



Food Products Manufacturers

Supplemental Application

Named Insured: _____

Agent Name and Phone: _____ Effective Date: _____

- 1. Is there an automatic sprinkler system?
(a) If yes, _____ % of the building is sprinklered?
(b) If less than 100% of the building is sprinklered, what portion is sprinklered?
(c) Age of sprinkler system: _____
(d) Type of sprinkler system [] Wet [] Dry [] Other (Describe) _____
(e) Was sprinkler installed for present occupancy? [] Unknown [] Yes [] No
(f) Name of company contracted to perform sprinkler system inspection, testing and maintenance.
(g) How often is the sprinkler system maintenance and inspection performed?
(h) Are sprinkler alarms installed?
2. What types of alarms protect the premises? (check all applicable)
3. How is dust controlled in dust producing operations? (Check all that apply)
4. What type of housekeeping program is in place?
5. Do you use flammable liquids, or other materials that require special storage practices?
6. For storage of raw materials, finished stock, and packaging materials:
7. What type of business continuance plan is in place?
8. Are your products designed, tested, labeled and manufactured to meet or exceed all applicable government and industry standards?
9. Are Certificates of Insurance obtained from major/critical suppliers, contractors, or subcontractors?
10. Is Vendors coverage obtained from major/critical suppliers (finished product manufactured by others, for example, Food Containers)?
11. Does your company perform any delivery of products? If yes, please describe:
12. Are there any nut products used in your operation?

13. Do you directly import any products including ingredients? If yes, please explain: Yes No

14. Are you participating in the research and development of any new product or planning any new products for sale in the next 12 months? If yes, please explain: Yes No

15. Has any product been self-insured, uninsured, or excluded from any previous coverage? If yes, please explain: Yes No

16. Do others manufacture, prepare or package products under your name or label (including any foreign-made products?) If yes, please explain: Yes No

17. Do you manufacture, prepare, or package products for others under your name or private label? Yes No
18. Do you have a specific program to withdraw known or suspected defective products from the market? Yes No
19. Have any of your products been subject to a voluntary recall? If yes, please explain: Yes No

20. Are written quality control records and testing procedures followed? Yes No
 (a) How long are quality control and testing records kept? _____
 (b) Are you required to file the test results with any regulatory body? Yes No
 (c) Are records kept of when each product was manufactured? Yes No
 (d) Do you keep records of the date each product was sold and to whom? Yes No
 (e) Are raw materials or component parts which go into your products recorded? Yes No
 (f) Are changes in designs, advertisements and sale brochures recorded? Yes No
21. Are any quality control checks being performed on your products by your end customers? Yes No
22. Can you distinguish your product from those of competitors? If yes, how: Yes No

23. Are all instructions, advertisements, labels and warnings periodically reviewed by legal counsel? Yes No
24. Do you have a website? Yes No
 If yes, please provide URL _____
 (a) Percentage of sales from the internet or e-commerce? _____ %
25. What type of training do employees receive for safe food handling practices?
 (a) How often are they required to attend training? _____
 (b) What employees (positions) are required to attend? _____
26. Are there any refrigerated or freezer areas? If Yes, Yes No
 (a) Is there any exposed foam plastic insulation used (for example, cooler wall or ceiling insulation?) Yes No
 (b) Is there a loss of refrigeration alarm? Yes No
 (c) Is there a back up power supply for refrigeration? Yes No
 (d) Is there a formal contingency plan for loss of power or refrigeration? Yes No
 (e) Is there a formal maintenance and inspection program for all refrigeration? Yes No
27. Do you utilize a deep fat fryer? Yes No
 (a) What types of cooking oils are used? Animal Vegetable
 (b) Is there a 16" separator between fryers and adjacent cooking? Yes No
28. What type of fixed extinguishing system is in the kitchen for the cooking equipment?
 Dry Chemical Wet Chemical Other (Describe) _____

29. Are all hoods, ducts, grease filters and surface cooking equipment (including deep fat fryers) protected by a UL listed automatic fire suppression system? Yes No
 If yes, Yes No
 (a) Is the fire suppression system professionally inspected and serviced at least every six months?
 (b) If yes, Name of Firm: _____ Date last serviced: ____ / ____ / ____
 (c) How often are exhaust systems, hoods, ducts and filters cleaned? _____
 (d) Is there a service /maintenance agreement in place for the protective systems? Yes No
 (e) Does the system automatically shut off all sources of fuel and heat to equipment protected by the suppression system (including electrically heated deep fat fryers)? Yes No
 (f) Does the system have a manual pull fuel shut-off valve readily accessible? Yes No
30. Is there any part of the operation that uses a controlled atmosphere for ripening or fumigation? Yes No
 If Yes, please describe: _____
31. Has your company implemented a formal Hazard Analysis and Critical Control Point (HACCP) program? Yes No
32. If you operate any retail establishments have you completed the Store Supplemental Application? Yes No
33. Please provide the following information regarding all products manufactured:

Product Manufactured	Application	Annual Number of Units	Annual Sales

Additional Comments: