



# Contaminated products application

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As a condition precedent to this insurance, the applicant submits this application, along with all supplemental documentation and attachments to the Insurer(s) during the underwriting of Contaminated Product Insurance and warrants all statements to be true. If there is not enough space provided to answer the questions, additional supplemental sheets are encouraged. This application must be signed and dated by an officer of the company. This application becomes part of the policy and is to be updated by the applicant if there is any material alteration to the information contained within prior to the completion of the contract of insurance.

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## Insured

Named insured

Address

Website

Number of years in operation:

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## Operations

NAICS code

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Description of operations and products

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Are you looking for the policy to be product specific? If so, please describe.

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Provide the revenues figures for the prior year, current year, and projected upcoming year:

Prior year:	Current year:	Projected upcoming year

Number of manufacturing facilities (Domestic and International)

Complete the following table for the facility with the largest revenue output:

	Annual revenues	Value of daily output (\$)	Number of production lines
Largest facility			

Complete the following table for the product/SKU with the largest revenue:

	Annual revenues	Value of daily output (\$)	Value of average batch	Cost per unit
Top product				

Indicate the percentage of product sold under the following branding categories:

Own brand	Third party branded/private label	Non-branded/bulk

Are you responsible for the design of your products? Yes No

Are your products made to customer specification/design? Yes No

What is the estimated failure (PPM) rate of your products? Yes No

Provide a list of your largest customers by sales:

Name of customer	Percentage of sales

## Supplier controls

Provide a list of your largest suppliers by sales:

Name of supplier	Country	Supplied product

What percentage of your product is contract manufactured?

If more than 25%, complete the following list of top contract manufacturers by revenues:

Name of contract manufacturer	Gross revenues of contracted product	Contracted product

Are supplied/contract manufactured products ordered to your specifications?	Yes	No
Do you maintain the rights of subrogation against your suppliers, vendors, and contract manufacturers?	Yes	No
Do you have a vendor approval process?	Yes	No
Do you audit or have copies of audit certifications on file for your suppliers, vendors or contract manufacturers?	Yes	No
If your supplier audit score drops below a predetermined threshold, do you have a process in place to monitor them and/or their products?	Yes	No

## Controls

Do you have new product validation procedures and change controls?	Yes	No
Do you have a production part approval process (PPAP)?	Yes	No
Do you have a batch/lot coding system?	Yes	No
Do you have forwards and backwards traceability?	Yes	No
Is it electronic	Yes	No

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What do you do to go above and beyond the minimum regulatory or industry requirements to ensure product safety?

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## Testing and audits

Are you ISO 9001:2015 certified?	Yes	No
What other current certifications do you have?		

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Do you perform critical control point testing on all products?	Yes	No
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What percentage of finished/final product do you test before product is released to your customer?		
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Do you test the structural integrity of your products?	Yes	No
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Describe testing and frequency:

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Do your customers test your product upon receipt?	Yes	No
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## Recall preparedness

Do you monitor customer complaints?	Yes	No
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Do you monitor trends in warranty claims for individual SKUs/products?	Yes	No
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Do you have a recall plan or Product Non-Conformance Plan?	Yes	No
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## Account history

7.1 Has your product been found to be defective or subject to any recall or withdrawal which has resulted in costs to you or a third party in the past 5 years?	Yes	No
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7.2 Has your product been subject to a voluntary or mandatory recall by a governmental authority in the past 5 years?	Yes	No
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***If 7.1 or 7.2 have been answered "Yes", please provide a completed claim supplemental.***

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7.3 Does the Company have knowledge of any fact, circumstance, or situation which may give rise to a claim under this policy?	Yes	No
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***If yes, please provide details in a supplemental document.***

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Additional comments for consideration

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## Declarations

I declare that the statements and particulars in this application are true and that no material facts have been mis-stated or suppressed after enquiry. I agree that this application, together with any other information supplied shall form the basis of any contract of insurance effected 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.

**Signature:**

**Date**

**Position:**