



Food Products Manufacturers

Supplemental Application

Named Insured: _____

Agent Name and Phone: _____ Effective Date: _____

1. Is there an automatic sprinkler system? Yes (if yes please answer questions (a)-(h)) No (if no please skip to question 2.)
- (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?
 Monthly Quarterly Semi Annually Annually
- (h) Are sprinkler alarms installed? Yes No
 If yes Water Flow Valve Closure

2. What types of alarms protect the premises? (check all applicable)
- Local Smoke Detection
- Central Station (constantly monitored) Heat Detection
- Burglar Motion Detection
- Other (Describe): _____

3. How is dust controlled in dust producing operations? (Check all that apply)
- Dust Collection System General Housekeeping Non-Dust Producing Operation

4. What type of housekeeping program is in place?
 Formal Written Informal As Needed

5. Do you use flammable liquids, or other materials that require special storage practices? Yes No

(a) Quantities stored on Premises _____

(b) How are they stored?

- UL Listed A Separate Storage No Special Storage Other, please describe:
 Storage Cabinet Room Designed for Requirements Apply
 Flammable Liquids _____

6. For storage of raw materials, finished stock, and packaging materials:

(a) Give total square feet for storage _____ Square Feet

(b) Does the height of storage exceed 12 feet? Yes No

If yes, please describe: _____

(c) If the storage exceeds 12 feet, are the storage racks equipped with in-rack sprinklers? Yes No

(d) Are the shelving racks: Solid Open

7. What type of business continuance plan is in place?

- Formal Informal No Plan is Needed

8. Are your products designed, tested, labeled and manufactured to meet or exceed all applicable government and industry standards? Yes No

9. Are Certificates of Insurance obtained from major/critical suppliers, contractors, or subcontractors? Yes No

10. Is Vendors coverage obtained from major/critical suppliers (finished product manufactured by others, for example, Food Containers)? Yes No

11. Does your company perform any delivery of products? If yes, please describe: Yes No

12. Are there any nut products used in your operation? Yes No

13. Do you directly import any products including ingredients? If yes, please explain: Yes No
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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
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15. Has any product been self-insured, uninsured, or excluded from any previous coverage? If yes, please explain: Yes No
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16. Do others manufacture, prepare or package products under your name or label (including any foreign-made products?) If yes, please explain: Yes No
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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
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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
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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?
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- (a) How often are they required to attend training? _____
- (b) What employees (positions) are required to attend? _____
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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 Wet Other

Chemical Chemical (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? _____ Yes No
- (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: