Is there a hold period before shipping?		
Is there a "positive release" procedure?		
Is there an incoming quarantine process		

5.17. Are labels inspected?

YES NO

If yes, by whom: _____

5.18. Do warning labels meet applicable industry standards?

YES NO

5.19. Are Food Safety Audits performed by an accredited third party?

YES NO

5.20. 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
Processing standards		
Ingredient standards		
Labelling standards		
Packaging standards		

6. Security, Planning and Traceability

6.1. Do you collect and monitor customer complaints?

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

6.3. Do you import/export with volatile countries or undertake activities which might make it a target of extremist or special interest groups?

YES NO

6.4. Do you use or pay for animal testing of products?

YES NO

6.5. Have you experienced any strikes, riots, work stoppages and/or plant closings in the last 3 years?

YES NO

6.6. Do you anticipate any lay-offs and/or plant closures over the next 12 months?

YES NO

6.7. Do you have any current or ongoing Employment Litigation Practise disputes with any current employees?

YES NO

6.8. If yes to 6.2-6.7, please provide details:

--

6.9. Do you have a current Recall Plan in place? *If yes, please provide copy*

YES NO

Date updated: _____

6.10. Do you have a Crisis Management Plan in place? *If yes, please provide copy*

YES NO

Date updated: _____

6.11. Do you utilise a batch coding system?

YES NO

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

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

6.13. Are records kept of all shipments?

YES

NO

If yes, for how long: _____

6.14. Who can initiate a product recall?

7. Loss Information

7.1. 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 ten (10) year?

YES

NO

If yes, for how long: _____

7.2. 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 provide details:

Date of incident	
The product(s) involved	
Location(s)/Plant(s) where incident occurred	
Details of loss	
How many products/product lines were affected?	
How many batches/unites were recalled/withdrawn?	
Please break out the full costs involved as much as possible:	
Your recall costs	
Third party recall costs	
Destruction/reworking or replacement costs	
Your loss of gross profit	
Further costs	
TOTAL COSTS	
Please provide details of remedial action taken to prevent a similar loss occurring again:	

7.3. Do you know of any actual, threatened or suspected product tampering involving any of the company's products during the past 10 years?

YES

NO

7.4. Does the company, its directors and officers have any knowledge of any current situation, fact or circumstances which might lead to a claim under this policy?

YES

NO

8. Checklist

8.1. Please ensure that all questions have been answered fully, please also check that copies of the following documents have been attached:

- Hold Harmless Agreement – Question 3.6
- Vendor approval program – Question 4.4
- Supplier Audits – Question 4.3
- Quality Assurance Plan – Question 5.1
- HACCP plan – Question 5.2
- SSOP or GMP – Question 5.9
- Recall plan – Question 6.9
- Crisis Management plan – Question 6.10

9. Declarations

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.

Full Name: _____

Signature: _____

Date: _____

Position: _____

10. Further Information

For further information about BluNiche or our products or help with completing this application form please contact the Crisis Management team at:-

Email: contact@bluniche.com

Tel: +44 203 745 2460

Website: www.bluniche.com

Blu Niche Risk Services Limited is a limited liability company incorporated in England & Wales (Company number: 13809098). Registered Office 8 Lloyd's Avenue, 1st Floor, London, EC3N 3EL. Blu Niche Risk Services Limited is an Appointed Representative of D A Strategy Limited, which is authorised and regulated by the Financial Conduct Authority FCA 927590.

In respect of all insurance business in the EEA Blu Niche is a trading name of DA Strategy Global GmbH incorporated and registered in Germany as an insurance agent with authorisation according to § 34 d para. 1 GewO and registration number: D-6AA6-0V31H-31. Court of registration: Hamburg HRB 165919, acting through its London Branch with UK establishment number BR023132 and registered at 2 Minster Court, London, EC3R 7BB, UK.